Joint external evaluation of the International Health Regulations (2005) core capacities of

Cook Islands

Mission report

12–16 May 2025

World Health Organization

Joint external evaluation of the International Health Regulations (2005) core capacities of

Cook Islands

Mission report

12–16 May 2025

World Health Organization

Joint external evaluation of the International Health Regulations (2005) core capacities of Cook Islands: mission report, 12–16 May 2025

ISBN 978-92-4-011681-8 (electronic version)
ISBN 978-92-4-011682-5 (print version)

Suggested citation. Joint external evaluation of the International Health Regulations (2005) core capacities of Cook Islands: mission report, 12–16 May 2025. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at https://iris.who.int/.

This Joint External Evaluation (JEE) mission report reflects the collective views of an international group of experts who participated in the JEE mission. The views expressed herein do not necessarily represent the decisions or policies of WHO. Where applicable, any health statistics presented are as reported by national authorities and may not reflect official WHO statistics.

Design and layout by Genève Design

Contents

Acknowledgements

The World Health Organization (WHO) Joint External Evaluation (JEE) Secretariat would like to acknowledge the following parties, whose support and commitment to the principles of the International Health Regulations (2005) has ensured a successful outcome for this JEE mission:

- The Government of the Cook Islands and national experts for their support of, and work in, the preparation for the JEE mission (the Ministry of Health and its departments and units, the Office of the Prime Minister and Cabinet, the Crown Law Office, the Ministry of Agriculture, the Ministry of Finance & Economic Management, the Ministry of Foreign Affairs and Immigration, the Ministry of Internal Affairs, the Ministry of Marine Resources, the Ministry of Transport, the Office of the Public Service Commissioner, the Cook Islands Police Service, Emergency Management Cook Islands, Infrastructure Cook Islands, governments of the 15 islands, the National Environment Service, the Cook Islands Customs Service, the Cook Islands Airport Authority, the Cook Islands Tourism Corporation, the Cook Islands National Disability Council, the Cook Islands Investment Corporation, the Cook Islands Child Welfare Association, the Cook Islands Family Welfare Association, the Office of the Ombudsman, To Tatou Vai, Maritime Cook Islands, Pitt Media, Rarotonga Puna and the Red Cross).
- The governments of Australia and New Zealand as well as the Food Safety Information Council, Johns Hopkins University, the Asian Development Bank, the Pacific Community, and the McCabe Centre for Law and Cancer, for providing technical experts for the peer review process.
- The governments of Australia, China, New Zealand and the European Union as well as the Polynesian Health Corridors for funding support for the JEE process.
- The following WHO offices for providing technical experts and supporting the mission: the WHO Representative Office in Samoa, which also covers American Samoa, the Cook Islands, Niue and Tokelau; the WHO Country Office in Viet Nam; and the WHO Regional Office for the Western Pacific.

The JEE team is grateful for the open and honest discussions held in Rarotonga, as well as for our national colleagues' warm hospitality, enjoyable company and willingness to engage with the team and the JEE process.

WHO sincerely thanks all national participants in the JEE, especially the presenters and their teams, for their hard work in preparing, presenting and hosting our team.

Abbreviations

AMR	antimicrobial resistance
EHS	essential health services
EMCI	Emergency Management Cook Islands
EOC	emergency operations centre
EQA	external quality assurance
HCAI	health care–associated infection
HEOC	health emergency operations centre
HPO	health protection officer
IAEA	International Atomic Energy Agency
IATA	International Air Transport Association
IHR	International Health Regulations (2005)
IHR NFP	National IHR Focal Point
INFOSAN	International Food Safety Authorities Network
IPC	infection prevention and control
JEE	Joint External Evaluation
KukiMAT	Cook Islands Medical Assistance Team
MDRO	multidrug-resistant organism
MOU	memorandum of understanding
NAPHS	National Action Plan for Health Security
NPPP	National Pandemic Preparedness Plan
POE	point of entry
PPE	personal protective equipment
PPHSN	Pacific Public Health Surveillance Network
RCCE	risk communication and community engagement
SOP	standard operating procedure
SPAR	States Parties self-assessment annual report
SPC	Pacific Community
STAR	Strategic Toolkit for Assessing Risks
WHO	World Health Organization

Executive summary

The Joint External Evaluation (JEE) team extends its appreciation to Cook Islands for volunteering to undertake the JEE using the third edition of the JEE tool. This revised edition incorporates lessons from the COVID-19 pandemic and other public health emergencies.

The JEE team sincerely appreciates the efforts of Cook Islands to meet the requirements of the JEE process, and the warm hospitality that was offered to the team. All countries that make the effort to undergo the JEE process should be commended for the transparency they show in service of strengthening global health security.

Findings from the JEE

> *"For us in the Cook Islands, health security isn't just a part of our work; it is the foundation upon which a thriving and resilient nation is built. We understand that when the health of our people is strong, our communities flourish, our economy prospers, and our unique way of life is protected for generations to come. This fundamental understanding drives our deep commitment to health security."*
>
> -From the speech to open the 2025 JEE by Metua Bates, Director of Public Health, Public Health Services, Ministry of Health, Cook Islands

During the JEE mission, which took place in Rarotonga from 12 to 16 May 2025, Cook Islands' capacities in 19 technical areas were evaluated through a peer-to-peer consultative process. This process brought together a multisectoral group of national subject matter experts and the multinational, multidisciplinary JEE team of experts for a week of discussions, interactions and site visits.

After a week of collaborative exercises, this process led to a consensus on scores, as well as to JEE recommendations for priority actions across the 19 technical areas.

The evaluation also generated seven overarching recommendations, which, if implemented, will consolidate the progress made by Cook Islands and remove bottlenecks that might impede the implementation of the agreed-upon priority actions. These recommendations, outlined below, address the cross-cutting challenges affecting Cook Islands' capacities across many of the technical areas that were explored in greater depth during the JEE process.

Overarching recommendations of the JEE

1. Map all the plans, strategies and frameworks related to the International Health Regulations (IHR) (2005) in Cook Islands. Evaluate them within the scope of the IHR (2005), fill any identified gaps and update them. Implement the plans, strategies and frameworks.
2. Map all the IHR-related simulation exercises and develop a national plan and calendar that schedule future sectoral and multisectoral exercises, and define their scope.
3. Ensure that the new National IHR Authority is responsible for overseeing multisectoral coordination/collaboration for IHR (2005) implementation. Develop and implement terms of reference that address (but are not limited to):
    a. One Health (the intersection between human, animal and environmental health);
    b. clear definitions and delineation of roles across and between sectors; and
    c. the collection and sharing of information to ensure that it reaches the relevant people both domestically and internationally, in the most effective ways.

4. Invest in additional human resources to increase the capacities of the Ministry of Health (Te Marae Ora) in the areas of infection prevention and control (IPC), quality, and training and development.
5. Ensure the resilience of essential functions across all the IHR-relevant agencies and ministries, including by:
    a. updating plans to maintain essential functions in emergencies, such as by having multiple people available to take up key leadership roles;
    b. updating plans to ensure that essential health services are maintained during emergencies; and
    c. completing assessments of health facilities' vulnerability to natural disasters, and acting on prioritized needs for strengthening their capacities.
6. Review and implement the existing plan to improve communication and connectivity, including with the Pa Enua (outer islands), by:
    a. ensuring the supply and maintenance of hardware and connectivity that can be relied on during all types of emergency (for example, through satellite-based communications, AM radio transmission equipment and long-life battery support);
    b. optimizing the use of electronic systems for surveillance of communicable diseases and public health events; and
    c. establishing protocols for the timely sharing of information and data on health risks between all IHR agencies and ministries, including but not limited to the Ministry of Health and the Ministry of Agriculture.
7. Develop a costed, prioritized five-year multisectoral National Action Plan for Health Security (NAPHS) using the findings of this JEE and other relevant assessments, as a matter of priority.

Cook Islands: scores and priority actions

Scores: 1=No capacity; 2=Limited capacity; 3=Developed capacity; 4=Demonstrated capacity; 5=Sustainable capacity.

Technical areas	Indicator number	Indicator	Score	Priority Actions
Prevent				
P1. Legal instruments	**P1.1.**	Legal instruments	**2**	• Build on the existing legal mapping to identify laws and policies in need of revision and/or development for full implementation of the International Health Regulations (IHR) (2005). • Develop a plan to implement the Ministry of Health (International Health Regulations Compliance) Regulations 2014, and incorporate the amendments to the IHR (2005) that will be effective from September 2025. • Conduct a gender and vulnerability analysis in the context of emergencies and across IHR core capacities.
	P1.2.	Gender equity and equality in health emergencies	**2**	
P2. Financing	**P2.1.**	Financing for IHR implementation	**3**	• Expedite completion of the National Action Plan for Health Security (NAPHS), based on a comprehensive mapping of IHR legislation and capacities across all implementing agencies to improve cost estimates and allocation of national budget resources for IHR (2005) implementation. • The implementing agencies of the IHR (2005) should engage with the 2025 review of the Ministry of Finance & Economic Management Act (MFEM Act) 1995–96 to ensure that health emergency functions are sufficiently represented in public financial management. • Ensure that emergency financing from the domestic trust fund and from the Asian Development Bank can be accessed for all types of emergencies and not just in the case of natural disasters. • Expedite completion of the update to the Workers' Compensation Bill to ensure that the Health Workforce Plan covers employee and volunteer compensation during health emergencies.
	P2.2.	Financing for public health emergency response	**4**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
P3. IHR coordination, National IHR Focal Point functions and advocacy	**P3.1.**	National IHR Focal Point functions	**2**	• Develop and implement a risk- and vulnerability-informed, adequately resourced NAPHS. • In line with the Public Health Act 2024, develop an action plan to operationalize the National IHR Authority, including comprehensive terms of reference for each partner agency and specific actions to advocate for IHR awareness and implementation across Cook Islands.
	P3.2.	Multisectoral coordination mechanisms	**3**	
	P3.3.	Strategic planning for IHR, preparedness or health security	**2**	
P4. Antimicrobial resistance (AMR)	**P4.1.**	Multisectoral coordination on AMR	**1**	• Finalize the National AMR Action Plan, establish a One Health coordination mechanism, and secure funding for implementation. • Formalize an antimicrobial stewardship programme overseen by the Drugs and Therapeutics Committee, to include training for health professionals on antibiotic guidelines. • Strengthen surveillance by increasing the capacity to report on multidrug-resistant organisms (MDROs), supported by standardized testing procedures and staff training to improve AMR data management and WHONET reporting. • Strengthen infection and prevention (IPC) practices by building the capacity to integrate and coordinate AMR surveillance activities and response, ensuring consistent compliance with IPC guidelines. • Conduct AMR training in the animal health and agriculture sectors to ensure the capacity to sample and test for AMR as needed.
	P4.2.	Surveillance of AMR	**2**	
	P4.3.	Prevention of MDRO	**3**	
	P4.4.	Optimal use of antimicrobial medicines in human health	**2**	
	P4.5.	Optimal use of antimicrobial medicines in animal health and agriculture	**1**	
P5. Zoonotic disease	**P5.1.**	Surveillance of zoonotic diseases	**1**	• Build a One Health framework, infrastructure and mechanisms to strengthen multisectoral response. These should be structured within the NAPHS process and designed to improve coordination, collaboration and information sharing. • Complete a zoonotic disease prioritization process by the end of 2025. • Design and implement a surveillance system for relevant animal populations for the identified priority zoonotic diseases. Include the establishment of laboratory capacity for the necessary testing.
	P5.2.	Response to zoonotic diseases	**1**	
	P5.3.	Sanitary animal production practices	**2**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
P6. Food safety	P6.1.	Surveillance of foodborne diseases and contamination	3	• Develop a national food safety emergency response plan with clear protocols and stakeholder roles, and conduct joint simulation exercises to test its effectiveness. • In order to address procedural gaps, enhance surveillance, investigation and response mechanisms by updating the manual for health protection officers (HPOs). Train the public health workforce on key steps to identify and respond to foodborne diseases. • Strengthen the reporting of potential foodborne disease outbreaks by developing priority case definitions for relevant syndromes and clusters, and by increasing awareness and training among health-care providers to support timely and effective responses. • Review and strengthen the structure of the International Food Safety Authorities Network (INFOSAN) by appointing focal points in each relevant sector and improving cross-sector engagement. • Optimize the use of existing laboratory capacity for rapid food contamination testing, and establish a formal partnership with an overseas laboratory for confirmatory and specialized testing.
	P6.2.	Response and management of food safety emergencies	1	
P7. Biosafety and biosecurity	P7.1.	Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	3	• Disseminate standardized best practices to all specimen referral sites and personnel involved in specimen collection and transport, to ensure compliance with the required safety and quality standards. • Include biosafety cabinet certification in existing memorandums of understanding (MOUs) and network activities with overseas partners, and seek additional technical and financial support from external partners such as WHO and WHO collaborating centres. • Standardize and implement an annual risk assessment process across both the human and animal health sectors – including national and international specimen referral pathways – to enable evidence-based, cost-effective biosafety practices aligned with international guidelines and the One Health approach.
	P7.2.	Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	3	

Technical areas	Indicator number	Indicator	Score	Priority Actions
P8. Immunization	**P8.1.**	Vaccine coverage (measles) as part of national programme	**5**	• Develop a formal system for routine monitoring of public perception and/or barriers to vaccination in order to feed into appropriate messaging to counter vaccine hesitancy. • Invest in backup solar power sources, especially for the Pa Enua clinics. • Implement real-time monitoring of stock, fridge temperature and cold chain through the digitization of fridges and cold chain systems. • Strengthen systems to reach the marginalized populations, including children with disabilities – for example, through outreach activities and messaging by community leaders. • Improve the delivery system of vaccines in order to cover more remote areas – for example, by using the new Cook Islands Government boat and/or by formalizing arrangements with commercial yachts.
	P8.2.	National vaccine access and delivery	**4**	
	P8.3.	Mass vaccination for epidemics of VPDs	**5**	
Detect				
D1. National laboratory systems	**D1.1.**	Specimen referral and transport system	**4**	• Conduct periodic, preferably annual demand analysis, in collaboration with surveillance systems, health facilities and all other relevant stakeholders, to determine diagnostic testing needs in the human and animal health sectors, and to inform and sustain appropriate testing capacity, referral pathways and funding. • Formalize specimen referral mechanisms for the animal health testing services, to ensure timely access to testing and consistent and systematic specimen referrals. • Establish a simplified monitoring system to track the efficiency of national and international specimen referral processes, including in terms of turnaround time, quality improvement, workforce availability and effectiveness of community-level testing. • Implement online recertification for "IATA Dangerous Goods" packaging and transport requirements across all sectors, in order to retain certified shippers and ensure ongoing compliance. The WHO Health Security Learning Platform may be considered as a delivery mechanism for this training.
	D1.2.	Laboratory quality system	**4**	
	D1.3.	Laboratory testing capacity modalities	**3**	
	D1.4.	Effective national diagnostic network	**4**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
D2. Surveillance	D2.1.	Early warning surveillance function	4	• Automate coordination between the surveillance team and the laboratory team so that laboratory results are reported directly to surveillance units at the same time as they are reported to clinicians. • Revise the list of priority diseases, including zoonotic diseases, so that it contains only those diseases (a) that would have a large impact on health if there were to be an outbreak, and (b) for which the country has the capacity to conduct surveillance. • Conduct regular, systematic refresher training for all human and animal health workers who report into the surveillance system, with particular focus on staff in the Pa Enua. • Facilitate a range of field epidemiology training programmes at various levels for those human and animal health workers responsible for surveillance, response and investigation activities.
	D2.2.	Event verification and investigation	3	
	D2.3.	Analysis and information sharing	3	
D3. Human resources	D3.1.	Multisectoral workforce strategy	3	• Evaluate the impact of the Health Workforce Plan 2016–2025 in improving the size, quality and resilience of the Cook Islands' public health and clinical workforce. Include lessons from this assessment in the design of the next health workforce plan. • Understand the push and pull factors driving the outward migration of health professionals, and ensure that the next health workforce plan includes concrete strategies to address them. • Develop and implement plans to ensure the availability of backup staff who have been trained to take on key roles in future health emergency responses. • Evaluate the impact of the Ministry of Agriculture Workforce Plan. Employ lessons from this evaluation in the development of a new plan that incorporates a focus on animal health in order to build sustainable capacity in that sector. Simultaneously, formulate a funded implementation plan. • Explore opportunities to develop animal health knowledge among human health staff, especially field epidemiology staff, so they can contribute to strengthening national animal health capacity. • Ensure that all health facilities develop and exercise a plan to maintain the delivery of essential health services, even during emergency events. • Consider establishing a system to enable health professionals to do short-term rotations at other facilities in order to develop and maintain their professional skills. • Advocate for the swift passing of the Occupational Safety and Health Bill. Once passed, implement it.
	D3.2.	Human resources for implementation of IHR	4	
	D3.3.	Workforce training	3	
	D3.4.	Workforce surge during a public health event	2	

Technical areas	Indicator number	Indicator	Score	Priority Actions
Respond				
R1. Health emergency management	**R1.1.**	Emergency risk assessment and readiness	**4**	• Establish a regular process for reviewing and updating the new multi-hazard emergency response plan with inputs from regular simulation exercises, real-world events, and the WHO Strategic Toolkit for Assessing Risks (STAR). • Draft a handbook for the health emergency operations centre (HEOC) by building on the documents, governance arrangements and the physical set-up established during the COVID-19 pandemic. • Address the current limitations of the emergency telecommunications infrastructure, particularly for the Pa Enua, by introducing satellite-based communications and restoring radio broadcasting using amplitude modulation (AM) transmissions, and by expediting the installation of new, longer-life solar batteries to power communications. • Expand the capacity and capability of health personnel to respond to large and prolonged public health emergencies by finalizing the establishment of a third Cook Islands Medical Assistance Team (KukiMAT) and developing: » a structured training programme consisting of just-in-time and seasonal refresher training, regular simulation exercise training, after-action reviews as standard practice, and continuing professional development; » key questions for operational research; and » relationships with research partners to support drafting study protocols and research implementation. • Build logistics capacity within the Ministry of Health to improve the distribution mechanism of essential medicines to the Pa Enua between and during emergencies.
	R1.2.	Public health emergency operations centre (PHEOC)	**1**	
	R1.3.	Management of health emergency response	**4**	
	R1.4.	Activation and coordination of health personnel in a public health emergency	**4**	
	R1.5.	Emergency logistic and supply chain management	**4**	
	R1.6.	Research, development and innovation	**1**	
R2. Linking public health and security authorities	**R2.1.**	Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological, chemical or radiological event	**4**	• Strengthen inter-agency relationships at the highest level to improve communication, information sharing and regular reporting – for example, through the Collective Law Agencies Group. • Improve joint public health emergency response capacities through simulation exercises for all hazards by involving all agencies. • Encourage the sharing of intelligence through the use of the early warning and surveillance system. • Develop cross-sectoral capacity and increase understanding of different professions through joint training programmes, including through secondments to law agencies.

Technical areas	Indicator number	Indicator	Score	Priority Actions
R3. Health services provision	**R3.1.**	Case management	**2**	• Update and develop case management guidelines for the IHR priority health events during emergencies. Implement the guidelines and monitor compliance at all levels of the health-care system. • Develop a funded plan to strengthen the technical capacity of the health workforce in the Pa Enua to ensure that competencies and skills are maintained beyond health emergencies. • Update emergency disaster management response guidelines and undertake a mapping exercise of the resources required for case management of priority diseases during emergencies across all levels of facilities of the Ministry of Health. • Improve segregation of data on the use of essential health services during emergencies across all levels of health-care facilities, and review and evaluate the data to inform policy and planning. • Strengthen the clinical governance programme with a formalized system for customer feedback/ incident reporting to monitor disruptions and public trust during health emergencies. • Develop a defined package of essential health services, a role-delineation plan, and an implementation plan that includes a mechanism for monitoring service continuity during emergencies.
	R3.2.	Utilization of health services	**3**	
	R3.3.	Continuity of essential health services (EHS)	**2**	
R4. Infection prevention and control	**R4.1.**	IPC programmes	**2**	• Develop an IPC policy and endorse the draft national IPC programme plan; and develop and implement a plan for dissemination, implementation and evaluation. • Formalize a role at Rarotonga Hospital for IPC, with dedicated time to carry out IPC activities. • Establish a system for monitoring and auditing in order to measure compliance with IPC standards across all health-care facilities. • Introduce IPC indicators for Rarotonga Hospital for surveillance of health care–associated infections (HCAIs) and hand-hygiene compliance monitoring and feedback.
	R4.2.	HCAI surveillance	**2**	
	R4.3.	Safe environment in health facilities	**3**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
R5. Risk communication and community engagement	**R5.1.**	RCCE systems for emergencies	**1**	• Establish an RCCE technical working group run jointly with the Health Promotion Unit and other relevant agencies, based on agreed terms of reference and standard operating procedures (SOPs). • Task the RCCE technical working group with developing and implementing: » a five-year health communication action plan that includes addressing routine health issues such as noncommunicable diseases and preventive measures for other health behaviours; » an impact assessment system; » an infodemic management system; and » a training plan to increase capacity in crisis communication, social and behavioural change, community engagement, and behavioural insights/behavioural science. • Allocate a budget for the RCCE technical working group that is adequate to carry out these tasks.
	R5.2.	Risk communication	**1**	
	R5.3.	Community engagement	**3**	
IHR-related hazards, points of entry and border health				
POE. Point of entry and border health	**POE1.**	Core capacity requirements at all times for POEs (airports, ports and ground crossings)	**3**	• Develop/update and implement comprehensive public health emergency contingency plans for each designated POE to cover all hazards (including infectious diseases, vectors, chemicals and radiation); and conduct regular simulation exercises to test readiness. • Strengthen human resource capacity by upskilling the existing staff and ensuring adequate staffing levels at designated POEs. • Use WHO standard tools to conduct comprehensive assessments of designated POEs and implement an improvement programme to meet the core capacities (including appropriate isolation facilities). Take appropriate public health measures to enable the implementation of emergency protocols that can protect travellers, staff and the larger public.
	POE2.	Public health response at POEs	**3**	
	POE3.	Risk-based approach to international travel-related measures	**3**	
CE. Chemical events	**CE1.**	Mechanisms established and functioning for detecting and responding to chemical events or emergencies	**2**	• Review and update the State of the Environment Report, the national chemical profile and the national implementation plan for the Stockholm Convention so that these documents cover all chemicals of concern in Cook Islands. • Finalize the National Spill Contingency Plan and develop a chemical event response plan and/or SOPs that define the roles and responsibilities of the relevant agencies; consider all major hazard sites and facilities; incorporate health risk assessments; and include an audit/evaluation system for exercises and responses (including debrief reports to identify actions arising from exercises or events).

Technical areas	Indicator number	Indicator	Score	Priority Actions
	CE2.	Enabling environment in place for management of chemical events	2	• Develop formal arrangements for access to the National Poisons Centre in New Zealand, and conduct a feasibility study for establishing a similar centre in Cook Islands. • Conduct a feasibility study for establishing a formal chemical injury notification system to identify chronic or acute exposures as part of chemical surveillance and monitoring, including for potential chemical hazards in domestic environments. • Strengthen national laboratory capacity for chemical and toxicological analysis, and augment with formal arrangements to access offshore laboratory capacity as needed.
RE. Radiation emergencies	RE1.	Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	2	• Review the relevant regulatory instruments and update laws as needed to establish a regulatory framework for managing radiological risks. • Finalize the national radiation policy. Draft and endorse a national radiation response plan (which includes risk assessment, reporting, event confirmation, notification and investigation), and develop SOPs for radiation emergencies. • Within one year of finalizing these plans and SOPs, Emergency Management Cook Islands (EMCI) and the Ministry of Health should run a simulation exercise for a radiation emergency, which includes an after-action review. • Build capacity for risk assessments (including detection and monitoring) of ionizing radiation, and review the training, equipment and health and safety procedures for the Ministry of Health, emergency responders, border officials and staff. Ensure that all staff understand their roles and responsibilities, work in safe environments, and have access to detection equipment, dosimetry and personal protective equipment (PPE) that protect them from radiation during routine and emergency response activities. • Establish mechanisms to access international technical assistance, laboratory facilities and medical support (including pharmaceuticals) for radiation emergencies, including with the International Atomic Energy Agency (IAEA), WHO, New Zealand and other Pacific nations.
	RE2.	Enabling environment in place for management of radiological and nuclear emergencies	3	

Prevent

P1. Legal instruments

Introduction

The International Health Regulations (IHR) (2005) provide obligations and rights for States Parties. In some States Parties, implementation of the IHR (2005) may require new or modified legislation. Even if new or revised legislation may not be specifically required, States may still choose to revise some regulations or other instruments in order to facilitate IHR implementation and maintenance. Implementing legislation could serve to institutionalize and strengthen the role of IHR (2005) and operations within the State Party. It can also facilitate coordination among the different entities involved in their implementation. See detailed guidance on IHR (2005) implementation in national legislation. In addition, policies that identify national structures and responsibilities as well as the allocation of adequate financial resources are also important.

Target

Adequate legal instruments for States Parties to support and enable the implementation of all their obligations and rights created by the IHR. The development of new or modified legal instruments in some States Parties for the implementation of the Regulations. Where new or revised legal instruments may not be specifically required under a State Party's legal system, the State may revise some laws, regulations or other legal instruments in order to facilitate their implementation in a more efficient, effective or beneficial manner.

Level of capabilities

The supreme law of Cook Islands is its Constitution, which empowers the passing of laws. The country is a parliamentary democracy, which operates according to the Westminster system.

Cook Islands has enacted a range of legislation that directly or indirectly addresses the IHR (2005). This includes the Public Health Act 2024, the Disaster Risk Management Act 2007, the Ministry of Health Act 2013 and the Ministry of Health (International Health Regulations Compliance) Regulations 2014.

The objective of the Public Health Act 2024 is to improve people's health outcomes and to reduce the incidence of disease and ill health. The act provides extensive powers to enable public health responses and establishes a National Public Health Committee with the power to implement the National Public Health Plan.

The Disaster Risk Management Act 2007 provides a mechanism for multisectoral cooperation during disasters, including public health emergencies, which mobilizes a whole-of-government approach to disaster response. Emergency Management Cook Islands (EMCI) is the designated agency for coordinating disaster response. A memorandum of understanding (MOU) between different government agencies helps facilitate this process.

The Ministry of Health Act 2013, Part 5, makes specific reference to the IHR (2005) and establishes the country's obligation to implement the regulations. This is further strengthened through the Ministry of Health (International Health Regulations Compliance) Regulations 2014, which provides a legal mandate for the comprehensive national implementation of the IHR (2005).

Cook Islands should be commended for establishing a legislative framework to enable the implementation of the IHR (2005). A legal mapping exercise has already taken place, which is a key step in identifying the needs for policy and legal reviews so as to facilitate the national implementation of the IHR (2005).

The recognition of gender equality and equity is enshrined in the Constitution of Cook Islands, where fundamental rights exist without discrimination by reason of race, sex, colour, religion, opinion, national origin or belief. Moreover, the National Policy on Gender Equality and Women Empowerment recognizes a society in which women and men are protected, empowered and actively engaged in national development. This policy develops strategic actions to address gender equality concerns and calls for mainstreaming of gender equity in all national policies, strategic plans and programmes. This approach is also reflected in the National Health Strategic Plan 2023–2027. There is, however, room to strengthen legislative provisions that address gender equity in emergencies.

Indicators and scores

P1.1. Legal instruments – Score 2

Strengths

- Cook Islands has a legal framework that enables the implementation of the IHR (2005).
- The Public Health Act 2024 provides extensive powers to enable public health responses.
- The Ministry of Health (International Health Regulations Compliance) Regulations 2014 is a specific legislation that recognizes the need for compliance with international conventions and contains a specific law to enable the obligations under the IHR (2005).
- There is a strong partnership between government agencies and partners to meet public health needs during emergencies.
- Legal mapping has been conducted, identifying areas that need to be reviewed and developed through policy or changes in law.
- Legislation is relevant and current, with governance mechanisms in place to coordinate responses to public health emergencies through the National Public Health Committee.
- Cook Islands works closely with the World Health Organization (WHO) in the review of public health law.

Challenges

- While relevant laws are in place, there is no implementation plan to meet the obligations under the IHR (2005).
- There are competing priorities within the health sector.
- There is a need to ensure that IHR implementation is also a priority across the non-health sectors.
- There is limited ability to operationalize international agreements and laws into funded actions that can be carried out on a day-to-day level with the available staff.

P1.2. Gender equity and equality in health emergencies – Score 2

Strengths

- Gender equity and equality is recognized in the Constitution and in a number of laws.
- Cook Islands is a party to the Convention on the Elimination of All Forms of Discrimination against Women.
- There is a national policy and plan recognizing gender equity and equality.

Challenges

- Isolated communities, such as those in the Pa Enua, can have difficulties accessing health care and other resources.
- There has been no assessment of gender gaps in IHR-relevant data collection.

Recommended priority actions

- Build on the existing legal mapping to identify laws and policies in need of revision and/or development for full implementation of the IHR.
- Develop a plan to implement the Ministry of Health (International Health Regulations Compliance) Regulations 2014, and incorporate the amendments to the IHR that will be effective from September 2025.
- Conduct a gender and vulnerability analysis in the context of emergencies and across IHR core capacities.

P2. Financing

Introduction

The implementation of the IHR, including development of the core capacities, requires adequate financing. State Parties should ensure sufficient allocation of funds for IHR implementation.

Target

States Parties ensure provision of adequate funding for IHR implementation through the national budget or other mechanisms. Country has access to financial resources for the routine implementation of IHR capacities and financial resources that can be accessed on time and distributed for readiness and response to public health emergencies, is available.

Level of capabilities

The 2036 vision for the Cook Islands Health Service entails health funding to be maintained at a proportion of the GDP so that it provides adequately for the full financial requirements of the Ministry of Health (Te Marae Ora).

Several key national documents, most notably the National Sustainable Development Agenda 2020+ and the National Health Strategic Plan 2023–2027, include commitments to increasing health expenditure as a share of total government expenditure and have indicators for monitoring. Information on health spending is publicly available through annual budgetary statements, with projections for the next three years (at the time of this JEE), suggesting that this commitment will be realized (as measured against health expenditures prior to the COVID-19 pandemic). Fiscal realities do, however, mean that significant new money will not be available.

The financing of IHR (2005) implementation cannot currently be disaggregated from national budgets. Nonetheless, the implementation of health-sector IHR capacities in the near term (till 2027) can be monitored through several key performance indicators of the National Health Strategic Plan, in which strengthening the Cook Islands' IHR framework is included as a key outcome. A 2025 mapping of IHR-related legislation provides an opportunity for a functional review to address gaps in the legal framework.

Overseas development assistance is projected to diminish over the three years following this JEE, with most external health financing directed to climate change adaptation – a move reflective of the Cook Islands' holistic approach to building resilience to all threats to health. These funds can still contribute in terms of the overall resilience of communities and the Ministry of Health (Te Marae Ora). The Ministry of Finance & Economic Management views increasing domestic, rather than overseas development assistance, health funding as a measure that gives more budgetary certainty to the Ministry of Health (Te Marae Ora) (and other sectors), thereby enhancing confidence that the budgets are aligned with national health priorities, including IHR (2005) implementation.

For nationally declared emergencies, including health emergencies, there is flexibility in the national budgetary process to reallocate funds and add supplementary financing to support emergency responses. A trust fund, insurance coverage and a disaster recovery loan mechanism have all been established to help ensure effective responses and timely restoration of infrastructure and facilities.

Donors, especially New Zealand, provided support to Cook Islands during the COVID-19 pandemic.

The Cook Islands National Pandemic Preparedness Plan (NPPP) outlines a whole-of-government pandemic response that provides a strong foundation for a broader, all-hazards National Action Plan for Health Security (NAPHS). The NAPHS is slated for completion in 2025.

Indicators and scores

P2.1. Financing for IHR (2005) implementation – Score 3

Strengths

- The Ministry of Finance & Economic Management has a transparent budgetary process, with audits, full disclosure of revenues, and transparent expenditure by line agency and ministry, which enables tracking of health financing.
- There is a long-standing commitment to continuous increases in the share of funding received for health.
- Investments in the IHR (2005) technical areas are noted in national health strategies and road maps with indicators – that is, IHR (2005) implementation is predominantly embedded within the existing programmes and services.
- The financing of IHR (2005) implementation through various ministries and agencies comes increasingly from government funds rather than external sources and is aligned with national and sectoral priorities.
- The National Sustainable Development Agenda 2020+ provides precedent for the financial tracking of national operating and capital expenditures for outcomes/goals that cut across sectors.
- The Ministry of Finance & Economic Management is examining innovative financial approaches wherein issues are to be solved through inter-agency cooperation by incentivizing integrated responses to health emergencies.

Challenges

- Integrating IHR core capacities into existing programmes means that there is incomplete mapping of IHR-implementing agencies and ministries. The associated budgets are therefore not easily derived, and it is challenging to define total and sectoral budgetary needs.
- Cook Islands needs an NAPHS that has a provision for all relevant stakeholders to receive government funds in order to be able to allocate and distribute financing appropriately over the forward estimates, and for tracking IHR (2005) implementation.
- The national budgetary process involves ministries submitting separate proposals to the Ministry of Finance & Economic Management for funding. It is uncommon for ministries to submit common priorities or a joint proposal (for instance, in the case of budgets to implement the IHR).

P2.2. Financing for public health emergency response – Score 4

Strengths

- There are clear financial processes, built on a long tradition of responding to natural disasters, to reallocate budgets and provide supplementary funding to respond to nationally declared emergencies.
- There are established mechanisms to draw on additional funds from domestic sources (a trust fund) and external sources (disaster loans from the Asian Development Bank), along with insurance coverage for recovery.
- The Cook Islands Government supported overseas development assistance funds for COVID-19 response activities through tax exemptions on personal protective equipment (PPE), vaccines and medical equipment.

Challenges

- The existing additional funding sources for emergencies were established for natural disasters; so, amendments are required to guarantee prompt access in the event of a health emergency.
- The national policy covering employee compensation, including during emergency situations, is more than 50 years old and is currently being updated.
- Largely, the effectiveness of emergency responses is contingent on the quality of preparatory work, and there is incomplete understanding of budget appropriations for preparedness.
- Professional development plans in general, and for IHR (2005) implementation specifically, need to be updated.

Recommended priority actions

- Expedite completion of the NAPHS, based on a comprehensive mapping of IHR legislation and capacities across all implementing agencies to improve cost estimates and allocation of national budget resources for IHR implementation.
- IHR-implementing agencies should engage with the 2025 review of the Ministry of Finance & Economic Management Act (MFEM Act) 1995–96 to ensure that health emergency functions are sufficiently represented in public financial management.
- Ensure that emergency financing from the domestic trust fund and from the Asian Development Bank can be accessed for all types of emergencies and not just natural disasters.
- Expedite completion of the update to the Workers' Compensation Bill to ensure that the health workforce plan covers employee and volunteer compensation during health emergencies.

P3. IHR coordination, National IHR Focal Point functions and advocacy

Introduction

The effective implementation of the IHR requires multisectoral/multidisciplinary approaches through national partnerships for efficient alert and response systems. Coordination of nationwide resources, including the designation of a national IHR focal point (NFP), and adequate resources for IHR implementation and communication, is a key requisite for a functioning IHR mechanism at country level.

Target

Multisectoral/multidisciplinary approaches through national partnerships that allow efficient, alert and response systems for effective implementation of the IHR Coordinate nation-wide resources, including sustainable functioning of a National IHR Focal Point – a national centre for IHR communications which is a key obligation of the IHR – that is accessible at all times. States Parties provide WHO with contact details of National IHR Focal Points, continuously update and annually confirm them. Timely and accurate reporting of notifiable diseases, including the reporting of any events of potential public health significance according to WHO requirements and consistent relay of information to FAO and OIE. Planning and capacity development are undertaken and supported through advocacy measures to ensure high-level support for implementation of IHR.

Level of capabilities

Cook Islands is to be congratulated for the establishment, under the Public Health Act 2024, of a National Public Health and IHR Committee, which will soon be the National IHR Authority. At the time of this JEE, the IHR NFP for Cook Islands is situated within the Ministry of Health (Te Marae Ora) and plays a critical leadership role in coordinating IHR activities in the country.

The IHR NFP is equipped with adequate human resources and facilities to ensure 24/7 communication with WHO and other agencies, and its roles are mandated in the Ministry of Health (International Health Regulations Compliance) Regulations 2014. The core IHR capacities in Cook Islands are strengthened by the Public Health Act 2024, which gives strong, clear mandates for IHR implementation.

Annually, the IHR NFP participates in the IHR Exercise Crystal. This simulation exercise is organized by the WHO Regional Office for the Western Pacific to test the coordination of information exchange between IHR NFPs and national agencies and with WHO.

While multisectoral coordinated response and information-sharing mechanisms were activated during the COVID-19 pandemic, these mechanisms remain ad hoc due to the lack of fully developed standard operating procedures (SOPs) for coordination and proactive sharing of information between the human and animal health sectors and with other national agencies. Fully developed and permanent SOPs based on those developed during the COVID-19 phase could serve this purpose.

Cook Islands also needs to be commended for the development and approval of a multisectoral pandemic contingency plan, which came into being in 2024. It focuses on respiratory pathogens and clearly describes the criteria for responding to emergencies. However, given the complex landscape of public health emergencies in the region, the islands would benefit from developing and implementing a more comprehensive plan, one that takes a multi-hazard approach, aims to build national health security systems, is informed by prioritized risk factors, and is adequately resourced.

Indicators and scores

P3.1. National IHR Focal Point functions – Score 2

Strengths

- The current legal framework authorizes the operation of some functions of the IHR NFP, including its governance and coordination functions.
- The Ministry of Health (Te Marae Ora) has a dedicated team to carry out the functions of the IHR NFP.

Challenges

- Coordination between the NFP and other ministries remains limited due to a lack of clear mandates.

P3.2. Multisectoral coordination mechanisms – Score 3

Strengths

- There is strong leadership within the Ministry of Health (Te Marae Ora) for coordination between public health agencies.
- A whole-of-government approach is adopted in preparing for and responding to emergencies.
- The NPPP was adopted in 2024 and provides clear multisectoral coordination mechanisms to prepare for and respond to respiratory pandemic threats.

Challenges

- Multiple competing interests with other agencies limit the active participation of non-health ministries in preparedness and response activities.
- There is a strong notion that the responsibility for implementing the IHR (2005) rests solely with the health sector, which leads to weak engagement from other sectors during non-crisis periods.
- Coordination among agencies is evident during simulation exercises, but routine proactive collaboration between agencies remains limited.

P3.3. Strategic planning for IHR, preparedness or health security – Score 2

Strengths

- The NPPP was adopted in 2024 and provides clear multisectoral coordination mechanisms to prepare for and respond to respiratory pandemic threats.
- Different reviews, including simulation exercises and the IHR States Parties self-assessment annual report (SPAR), have provided important inputs for the development of pandemic plans and the NAPHS.
- The Public Health Act 2024 makes clear the obligation to develop a comprehensive public health contingency plan for Cook Islands.

Challenges

- Multiple competing interests limit the active participation of non-health ministries in preparedness and response activities.
- During non-crisis periods, the overall attention accorded to the IHR (2005) and health security is limited.

Recommended priority actions

- Develop and implement a risk- and vulnerability-informed, adequately resourced NAPHS.
- Develop an action plan to operationalize the National IHR Authority in line with the Public Health Act 2024, including: (1) comprehensive terms of reference for each partner agency; and (2) specific actions to advocate for IHR awareness and implementation across Cook Islands.

P4. Antimicrobial resistance (AMR)

Introduction

Bacteria and other microbes evolve in response to their environment and inevitably develop mechanisms to resist being killed by antimicrobial agents. For many decades, the problem was manageable as the growth of resistance was slow and the pharmaceutical industry continued to create new antibiotics.

Over the past decade, however, this problem has become a crisis. Antimicrobial resistance is evolving at an alarming rate and is outpacing the development of new countermeasures capable of thwarting infections in humans. This situation threatens patient care, economic growth, public health, agriculture, economic security and national security.

Target

A functional system in place for the national response to combat antimicrobial resistance (AMR) with a One-Health approach, including:

a). Multisectoral work spanning human, animal, crops, food safety and environmental aspects. This comprises developing and implementing a national action plan to combat AMR, consistent with the Global Action Plan (GAP) on AMR.
b). Surveillance capacity for AMR and antimicrobial use at the national level, following and using internationally agreed systems such as the WHO Global Antimicrobial Resistance Surveillance System (GLASS) and the OIE global database on use of antimicrobial agents in animals.
c). Prevention of AMR in health care facilities, food production and the community, through infection prevention and control measures.
d). Ensuring appropriate use of antimicrobials, including assuring quality of available medicines, conservation of existing treatments and access to appropriate antimicrobials when needed, while reducing inappropriate use.

Level of capabilities

In 2016, a foundational, multisectoral Antimicrobial Resistance National Action Plan was approved, based on the One Health approach. A National AMR Committee, chaired by the Ministry of Health (Te Marae Ora) as the lead agency, was established, with a mandate to meet twice annually. The plan includes a costed implementation strategy and a monitoring and evaluation framework – but both remain unimplemented, due to delays caused by the COVID-19 pandemic. Currently, the plan is under review with finalization expected by the end of 2025.

In the country's human health sector, limited AMR surveillance is conducted, including in terms of local-level reporting and analysis of resistance patterns to inform treatment guidelines. As for the animal health sector, it has yet to initiate AMR surveillance. National AMR data are derived from clinical cases that require bacterial culture and sensitivity testing for patient care. Surveillance efforts focus on common resistant pathogens such as the methicillin-resistant *Staphylococcus aureus* and the extended-spectrum beta-lactamase-producing bacteria.

Infection prevention and control (IPC) guidelines are in place to limit the spread of multidrug-resistant organisms (MDROs), but these require strengthening to incorporate standardized definitions, SOPs and protocols for reporting and managing a broader range of resistant organisms.

The use of antimicrobials in the human health sector is regulated through evidence-based guidelines for both hospital and community settings, though awareness of and adherence to these guidelines vary. The animal health and agriculture sectors currently lack formal guidelines or regulations on antimicrobial use, and awareness of AMR remains low, while there is limited use of antimicrobials and veterinary approval is required for antibiotic treatments.

There are some data from prescribing volumes on antimicrobial use. Antibiotics can be prescribed only by licensed medical practitioners. Procurement is based on the national essential medicines list, which ensures access to essential and effective antimicrobials.

The 2024 antibiotic prescription guidelines of Cook Islands have partially adopted WHO's AWaRe (Access, Watch, Reserve) classification. The country's Drugs and Therapeutics Committee, supported by a WHO-funded infectious diseases physician, oversees antibiotic guidelines and updates to the national essential medicines list, but formal antibiotic stewardship programmes have not yet been implemented in health-care facilities.

Indicators and scores

P4.1. Multisectoral coordination on AMR – Score 1

Strengths

- The multisectoral AMR National Action Plan is under revision.
- The revised plan will align with the WHO Global Action Plan on AMR.

Challenges

- The AMR National Action Plan has not been implemented and is awaiting finalization and funding, both of which were uncertain at the time of this JEE.

P4.2. Surveillance of AMR – Score 2

Strengths

- Strong AMR testing capacity exists in the laboratory at Rarotonga Hospital.
- Human AMR data are regularly reported through WHONET.

Challenges

- No AMR surveillance systems are in place for animal health or agriculture.
- National AMR surveillance requires improved data analysis, management and reporting.

P4.3. Prevention of MDRO – Score 3

Strengths

- Some MDROs are designated as priority pathogens under the Public Health Act.
- IPC guidelines for managing MDROs are implemented nationwide.
- Patients with MDROs are isolated and staff screening is conducted when necessary.

Challenges

- Standardized definitions for MDROs are needed, along with improved reporting and case management.
- Greater integration of effective IPC practices into routine clinical care is required.

P4.4. Optimal use of antimicrobial medicines in human health – Score 2

Strengths

- Antibiotic use is legally restricted to prescription by licensed practitioners.
- Locally informed prescribing guidelines and an essential medicines list are in place.
- The antibiotic guidelines are reviewed based on local antibiogram results.

Challenges

- No formal antibiotic stewardship programmes have been implemented.
- Awareness and adherence to the antibiotic guidelines are not comprehensive.

P4.5. Optimal use of antimicrobial medicines in animal health and agriculture – Score 1

Strengths

- There is no preventative use of antimicrobials in agriculture, and all infection treatments are veterinarian approved.
- There is very little use of antimicrobials in general.

Challenges

- Testing for AMR is not conducted in the animal health and agriculture sectors.
- There is low awareness of AMR and no capacity to sample and test for it in the animal health sector.

Recommended priority actions

- Finalize the AMR National Action Plan, establish a One Health coordination mechanism, and secure funding for implementation.
- Formalize an antimicrobial stewardship programme overseen by the Drugs and Therapeutics Committee, to include training for health professionals on antibiotic guidelines.
- Strengthen surveillance by increasing the capacity to report on MDROs, supported by standardized testing procedures and staff training to improve AMR data management and WHONET reporting.
- Strengthen IPC practices by building the capacity to integrate and coordinate AMR surveillance activities and response, ensuring consistent compliance with IPC guidelines.
- Implement AMR training in the animal health and agriculture sectors to ensure capacity to sample and test for AMR as needed.

P5. Zoonotic disease

Introduction

Zoonotic diseases are communicable diseases that can spread between animals and humans. These diseases are caused by viruses, bacteria, parasites, and fungi carried by animals, insects or inanimate vectors that aid in its transmission. Approximately 75% of recently emerging infectious diseases affecting humans are of animal origin, and approximately 60% of all human pathogens are zoonotic.

Target

Functional multi-sectoral, multidisciplinary mechanisms, policies, systems, and practices are in place to minimize the transmission of zoonotic diseases from animals to human populations.

Level of capabilities

While there is currently no clearly established mechanism in Cook Islands for a multisectoral, multidisciplinary approach to the risk of zoonotic diseases, the Ministry of Health (Te Marae Ora), the Ministry of Agriculture and the Ministry of Marine Resources have independent capacity to prevent, detect and respond to the threat of zoonotic diseases.

Under the Public Health Act 2024, the Ministry of Health (Te Marae Ora) is responsible for the notification of conditions and pathogens.

The Ministry of Agriculture is responsible for enforcing the Biosecurity Act 2008, focusing on preventing the entry and spread of pests and diseases affecting animals, plants, humans and the environment. The Biosecurity Act is strong and well enforced, resulting in a low risk of entry of diseased animals, and the movement of live animals to the Pa Enua is closely monitored.

The animal health regulatory framework requires strengthening to improve the mechanism to control the movement of animals, enforce hygiene practices and improve breeding and management practices. This could be enhanced with improved collaboration and information sharing among the relevant sectors, including a charity veterinary clinic, public health experts and the Ministry of Agriculture. Addressing these issues would improve the range of value-added products, support the domestic value chain and improve food security.

Human resources in the animal sector are very limited, with no fully qualified veterinarians within the Ministry of Agriculture. There are six paraveterinarians – three in Rarotonga and three in the Pa Enua – and one veterinarian employed by the charity clinic, all of whom maintain a good collaborative relationship with the government.

Laboratory capacity is adequate for human health, but it is limited for animal health, with many specimens being sent overseas for testing. There is no interface between the human and animal labs.

There is some surveillance in the animal sector, particularly on pig farms, but there does not appear to be any surveillance in the wildlife sector. If a die-off takes place among migratory birds, it is not clear whether SOPs are in place for an investigation. Furthermore, while there is a native bat species in Cook Islands, there is no indication of any surveillance of the bat population, which is a cause for concern.

Cook Islands uses very few antibiotics in the animal population, which greatly reduces the risk of developing AMR. As for the importation of live animals, it is restricted to companion animals, which must be medically cleared for entry, thereby reducing the risks of ingress of zoonotic diseases.

The Ministry of Marine Resources is responsible for managing marine biodiversity and resources, as per the National Strategy on Aquatic Biosecurity. The Ministry of Agriculture and the Ministry of Marine Resources collaborate closely and have received support from New Zealand's Ministry for Primary Industries. When an incident occurs, specimens are collected and sent to New Zealand for testing.

Indicators and scores

P5.1. Surveillance of zoonotic diseases – Score 1

Strengths

- The Ministry of Health (Te Marae Ora) follows a list of notifiable conditions and notifiable diseases defined by the Public Health Act 2024.
- The Ministry of Agriculture uses the World Organisation for Animal Health portal and its lists of aquatic and terrestrial diseases.
- The practice at the time of the JEE was passive surveillance according to these lists, with updates every six months.

Challenges

- There is no priority list of animal or human diseases and no systemized surveillance system for zoonotic diseases across different animal species.
- Collaboration and information sharing between the relevant sectors is weak.

P5.2. Response to zoonotic diseases – Score 1

Strengths

- The Ministry of Health (Te Marae Ora) has experience in implementing successful targeted programmes (for example, during an outbreak of dengue type 1 in 2019).
- The Ministry of Health (Te Marae Ora) has launched an environmental health programme to eliminate mosquito breeding sites, as well as a vector control programme.
- The Ministry of Agriculture and the Ministry of Marine Resources collaborate closely and have received support from New Zealand's Ministry for Primary Industries.

Challenges

- The absence of a One Health framework means there is no joint plan or strategy linking the human health and animal health sectors.
- There is no MOU on the management of zoonotic diseases.
- Surveillance and testing capacities for zoonotic diseases are limited.

P5.3. Sanitary animal production practices – Score 2

Strengths

- Cook Islands has a strong Biosecurity Act 2008 that is well enforced, resulting in a low risk of entry of diseased animals.
- Movement of live animals to the Pa Enua is closely monitored.
- Food safety processes are in place to inform and notify when issues arise.

Challenges

- The animal health regulatory framework requires strengthening to improve the mechanism to control the movement of animals, enforce hygiene practices and improve breeding and management practices.

Recommended priority actions

- Build a One Health framework, infrastructure and mechanisms to strengthen multisectoral response. This should be structured within the NAPHS process and designed to improve coordination, collaboration and information sharing.
- Complete a zoonotic disease prioritization process by the end of 2025.
- Design and implement a surveillance system for relevant animal populations for the identified priorityzoonotic diseases. Include the establishment of laboratory capacity for necessary testing.

P6. Food safety

Introduction

Food- and water-borne diarrhoeal diseases are one of the leading causes of illness and death, particularly in children and especially in developing countries. The rapid globalization of food production and trade has increased the potential likelihood of international incidents involving contaminated food. The identification of the source of an outbreak and its containment is critical for control. Risk management capacity with regard to control throughout the food chain continuum must be developed. If epidemiological analysis identifies food as the source of an event, based on a risk assessment, suitable risk management options that ensure the prevention of human cases (or further cases) need to be put in place.

Target

A functional system is in place for surveillance and response capacity of States Parties for foodborne disease and food contamination risks or events with effective communication and collaboration among the sectors responsible for food safety.

Level of capabilities

Foodborne disease surveillance, response and management in Cook Islands are governed by the Food Act 1992–93, the Food Regulations 2014 and the Public Health Act 2024. The latter provides a broader mandate for public health protection, including in response to foodborne events. These frameworks are aligned with the Ministry of Health's National Health Strategic Plan 2023–2027, which integrates legal, policy and programmatic approaches. The Biosecurity Act 2008 also provides authority for food safety measures and ensures the safety of imported animal products.

Surveillance activities include national notifiable disease surveillance (for confirmed cases); event-based surveillance based on community and media reports; and syndromic surveillance (such as for diarrhoea or fish poisoning), which can trigger further investigation and laboratory confirmation.

Health protection officers (HPOs) lead investigations and monitor biological and chemical food hazards, following health inspector SOPs and the Pacific Outbreak Manual, and collaborate with laboratory and field epidemiology staff as needed. Occasional collaboration across sectors – such as with the Ministry of Agriculture – also occurs.

This JEE highlighted the need to strengthen intersectoral coordination and information sharing, as well as to develop SOPs and a formal national response plan for food safety emergencies.

While major food safety emergencies are rare, routine incidents such as food poisoning and product recalls are managed through the existing SOPs for health inspectors. To enhance detection and response capacity, the HPO Manual should be reviewed to identify and address procedural gaps. Additionally, prioritizing food-related case definitions and increasing awareness and training throughout the public health workforce are essential for improving the accuracy of reporting and ensuring faster, more effective responses.

An International Food Safety Authorities Network (INFOSAN) emergency contact is in place, but cross-sectoral awareness of its role remains limited. Outbreak responses are coordinated by the food safety HPOs, who receive on-the-job training in food premises inspection and response to foodborne diseases. Additional training in food hygiene is provided by the Cook Islands Trade and Training Institute. The HPOs work in close collaboration with laboratory technicians, medical officers and public health nurses.

Laboratory testing is centralized at Rarotonga Hospital and is currently limited to clinical samples.

Indicators and scores

P6.1. Surveillance of foodborne diseases and contamination – Score 3

Strengths

- A national notifiable disease surveillance system is in place, integrating syndromic, indicator-based and event-based surveillance with laboratory confirmation for priority diseases.
- Standard operating procedures guide the routine investigation of food-related hazards linked to cases or outbreaks.
- Health-care workers and HPOs receive on-the-job training in surveillance, case definitions and reporting of foodborne events.

Challenges

- The HPO Manual needs updating to address procedural gaps in investigation and response.
- Increased awareness and training on syndrome and cluster case definitions across the public health workforce are needed to support timely responses by the HPOs.
- Coordination with INFOSAN is limited, with only one designated contact and without the engagement of multiple agencies.

P6.2. Response and management of food safety emergencies – Score 1

Strengths

- The Ministry of Health's food safety HPOs are authorized to inspect and enforce food safety regulations.
- The HPO Manual and SOPs outline procedures for managing foodborne incidents and disease outbreaks.
- Cook Islands has experience handling ciguatera food poisoning, food recalls and similar incidents.

Challenges

- There is no formal, multi-agency national food safety emergency response plan.
- The outbreak response system remains untested, as no large-scale foodborne disease outbreak has been investigated to date.
- Testing for hazards in food samples is not routinely done.

Recommended priority actions

- Develop a national food safety emergency response plan with clear protocols and stakeholder roles, and conduct joint simulation exercises to test its effectiveness.
- Enhance surveillance, investigation and response by updating the HPO Manual to address procedural gaps and by training the public health workforce on key steps to identify and respond to foodborne diseases.
- Strengthen the reporting of potential foodborne disease outbreaks by developing priority case definitions for relevant syndromes and clusters, and by increasing awareness and training among health-care providers to support timely and effective responses.
- Review and strengthen the INFOSAN structure by appointing focal points in each relevant sector and improving cross-sector engagement.
- Optimize the use of existing laboratory capacity for rapid food contamination testing, and establish a formal partnership with an overseas laboratory for confirmatory and specialized testing.

P7. Biosafety and biosecurity

Introduction

It is vital to work with pathogens in the laboratory to ensure that the global community possesses a robust set of tools – such as drugs, diagnostics, and vaccines – to counter the ever-evolving threat of infectious diseases.

Research with infectious agents is critical for the development and availability of public health and medical tools that are needed to detect, diagnose, recognize and respond to outbreaks of infectious diseases of both natural and deliberate origin. At the same time, the expansion of infrastructure and resources dedicated to work with infectious agents have raised concerns regarding the need to ensure proper biosafety and biosecurity to protect researchers and the community. Biosecurity is important in order to secure infectious agents against those who would deliberately misuse them to harm people, animals, plants or the environment.

Target

A whole-of-government multisectoral national biosafety and biosecurity system with high-consequence biological agents identified, held, secured and monitored in a minimal number of facilities according to best practices, biological risk management training and educational outreach conducted to promote a shared culture of responsibility, reduce dual-use risks, mitigate biological proliferation and deliberate use threats, and ensure safe transfer of biological agents; and country-specific biosafety and biosecurity legislation, laboratory licensing and pathogen control measures in place as appropriate.

Level of capabilities

Cook Islands has a foundational biosafety system centred on the Rarotonga Hospital laboratory, the country's sole medical laboratory. Operated by the Ministry of Health (Te Marae Ora), the laboratory plays a critical role in managing biosafety risks associated with diagnostic testing. It follows a comprehensive Health and Safety Manual that includes detailed SOPs for PPE, disinfection, infection control, waste disposal and incident reporting. The laboratory also adheres to international standards such as the International Air Transport Association (IATA) Dangerous Goods Regulations for the transport of infectious substances, and is actively working towards ISO 15189 accreditation. Biosafety training is mandatory for all staff and is integrated into both induction and ongoing competency assessments. Internal audits are conducted every six months, and external audits are carried out annually through a partnership with the Pacific Pathology Training Centre.

Although the Rarotonga Hospital laboratory does not store high-consequence biological agents, it has well-defined procedures for handling and referring specimens to external reference laboratories. The laboratory has prepared and is piloting a tool for periodic assessment of laboratory-associated biosafety risks.

In the animal health sector, laboratory capacity is restricted to a microscopy facility within the Ministry of Agriculture, though there are plans to establish a new laboratory facility. The animal health sector does not currently handle any infectious agents.

There are no plans in either the human or animal health sector to introduce any techniques involving propagation of infectious agents.

On the biosecurity front, the Ministry of Agriculture's Biosecurity Division leads national efforts under the Biosecurity Act 2008. Cook Islands has designated biosecurity points of entry and departure; it has also mechanisms to manage quarantine stations, as well as to conduct regular surveillance for pests and diseases (including for invasive species such as the "mile-a-minute" weed).

The national legal framework includes the Maritime Transport Act 2008 and the Environment Act 2003, which support biosecurity through maritime inspections and environmental protection measures. Operational practices include border inspections, import/export compliance and inter-island biosecurity controls.

Emergency preparedness protocols are in place to respond to biosecurity threats. These efforts are supported by non-health agencies such as the Ministry of Transport, the National Environment Service and island governments, thereby ensuring a coordinated, multisectoral approach to protecting the country's agriculture, environment and public health in emergencies.

Indicators and scores

P7.1. Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities – Score 3

Strengths

- Cook Islands has established a strong legal foundation for biosafety and biosecurity through multiple acts, such as the Biosecurity Act 2008, the Ministry of Health Act 2013, the Public Health Act 2024 and the Ministry of Health (International Health Regulations Compliance) Regulations 2014. These laws provide clear mandates for managing biological risks across sectors.
- A range of government agencies contribute to an integrated and coordinated system. The Ministry of Health (Te Marae Ora) oversees public health biosafety; the Ministry of Agriculture manages agricultural biosecurity, including for infectious substances; and other non-health agencies support implementation at various levels.
- The Rarotonga Hospital laboratory includes a molecular/polymerase chain reaction laboratory specifically designed to handle priority pathogens without culturing, thereby reducing biosafety risks. The facility is equipped with biosafety cabinets and follows strict access control protocols by limiting entry to authorized personnel only.
- The Rarotonga Hospital laboratory operates under a detailed Health and Safety Manual, which includes SOPs for PPE use, disinfection, infection control, waste disposal and incident reporting. These SOPs guide daily operations and ensure consistent adherence to biosafety standards.
- The Rarotonga Hospital laboratory conducts biannual internal audits and annual external audits through the Pacific Pathology Training Centre, and is working actively towards ISO 15189 accreditation, which includes areas pertaining to biosafety and biosecurity.
- Both the human and animal health sectors comply with the IATA Dangerous Goods Regulations for international transport of infectious substances. Staff are trained and certified in safe packaging and shipping procedures.

Challenges

- With only one laboratory facility, the country faces constraints in ensuring biosafety compliance for the safe collection and transport of specimens from health facilities. There is no oversight to ensure the competence of staff.
- The biosafety and biosecurity spheres are not yet fully integrated into the national budgets. The system relies heavily on external partners for equipment servicing, training and capacity-building, which affects long-term sustainability and self-reliance.
- Occupational health and safety systems are currently inadequate. Although the Rarotonga Hospital laboratory has internal occupational health and safety policies, there is no robust, system-wide occupational health and safety framework across the Ministry of Health (Te Marae

Ora). Of particular note is that pre-exposure vaccination policies for the lab staff are still awaiting endorsement.

- The annual certification of biosafety cabinets is hindered by limited national budget allocation and a reliance on external partners for maintenance. No formal long-term servicing arrangements are in place.

P7.2. Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture) – Score 3

Strengths

- The Rarotonga Hospital laboratory incorporates biosafety and biosecurity training into all laboratory procedural training, including during the introduction of new testing platforms. This ensures that biosafety is embedded in routine operations.
- All laboratory staff are required to undergo biosafety and biosecurity training, both at induction and through regular refresher sessions. This includes training on handling infectious materials and compliance with international transport regulations.
- Annual competency evaluations are conducted to assess staff adherence to biosafety and biosecurity protocols. Training and competency records are systematically maintained through staff training and competency logs.
- While the Rarotonga Hospital laboratory leads nationally in biosafety training, the broader system includes biosafety awareness and practices in the agriculture and environmental sectors, supported by legislation and inter-agency collaboration.
- Even in the absence of a robust occupational health and safety system across the Ministry of Health (Te Marae Ora), the laboratory has independently maintained strong biosafety practices, thereby demonstrating institutional commitment and resilience.

Challenges

- Cook Islands depends on overseas partners for specialized training and technical support, which can delay access to updated practices and reduce local ownership of training programmes.
- While training exists within individual sectors, there is no formal, coordinated national cross-sectoral training framework that integrates biosafety and biosecurity practices across all relevant sectors under the One Health approach.
- Training programmes for biosafety and biosecurity are not yet fully integrated into national budgets, making them dependent on external support and thus limiting their sustainability and scalability.
- With a small workforce, especially in laboratory and biosecurity roles, it is challenging to maintain consistent training schedules, conduct regular refresher courses, and/or ensure full biosafety and biosecurity coverage across all islands and sectors.

Recommended priority actions

- Disseminate standardized best practices to all specimen referral sites and personnel involved in specimen collection and transport, to ensure compliance with required safety and quality standards.
- Include biosafety cabinet certification in existing MOUs and network activities with overseas partners, and seek additional technical and financial support from external partners such as WHO and WHO collaborating centres.
- Standardize and implement an annual risk assessment process across both the human and animal health sectors – including national and international specimen referral pathways – to enable evidence-based, cost-effective biosafety practices aligned with international guidelines and the One Health approach.

P8. Immunization

Introduction

Immunization currently prevents 3.5 million to 5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles. Immunization is typically one of the most successful and cost-effective ways to save lives and prevent disease. Measles immunization is emphasized because it is widely recognized as a proxy indicator for overall immunization against vaccine preventable diseases. Countries will also identify and target immunization to populations at risk of other epidemic-prone vaccine preventable diseases of national importance (e.g. cholera, Japanese encephalitis, meningococcal disease, typhoid and yellow fever). Diseases that are transferable from cattle to humans, such as anthrax and rabies, are also included.

Target

A national vaccine delivery system – with nationwide reach, effective distribution, easy access for marginalized populations, adequate cold chain and ongoing quality control – that is able to respond to new disease threats.

Level of capabilities

Vaccination is a high priority in Cook Islands, where very high vaccination rates demonstrate national commitment to disease prevention through immunization.

Between 2020 and 2023, many resources in the country were diverted to assist the response to the COVID-19 pandemic. As a result, coverage of the first dose of measles-containing vaccine (MCV1) among 12-month-old children declined, reaching a low of 61% in 2022, according to WHO and the United Nations Children's Fund estimates. However, coverage improved to 84% in 2023 and returned to 99% in 2024.

Nurses of the islands make huge efforts to deliver vaccines to vulnerable populations, including by conducting outreach visits to the homes of patients who are unable to attend vaccination clinics.

The country has extensive experience and success with mass vaccination campaigns, having successfully conducted three mass vaccination campaigns in the last 10 years.

Despite excellent results, however, some challenges to vaccine delivery remain, including vaccine hesitancy and maintenance of the cold chain. Many clinics do not have a backup power source and rely on mains power, which can experience outages. Vaccine hesitancy is a growing concern, with misinformation increasingly being spread via social media.

Indicators and scores

P8.1. Vaccine coverage (measles) as part of national programme – Score 5

Strengths

- Information about childhood vaccinations is provided to parents of newborns through a "baby book".
- Health-care professionals follow up on any under-immunized children and record any contacts with parents.

- Health-care professionals conduct outreach visits to houses to vaccinate children who are unable to attend vaccination clinics, including children with disabilities.
- Vaccination is available in any of the five Puna clinics in Rarotonga and 11 clinics in the Pa Enua.
- Immunization records are kept electronically on Medtech Evolution, the national patient information management system, and electronic copies are available in case of internet outage.
- Children's medical records are checked before they start school, and if a child has not had all of their immunizations, they are offered catch-up doses. Vaccination refusals are recorded on Medtech.
- A surveillance coordinator conducts weekly Zoom meetings with the Pa Enua staff to discuss challenges, conduct professional development training and convey any updates or changes.

Challenges

- In recent years, nurses at Puna clinics have been asked to complete more tasks, so they are finding it more difficult to dedicate the required time to immunization.
- Vaccine hesitancy in the community has been growing, driven mostly by social media.
- Families in Cook Islands can be very mobile, moving between islands or going overseas, so following up on children or tracking under-immunized children can be difficult. In addition, many women from the Pa Enua go to Rarotonga to give birth, moving there early during the gestation period. Children of these mothers can be lost to follow-up checks when they return to their villages.

P8.2. National vaccine access and delivery – Score 4

Strengths

- The Android application mSupply is used to track the cold chain from the Pacific warehouse to Rarotonga and from Rarotonga to Aitutaki. This application records the temperature of all fridges and provides an alert if fridges show unacceptable temperatures.
- Nurses in the Puna clinics record the highest and lowest fridge temperatures each working day, and on Monday mornings, they record the maximum and minimum temperatures over the weekend. Temperature logs are recorded on paper in each clinic.
- Cook Islands has 100% supervised births, so birth records are timely and reliable. Vaccine forecasting is based on the previous year's birth data, with a buffer to account for the growing population and immigration.
- Vaccines are procured through the joint Pacific procurement facility via the United Nations Children's Fund.
- No vaccinations in the country are delayed due to stock-outs. When stock-outs occur at the national warehouse, additional supplies are ordered, ensuring stocks are always available at the clinics and in the Pa Enua.

Challenges

- In the Pa Enua and in the Puna clinics in Rarotonga, fridge temperatures are dependent on mains power and do not have a backup system. A power outage can therefore cause vaccines to become unusable before their expiry date.
- Transport to the more remote islands in the Pa Enua is dependent on a government vessel (either a plane or a boat). But the service is infrequent, so there can be a long delay in the delivery of vaccines.

P8.3. Mass vaccination for epidemics of VPDs – Score 5

Strengths

- A national plan for mass vaccination is in place and has been tested through several mass vaccination campaigns over the last 10 years. These have included a pertussis catch-up during the outbreak of pertussis in New Zealand in 2024, a measles catch-up during the 2019 Samoa measles outbreak and COVID-19 in 2021.
- When there are disease outbreaks in neighbouring countries, catch-up campaigns for target age groups are carried out in the communities.
- There is strong support for vaccination from all arms of the government.
- There is strong support for vaccination from the community (as demonstrated by the COVID-19 vaccination rates, which reached 98% for two doses).
- Cook Islands relies on the advice of international regulatory approval bodies and uses only those vaccines that have approval from New Zealand, WHO or the United Nations Children's Fund.

Challenges

- Vaccine hesitancy and vaccine refusal rates are relatively low in Cook Islands but are a growing concern as more and more misinformation and myths are spread via the social media.
- There is no reporting of adverse events following immunization.

Recommended priority actions

- Develop a formal system for routine monitoring of public perception and/or barriers to vaccination, to feed into appropriate messaging to counter vaccine hesitancy.
- Invest in backup solar power sources, especially for the Pa Enua clinics.
- Implement real-time monitoring of stocks, fridge temperatures and cold chains through the digitization of fridges and the cold chain system.
- Strengthen systems to reach marginalized populations, including people with disabilities, for example, through outreach activities and messaging from community leaders.
- Improve the delivery of vaccines to more remote areas, for example, by using the government's new boat and/or by formalizing relationships with commercial yachts.

Detect

D1. National laboratory systems

Introduction

Public health laboratories provide essential services including disease and outbreak detection, emergency response, environmental monitoring and disease surveillance. State and local public health laboratories can serve as a focal point for a national system, through their core functions for human, veterinary and food safety including disease prevention, control and surveillance; integrated data management; reference and specialized testing; laboratory oversight; emergency response; public health research; training and education; and partnerships and communication.

Target

Surveillance with a national laboratory system, including all relevant sectors, particularly human and animal health, and effective modern point-of-care and laboratory-based diagnostics.

Level of capabilities

The clinical diagnostic laboratory at Rarotonga Hospital is the only laboratory facility in Cook Islands. Operated by the Ministry of Health (Te Marae Ora), it provides critical diagnostic services, such as those concerning microbiology, biochemistry, haematology, immunohaematology, blood transfusion and molecular testing using polymerase chain reaction techniques. The laboratory functions within a structured framework that ensures specimen management and surveillance, and it makes sure that reporting procedures adhere to the public health requirements set out by the Public Health Act 2024.

The Rarotonga Hospital laboratory supports testing for a range of priority diseases, including COVID-19, influenza, dengue, Zika virus disease, chikungunya, tuberculosis and various other notifiable infections (for example, sexually transmitted infections). The laboratory is also capable of testing for other pathogens like *Mycobacterium tuberculosis, Salmonella, Shigella, Pseudomonas aeruginosa, Staphylococcus aureus* and *Neisseria gonorrhoeae*. For advanced diagnostics and characterization, including whole genome sequencing and specialized molecular assays, agreements are in place for international referrals to accredited reference laboratories in New Zealand (LabPLUS) and Australia.

The specimen referral network is well defined, with documented procedures for specimen collection, handling, transport and external referrals. Specimens from the Pa Enua are transported to Rarotonga following standardized guidelines, ensuring specimen integrity and timely delivery. International shipments are facilitated through courier services, with priority specimens expedited when necessary. The laboratory participates in the Pacific Pathology Training Centre's external quality assurance (EQA) programme, ensuring performance monitoring and standardization.

Laboratory results are systematically managed through the laboratory information system, which is integrated with Medtech Evolution, the hospital's patient information management system, allowing clinicians to access verified test results efficiently. Patient demographic data, laboratory test records and clinician details are documented to support clinical decision-making and public health surveillance. The facility follows structured protocols for laboratory quality management, which are outlined in internal reference manuals, including those for specimen reception, referral processes and biosafety practices.

While the Cook Islands' laboratory system remains centralized, the Rarotonga Hospital laboratory serves as a crucial diagnostic hub supporting national health-care operations and public health initiatives. Its robust referral mechanisms, structured reporting processes and compliance with evolving laboratory accreditation standards contribute to maintaining high-quality laboratory services in the country. Accreditation efforts towards ISO 15189 are ongoing, which reflect the need for sustained commitment and external support.

The animal health laboratory under the Ministry of Agriculture is currently limited to microscopy facilities, with no established framework for international specimen referrals. Specimen referrals occur ad hoc when specific needs arise.

Indicators and scores

D1.1. Specimen referral and transport system – Score 4

Strengths

- There is a functioning specimen referral system with clear protocols for routine and urgent sample processing, supported by trained personnel and established SOPs.
- Shippers with IATA certification ensure compliance with international regulations for safe and timely specimen transport. This certification is renewed regularly.
- An integrated electronic laboratory information system and a patient information management system (Medtech Evolution) enable real-time access to patient results, thereby improving efficiency in diagnostics and results reporting.
- A sustainable funding model with provisions in local budgets to support specimen referrals reduces reliance on external funding and allows for timely testing.
- Turnaround times for priority disease testing are efficient, facilitated by clear referral criteria, expedited pathways for high-priority specimens, and good coordination between clinicians and laboratory staff.

Challenges

- There is a lack of continuous training and monitoring mechanisms on proper specimen collection, packaging and transport procedures for health professionals (including doctors and nurses) in the Pa Enua.
- Inconsistent compliance among the Pa Enua staff with SOPs for specimen referral and transport affects the reliability of sample handling.
- The lack of formalized mechanisms for international referral of animal and plant health specimens leads to ad hoc arrangements based on arising needs.
- It is difficult to maintain valid IATA Dangerous Goods Regulations certification among the staff of the Ministry of Agriculture. Periodic, sustained training opportunities are needed for compliance with international specimen transport regulations.
- Excessive reliance on external expertise for in-country training causes delays in referring specimens and/or requires staff to travel overseas for specialized instruction.

D1.2. Laboratory quality system – Score 4

Strengths

- An established laboratory quality management system ensures the standardization of procedures and continuous improvement in diagnostic services at the Rarotonga Hospital laboratory.
- There is an ongoing accreditation process towards ISO 15189 for the clinical diagnostic services and molecular facility, with structured steps in place for meeting international laboratory standards. These include the use of the WHO Stepwise Laboratory Improvement Process Towards Accreditation checklist.

- SOPs are in place for all equipment and methodologies, thereby ensuring consistent, reproducible testing practices.
- Routine internal and external audits ensure compliance with best practices and identify areas for quality improvement.
- Active participation in EQA programmes supports the monitoring of laboratory performance.
- There is a dedicated laboratory quality manager in the clinical laboratory structure, thereby strengthening oversight and coordination of quality initiatives.

Challenges

- The Ministry of Agriculture's plans to establish new laboratory facilities lack any reference to a quality management system.
- Inconsistent funding mechanisms for routine maintenance of biosafety cabinets affect compliance with safety standards.
- There is a need for regular staff refresher training on laboratory quality management and technical procedures to ensure alignment with accreditation requirements.
- There is limited local expertise on specialized quality assurance processes; this necessitates external technical assistance for audits and the implementation of quality standards.
- There are challenges in the standardization of laboratory data. Addressing these will require interoperability between the human and animal health systems; this will improve surveillance and reporting.
- Dependence on external EQA providers and limited in-country capability for routine quality control assessments lead to delays in monitoring performance.

D1.3. Laboratory testing capacity modalities – Score 3

Strengths

- There are established testing algorithms for priority diseases, which ensure standardized diagnostic procedures and accurate detection.
- There is strict adherence to testing algorithms, with laboratory staff maintaining protocol compliance even under clinical pressure.
- Formal agreements are in place with reference laboratories for confirmation testing and specialized diagnostics that are not available in the country.
- Essential laboratory equipment is available for all tests on the national testing menu, thereby ensuring in-country capacity for routine diagnostics.
- Maintenance contracts for key analysers are incorporated into purchasing agreements, thereby ensuring regular servicing and uninterrupted testing.

Challenges

- Low sample submission rates for priority disease surveillance lead to underutilization of available capacities and wastage of resources.
- Health providers, particularly clinicians, do not consistently collect specimens from suspected cases.
- The animal health sector lacks trained laboratory personnel for the required testing services, thus limiting the ability to conduct routine testing, specimen referrals and surveillance for zoonotic diseases. Capacity-building efforts are necessary to improve competencies and align testing procedures with international standards.
- Animal health laboratories are underequipped, lacking essential infrastructure, reagents, and diagnostic tools to conduct specimen collection, referrals or testing. This results in reliance on ad hoc specimen referrals with no formal arrangements, thereby impacting timely disease confirmation and response strategies.

- Funding constraints affect procurement and maintenance, including access to reagents, consumables, and preventive servicing of laboratory equipment. While maintenance contracts exist for key analysers, funding gaps impact biosafety cabinet servicing and the long-term sustainability of existing equipment.
- Access to point-of-care diagnostic tests is limited, especially for remote island health facilities, due to financial constraints, procurement challenges and workforce availability.

D1.4. Effective national diagnostic network – Score 4

Strengths

- Some point-of-care testing kits (such as rapid diagnostic tests for COVID-19) are available in health-care settings.
- Cook Islands has strong partnerships with reference laboratories in Australia and New Zealand that facilitate access to advanced testing capabilities.
- Technical collaboration with key external partners reinforces capacity-building and diagnostic support.
- Active participation in the Pacific LabNet ensures regional collaboration, technical capacity-building and access to reference laboratory expertise.
- Participation in regional and international laboratory networks ensures alignment with global diagnostic standards and knowledge-sharing opportunities.
- There are formalized referral criteria for priority diseases at grassroots level; these use a tiered approach that includes access to international reference laboratories.

Challenges

- Since collaboration between the Ministry of Agriculture and the Rarotonga Hospital laboratory is limited, there is a need for structured engagement.
- The Ministry of Agriculture has no formal engagement with international specimen referral mechanisms.
- There is insufficient funding for the procurement of point-of-care testing kits, thus limiting access to these tools for the Pa Enua health facilities.
- Maintaining certified IATA Dangerous Goods Regulations shipper capacity in animal health laboratories is challenging; this restricts efficient international specimen transport and verification.
- The lack of protocols for sharing data between the human and animal health sectors prevents integrated disease surveillance and response strategies.

Recommended priority actions

- Conduct periodic, preferably annual demand analysis, in collaboration with surveillance systems, health facilities and all other relevant stakeholders, to determine diagnostic testing needs in the human and animal health sectors, and to inform and sustain appropriate testing capacity, referral pathways and funding.
- Formalize specimen referral mechanisms for the animal health testing services to ensure timely access to testing and consistent and systematic specimen referrals.
- Establish a simplified monitoring system to track the efficiency of national and international specimen referral processes, including turnaround time, quality improvement, workforce availability and effectiveness of community-level testing.
- Implement online recertification for IATA Dangerous Goods packaging and transport requirements across all sectors, to retain certified shippers and ensure ongoing compliance. The WHO Health Security Learning Platform may be considered as a delivery mechanism for this training.

D2. Surveillance

Introduction

The purpose of real-time surveillance is to advance the safety, security and resilience of the nation by leading an integrated surveillance effort that facilitates early warning and situational awareness of all IHR hazard-related events.

Target

(1) Strengthened early warning surveillance systems that are able to detect events of significance for public health and health security; (2) improved communication and collaboration across sectors and between national, intermediate and primary public health response levels of authority regarding surveillance of events of public health significance; and (3) improved national and intermediate level capacity to analyse data. This could include epidemiological, clinical, laboratory, environmental testing, product safety and quality, and bioinformatics data; and advancement in fulfilling the core capacity requirements for surveillance in accordance with the IHR.

Level of capabilities

Cook Islands has a well-established and efficient surveillance system with excellent buy-in from many stakeholders. Community-based and event-based surveillance mechanisms are excellent, with the Health Protection Unit receiving many calls from community members and regularly following up on signals from a wide range of sources, including social media, newspapers and word of mouth.

Formal syndromic surveillance is conducted mostly through the Rarotonga Hospital, which, because a large portion of the country's population lives in Rarotonga, sees the majority of the infectious disease cases.

Surveillance and response capability is less strong in the Pa Enua, which are home to a smaller portion of the population.

Challenges faced by the surveillance system include data-sharing arrangements (both within the surveillance and response teams and between the surveillance and laboratory teams); training of relevant staff; and identification of the highest priority diseases for surveillance and reporting.

Surveillance for animal health and zoonotic diseases is conducted through the country's six trained paraveterinarians, community reporting, and a formal relationship with the country's private veterinary clinic.

Indicators and scores

D2.1. Early warning surveillance function – Score 4

Strengths

- Event-based surveillance is strong, with the team monitoring rumours, social media, newspapers and other sources, including reports of animal illness or death.
- Community-based surveillance is also strong, with community members frequently contacting the public health team about events of concern, including reports of animal illness or death.
- The Health Inspector Standard Operating Procedures Manual and the Pacific Outbreak Manual are in place and regularly used.
- Syndromic and laboratory surveillance occur through the electronic health record tool, Medtech, enabling surveillance officers to immediately view records of patients flagged by doctors.

Challenges

- There can be delays in the receipt of laboratory test results by the public health unit and the health surveillance team, as results are sent first to the requesting clinician and only later to the unit or team after physician review.
- Doctors must "tag" patients under a particular syndrome in order for the public health department to recognize them as potential cases for syndromic surveillance. This can lead to underreporting when new doctors or doctors in private clinics fail to tag cases, or when diseases or syndromes occur infrequently and are unfamiliar.
- A list of prioritized diseases is specified in the Public Health Act 2024, but it contains some diseases that are not currently priority diseases for the country.
- Clinicians do not regularly conduct tests for certain syndromes (such as influenza-like illness and diarrhoea), as test results would not change treatment. However, laboratory confirmation of the pathogen is important for surveillance.
- Some tests cannot be done in-country, and the time it takes to receive a test result from a laboratory in New Zealand can be up to two weeks.

D2.2. Event verification and investigation – Score 3

Strengths

- There are five staff members trained in field epidemiology in Rarotonga who have the knowledge and experience to verify signals and conduct investigations. A further 20 staff members are to be trained in field epidemiology in 2025.
- The Health Inspector Standard Operating Procedures Manual and the Pacific Outbreak Manual are in place and in regular use.
- All alerts are quickly and efficiently followed up by the health surveillance team.
- Some events of concern (for example, suspected dengue-like illness) are investigated and acted on before laboratory results arrive (because of delays in receiving results for tests that are sent overseas).
- There are three trained paraveterinarians in Rarotonga and three trained paraveterinarians in the Pa Enua. An MOU with Te Are Manu, the veterinary clinic where the country's only veterinarian works, ensures that the veterinarian is available to conduct investigations if necessary.

Challenges

- The Pa Enua have only a few staff trained to conduct event verification and investigation.
- Outside of health, no staff in the country are trained in investigation or response, so all investigations are conducted solely by the health protection team.
- In Rarotonga, nurses in the five Puna clinics and private doctors do not have training on reporting syndromic surveillance, even though they are responsible for the ongoing treatment of patients with some mild conditions.
- While the overall disease notification process between the hospital and the health information section works well, sometimes the data needed for response activities are not recorded, making it difficult for HPOs to carry out response activities. For example, for vector-borne or foodborne outbreaks, information such as patient location or symptom onset may be missing, making it hard to determine appropriate response or investigation activities.

D2.3. Analysis and information sharing – Score 3

Strengths

- Syndromic surveillance is reported weekly to the Pacific Public Health Surveillance Network (PPHSN) through the early warning and response system or EWARS platform, which is published by the Pacific Community (SPC).
- Two weekly syndromic surveillance reports are produced. One report outlines syndromic surveillance for five syndromes, only one of which overlaps with the PPHSN syndromic surveillance report (both contain information on influenza-like illness). This report, which also contains information on case location and age breakdown, is sent to stakeholders within the Ministry of Health (Te Marae Ora). The second report captures the overall status of public health in Rarotonga, as well as weekly activities in the Pa Enua.
- Dedicated surveillance teams in the Ministry of Health (Te Marae Ora) and the Ministry of Agriculture are responsible for analysing and sharing surveillance data.
- Since 2017, the Ministry of Agriculture has received external support from New Zealand's Ministry for Primary Industries for the Biosecurity Pacific Programme, but this support is scheduled to end in 2026.
- The SPC provides support for staff training, including the Pacific Paraveterinarian Training Programme (through the Australian Department of Agriculture, Fisheries and Forestry).

Challenges

- Weekly reporting does not contain information on all syndromes or diseases of importance to the country.
- Weekly reporting does not contain information on laboratory surveillance or event-based surveillance.
- Reporting to external parties such as the Ministry of Agriculture, Rarotonga Hospital, private health clinics, public nurse-led health clinics and other relevant stakeholders only occurs ad hoc.
- There is no formal process for sharing information or data between the Ministry of Health (Te Marae Ora) and the Ministry of Agriculture.

Recommended priority actions

- Automate coordination between the surveillance team and the laboratory team so that laboratory results are reported directly to surveillance units at the same time as they are reported to clinicians.
- Revise the list of priority diseases, including zoonotic diseases, to contain only the diseases (a) that would have a significant impact on health if an outbreak were to occur and (b) for which the country has the capacity to conduct surveillance.
- Conduct regular, systematic refresher training for all human and animal health workers who report into the surveillance system, with particular focus on staff in the Pa Enua.
- Facilitate a range of field epidemiology training programmes at various levels for human and animal health workers responsible for surveillance, response and investigation activities.

D3. Human resources

Introduction

Human resources are important in order to develop a sustainable public health system over time by developing and maintaining a highly qualified public health workforce with appropriate technical training, scientific skills and subject-matter expertise. Human resources includes nurses and midwives, physicians, public health and environmental specialists, social scientists, communication, occupational health, laboratory scientists/technicians, biostatisticians, IT specialists and biomedical technicians and a corresponding workforce in the animal sector: veterinarians, animal health professionals, para-veterinarians, epidemiologists, IT specialists etc.

The recommended density of doctors, nurses, and midwives per 1,000 population for operational routine services is 4.45 plus 30% surge capacity. The optimal target for surveillance is one trained (field) epidemiologist (or equivalent) per 200,000 population who can systematically cooperate to meet relevant IHR and PVS core competencies. One trained epidemiologist is needed per rapid response team.

Target

States Parties with skilled and competent health personnel for sustainable and functional public health surveillance and response at all levels of the health system and the effective implementation of the IHR (2005).

Level of capabilities

The human resources framework in Cook Islands is shaped by three key government agencies: the Office of the Public Service Commissioner; the Ministry of Finance & Economic Management; and the Ministry of Internal Affairs. Each agency has clear and complementary roles.

The overall Cook Islands Government Public Sector Strategy 2016–2025 places major emphasis on human resources. The Ministry of Health's Cook Islands Health Workforce Plan 2016–2025 focuses specifically on human resources in the health sector. The linkages between the public sector plan and the health sector plan constitute a good example for other countries.

However, the extent to which the health sector plan has been implemented and the impact it has had are unclear.

Experienced, well-trained health staff undertake key public health and clinical functions, mainly on the main island of Rarotonga, where the bulk of the population lives. However, like many other Pacific island countries, Cook Islands faces challenges due to the limited number of health professionals and the continuous outward migration of the workforce. This means that, although the country has many capacities relating to the IHR (2005) and to health services more broadly, it remains highly reliant on a small number of people; thus, many of these capacities are fragile.

The Ministry of Agriculture had a Workforce Development Plan 2020–2024. However, as in other Pacific island countries, the capacity of its staff to undertake key tasks relating to animal health is limited.

There is strong willingness in the workforce to be flexible during emergencies, and to take on additional functions as needed, but this is limited by the continuing demands of day-to-day roles. Volunteers and community organizations played important roles during COVID-19.

Indicators and scores

D3.1. Multisectoral workforce strategy – Score 3

Strengths

- There is strong multisectoral collaboration – for example, between the Ministry of Health (Te Marae Ora), the EMCI and the Ministry of Agriculture.
- There is a high level of awareness of the need for integrated responses during events such as the COVID-19 pandemic.
- Existing national health strategic plans include some multisectoral elements.
- National committees, such as the Health Emergency Coordination Committee, are used to facilitate cross-sectoral planning.
- There is engagement with regional partners such as the SPC and WHO for technical input and capacity-building.

Challenges

- The small size of the population, and therefore the workforce, limits workforce availability across sectors.
- Competing priorities across ministries can affect multisectoral planning and implementation.
- Human resources data systems to map and forecast multisectoral capacity needs are limited.
- The Ministry of Agriculture Workforce Development Plan 2020–2024 needs to be reviewed and updated.
- Formal multisectoral workforce planning remains underdeveloped.
- There are limited formal agreements or MOUs between different sectors.
- Coordination with the private sector, nongovernmental organizations and community leaders is often informal or ad hoc in nature.

D3.2. Human resources for implementation of IHR – Score 4

Strengths

- The IHR NFP is designated and active.
- Responses to previous public health emergencies, such as measles and COVID-19, have improved understanding about IHR processes and capacities.
- Some existing legal frameworks, such as the Public Health Act 2024, support IHR compliance.
- There is regular engagement in regional IHR capacity assessments, such as SPAR, after-action reviews, simulation exercises and JEEs.
- There is good collaboration with WHO for technical support and simulation exercises.

Challenges

- There is heavy reliance on external technical assistance for some aspects of IHR implementation.
- There is a limited budget for developing human resources relating to IHR capacities.
- A small, limited workforce is handling multiple roles, and it is overstretched.
- There is limited technical expertise in specific IHR areas (for example, points of entry [POEs] and chemical events).
- There is no human resources development plan for IHR capacities, and monitoring and evaluation frameworks for IHR-related human resources are lacking.
- Recruitment and retention of skilled staff is a challenge.

D3.3. Workforce training – Score 3

Strengths

- Staff can access regional training programmes through WHO, SPC, Fiji National University and other training institutions, and Cook Islands participates in WHO/PPHSN training and exercises.
- Some staff have already been trained in field epidemiology, and more were being trained at the time of this JEE.
- The health workforce is highly adaptable and is seen as willing to upskill.
- Blended learning (online plus in-person) is used to help make training more accessible for the staff beyond Rarotonga.

Challenges

- Staff shortages make it difficult to release personnel from day-to-day duties for training.
- Training infrastructure is limited. Limitations include a lack of e-learning platforms and a shortage of local trainers.
- Retention issues (such as those related to migration or career changes) increase the need for training.
- There is no national training curriculum for IHR core competencies.
- There are gaps in ongoing professional development for the non-health sectors involved in health emergency preparedness and response activities.
- There is limited evaluation of training outcomes and/or monitoring of workforce readiness.

D3.4. Workforce surge during a public health event – Score 2

Strengths

- Strong community networks and cultural cohesion support rapid local mobilization.
- Use of volunteers, retirees and students greatly contributed to the national responses to COVID-19 and dengue.
- Regional partners provide surge support when requested.
- Activation of national emergency response plans see quick redeployment of staff.
- Staff are flexible and willing to take on varied roles during an event.

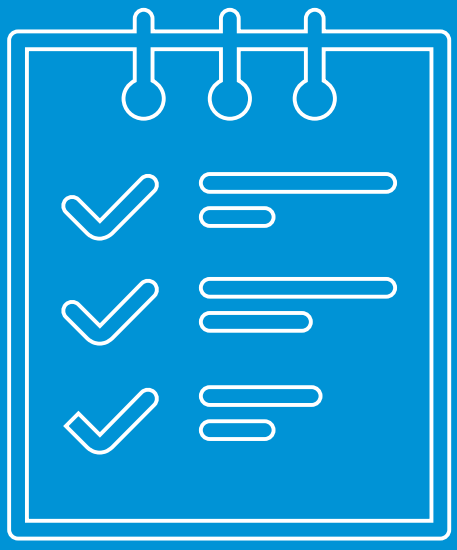
Challenges

- There is no formal surge workforce registry or database, and there is a lack of prearranged MOUs with volunteers or external agencies other than the Red Cross.
- Surge planning is not regularly updated or tested outside of actual events.
- The small workforce can quickly become exhausted during prolonged emergencies.
- Logistical issues, such as inter-island travel, can slow surge deployment.
- Funding to support surge capacity (for example, through payments for overtime and purchase of extra supplies) is inconsistent.

Recommended priority actions

- Evaluate the impact of the Health Workforce Plan 2016–2025 in improving the size, quality and resilience of the Cook Islands' public health and clinical workforce. Include lessons from this assessment in the design of the next health workforce plan.
- Understand the push and pull factors driving the outward migration of health professionals, and ensure that the next health workforce plan includes concrete strategies to address them.
- Develop and implement plans to ensure that there are identified backup staff available and trained to take on key roles in future health emergency responses.
- Evaluate the impact of the Ministry of Agriculture Workforce Plan. Include lessons from the evaluation in the development of a new plan that incorporates a focus on animal health, to build sustainable capacity in that sector, and a funded implementation plan.
- Explore opportunities to develop animal health knowledge among human health staff, especially field epidemiology staff, so they can contribute to strengthening national animal health capacity.
- Ensure that all health facilities develop and exercise a plan to maintain delivery of essential health services, even during emergency events.
- Consider establishing a system to enable health professionals to do short-term rotations to other facilities in order to develop and maintain their professional skills.
- Advocate for the swift passing of the Occupational Safety and Health Bill. Once passed, implement it.

Respond



R1. Health emergency management

Introduction

This capacity focuses on management of health emergency and systems for enabling countries to be prepared and operationally ready for response to any public health event, including emergencies, as per the all-hazard requirement of IHR. Ensuring risk-based plans for emergency preparedness, readiness and response, robust emergency management structures and mobilization of resources during an emergency is critical for a timely response to public health emergencies.

Target

(1) Existence of national strategic multi hazard emergency assessments (risk profiles) and resource mapping. (2) Existence of emergency readiness assessment (3) Development of national health emergency operations centre plans and procedures. (4) Establishment of an emergency response coordination mechanism or incident management system. (5) Evidence of at least one response to a public health emergency within the previous year that demonstrates that the country sent or received medical countermeasures and personnel according to written national or international protocols. (6) Existence of an emergency logistic and supply chain management system/mechanism. (7) Existence of policies and procedures for research, development and innovation for emergency preparedness and response.

Level of capabilities

Distance and disasters mean that the national emergency management system of Cook Islands is well established and well practised. The principal relevant legislative frameworks – the Disaster Risk Management Act 2007 and the Public Health Act 2024 – are robust and are being updated in 2025. Clear policy instruments, operational guidance documents and coordination mechanisms integrate government agencies, nongovernmental organizations (such as the Red Cross), local communities and regional partners.

The Ministry of Health (Te Marae Ora) has developed a multi-hazard emergency response plan based on WHO's Strategic Toolkit for Assessing Risks (STAR).

The EMCI has a fixed emergency operations centre (EOC) that can be activated in less than one hour. During the COVID-19 pandemic, the Ministry of Health (Te Marae Ora) established two fixed health emergency operation centres (HEOCs): one at the Ministry of Health (Te Marae Ora) and another at Rarotonga Hospital. Communications infrastructure at all facilities is supported by Vodafone. A new multi-agency national EOC is planned to be built in the next few years.

Incident management systems are well defined and were tested during the COVID-19 pandemic.

In addition to disaster rapid response teams, the Ministry of Health (Te Marae Ora) has two KukiMATs, which were established before the COVID-19 pandemic for retrieval, emergency surgical and obstetric services, and outbreak response. A third team is being trained. The medical assistance teams liaise closely with the New Zealand Medical Assistance Team (NZMAT) and participated in simulation exercise training (through WHO's IHR Exercise Crystal) in 2024.

Routine services to the Pa Enua are challenged by geography and declining transportation services, and the cost of staples is increasing. Ports to access the northern islands are limited, requiring small craft launched from larger ships, and only nine of the 15 islands are serviced by planes. Buffer stocks of essential health products are provided to the Pa Enua.

Recent natural disasters in Cook Islands and Tonga have exposed the limitations of mobile telecommunications. As routine energy demands are increasing, backup solar batteries used for communications in the Pa Enua are failing.

Indicators and scores

R1.1. Emergency risk and readiness assessment – Score 4

Strengths

- Using the WHO STAR methodology, Cook Islands has identified eight hazards of high or very high risk and developed a corresponding multi-hazard emergency response plan.
- The EMCI has completed a nationwide mapping of households, including data on health-related vulnerabilities such as disabilities, using the Geographic Information System, or GIS.
- Intersectoral collaboration is strong, with at least one annual tabletop exercise involving all stakeholders in national emergency responses (for example, the aerodrome exercise for POEs).
- The demonstrated capacity to handle emergencies is high and is attributable to well-organized systems for responding to natural disasters, with clearly defined roles and responsibilities and supported by threat thresholds and procedures for activation, escalation and deactivation of operations. There is also capacity for integration of international emergency management teams, as described in the NPPP.

Challenges

- No annual health risk assessments are conducted or coordinated with all stakeholders tasked with response under the Disaster Risk Management Act.
- Agencies responsible for emergency responses lack a systematic approach to adopting innovations – for example, by taking the opportunity to combine health data with the EMCI Geographic Information System household mapping to define health-related vulnerabilities of households for improved preparedness and to track public health responses during emergencies.

R1.2. Public Health Emergency Operations Centre (PHEOC) – Score 1

Strengths

- The Ministry of Health (Te Marae Ora) has built-in redundancy for managing health emergencies, with two fixed HEOCs in separate locations. Both have plans, procedures, assigned roles for staff, an information system, and equipment for ICT (information and communications technology). The EMC has a fixed EOC for an all-hazards response. All EOCs can be made operational within one hour.
- There is a plan to build a single unified national EOC for all hazards.
- The HEOCs were tested during the COVID-19 pandemic, resulting in refinements to the structure of the incident management system of the Ministry of Health (Te Marae Ora).
- Training on surge capacity, including HEOC activation, is planned for June 2025.

Challenges

- While functional capacity is high and the HEOCs are well organized, there is no HEOC handbook. This prevents Cook Islands from scoring higher on this indicator.
- While Vodafone provides ICT support to all Cook Islands EOCs, the two HEOCs do not have a regular maintenance schedule for ICT infrastructure.
- Simulation exercises for the HEOCs take place usually at the national level and do not regularly engage individual islands and communities.
- The release of the new WHO Pacific Outbreak Response Manual, which will be used by the Ministry of Health (Te Marae Ora), will require staff training.

R1.3. Management of health emergency response – Score 4

Strengths

- Both the EMCI and the Ministry of Health (Te Marae Ora) have strong incident management systems for managing emergencies and clear powers when a state of emergency is declared by the prime minister.
- Multisectoral responses are well defined in legislation, policies and SOPs, and inter-agency cooperation is the norm during emergencies. For example, the Ministry of Tourism supported the Ministry of Health (Te Marae Ora) in developing and delivering health risk communications during the COVID-19 pandemic.
- The EMCI uses the Puna system to augment emergency responses. This is a network of volunteers led by local leaders with responsibility for populations in defined areas and with detailed knowledge of community needs and vulnerabilities.

Challenges

- The Health Emergency Plan 2019 was being updated at the time of this JEE, and this may necessitate new training, SOP revisions and other changes.
- Training and simulation exercises do not always include all relevant agencies and ministries responsible for emergency response and/or the continuation of essential services, and there is no master list of IHR-relevant training opportunities. Where relevant, combining training may rationalize IHR (2005) implementation across sectors and reduce demands on staff time.

R1.4. Activation and coordination of health personnel in a public health emergency – Score 4

Strengths

- The Cook Islands Medical Assistance Team was established with support from NZMAT, in line with the WHO Emergency Medical Team initiative standards. The two KukiMAT teams include an ICT expert from Vodafone and a representative from the Cook Islands Red Cross Society. A roster is maintained, and the teams use a standard operating manual drafted in 2024.
- Recent KukiMAT training has included WHO's IHR Exercise Crystal and a simulation of an outbreak of respiratory disease in the Pa Enua, with the teams responding in accordance with the NPPP.
- Where possible, just-in-time training is provided for each emergency.
- The Puna system is used to provide additional human resources when needed. During the COVID-19 pandemic, the Office of the Public Service Commissioner provided surge personnel to the Ministry of Health (Te Marae Ora) by drawing on staff from other government agencies and ministries, while New Zealand provided additional expertise in epidemiology, public health and vaccine deployment.
- Personnel from the Ministry of Health (Te Marae Ora) have received outbreak response and leadership training through the WHO Global Outbreak Alert and Response Network, or GOARN, and participate in the WHO Emergency Medical Team initiative.

Challenges

- The Cook Islands Medical Assistance Team has limited personnel, all of whom work full time. Coordination with other emergency response actors in the islands and the region could be improved, and a structured training programme is needed. WHO is providing a new KukiMAT coordinator, which may help solve these issues.
- A third KukiMAT was in the process of being established at the time of this JEE. KukiMAT personnel need continuous training to remain ready for deployment. Three teams are essential to provide sufficient capacity for large-scale or prolonged emergencies.

R1.5. Emergency logistics and supply chain management – Score 4

Strengths

- Emergency logistics at the national level work well.
- The Ministry of Health (Te Marae Ora) regulations (Pharmacy and Therapeutic Products 2013) cover the importation, donation and use of medical products. The NPPP defines requirements for donated medicines and notes the need for medical countermeasures to meet regulatory standards.
- Cook Islands relies on Medsafe, New Zealand's medicines and medical devices safety authority, for most regulatory functions. (This arrangement is unlikely to change as Cook Islands does not have the human resources for its own national regulatory authority.)
- Digital systems are used for inventory management, and buffer stock is sent to islands where resupply is infrequent.

Challenges

- In general, procurement in Cook Islands is challenged by a limited number of suppliers and high costs of goods.
- The NPPP highlights lessons on arranging advance supply agreements and streamlining regulatory authorizations for the emergency use of medicines and vaccines. In practice, New Zealand supplied Cook Islands with COVID-19 vaccines and is likely to be the primary source of medical countermeasures for future pandemics. Cook Islands is, however, part of conversations on a collaborative procurement approach for the Blue Pacific.
- The Ministry of Finance & Economic Management is strengthening its staff's procurement management skills and plans to expand this capacity-building to other departments. Ministries responsible for IHR implementation should take advantage of this opportunity.
- The delivery of routine medical supplies to the Pa Enua sometimes relies on ad hoc solutions, such as delivery by private yachts. New Zealand's programme, "Polynesia Health Corridors: Strengthening Health Systems", which enables more effective and efficient use of existing resources, could support improvement in the health supply chains to the Pa Enua.

R1.6. Research, development and innovation – Score 1

Strengths

- The Ministry of Health (Te Marae Ora) has a National Medical Research Committee; it also has a new Health Research Incentive Policy (January 2025), which outlines inducements to motivate and support staff who are conducting health research.
- The Ministry of Health (Te Marae Ora) conducted research during the COVID-19 pandemic, and the agencies and ministries involved in IHR implementation have a strong culture of monitoring and learning.

Challenges

- Staff workload and a lack of formal training in research have precluded progress on operational research related to the IHR (2005). There is, however, an openness to work with external organizations to conduct and strengthen research capacities in the country.

Recommended priority actions

- Establish a regular process for reviewing and updating the new multi-hazard emergency response plan with input from regular simulation exercises, real-world events and STAR.
- Draft a handbook for the HEOC, building on the documents, governance arrangements and the physical set-up established during the COVID-19 pandemic.
- Address the current limitations of emergency telecommunications infrastructure, particularly for the Pa Enua, by introducing satellite-based communications and restoring radio broadcasting using amplitude modulation (AM) transmissions, and by expediting the installation of new, longer-life solar batteries to power communications.
- Expand the capacity and capability of health personnel to respond to large and prolonged public health emergencies by finalizing the establishment of a third KukiMAT and developing:
  - » a structured training programme consisting of just-in-time and seasonal refresher training, regular simulation exercise training, after-action reviews as standard practice, and continuing professional development;
  - » key questions for operational research; and
  - » relationships with research partners to support drafting study protocols and research implementation.
- Build logistics capacity within the Ministry of Health (Te Marae Ora) to improve the distribution of essential medicines to the Pa Enua between and during emergencies.

R2. Linking public health and security authorities

Introduction

Public health emergencies pose special challenges for law enforcement, whether the threat is manmade or naturally occurring. In a public health emergency, law enforcement will need to quickly coordinate its response with public health and medical officials.

Target

Country conducts a rapid, multisectoral response for any event of suspected or confirmed deliberate origin, including the capacity to link public health and law enforcement, and to provide timely international assistance.

Level of capabilities

There is strong collaboration between the health and security sectors in Cook Islands, with legislation and a policy framework underpinning the links between public health and national security. The Public Health Act 2024, the Disaster Risk Management Act 2007 and the Ministry of Health (International Health Regulations Compliance) Regulations 2014 together provide a strong legislative platform from which to respond to public health emergencies and public health emergencies of international concern (PHEICs). The value of the links between public health and national security was demonstrated during the COVID-19 pandemic, and since then, the passage of the Public Health Bill 2024 has further outlined how all government agencies collaborate in response to public health emergencies.

Cook Islands has a well-organized national security mechanism consisting of the Cook Islands Police Service, the Ministry of Health (Te Marae Ora), the Ministry of Agriculture/Biosecurity Division, the Ministry of Foreign Affairs and Immigration, the Ministry of Transport and the National Environment Service.

The Collective Law Agencies Group, a government mechanism, allows for open and transparent dialogue between national public health and security authorities. It discusses matters of national security and national security threats in relation to public health events. An MOU is in place that encourages exchange of information for national security purposes, allowing for cross-sectoral coordination to enhance the national emergency management system.

The NPPP outlines an approach to readiness and response that is reinforced through regular inter-agency meetings, simulations and trainings to strengthen relationships between all the stakeholders in national public health emergencies. Cross-sectoral simulations and trainings see to it that knowledge and skills are updated to ensure information exchange and continuous dialogue, which also keeps information relevant. This whole-of-government, whole-of-society approach to emergency preparedness and response has enabled good multisectoral coordination and shared points of contact between public health and security bodies, thereby facilitating information sharing and notifications to address national disasters, including public health emergencies.

Indicators and scores

R2.1. Public health and security authorities (e.g. law enforcement, border control, customs) are involved during a suspect or confirmed biological, chemical or radiological event – Score 4

Strengths

- There is multisectoral coordination through a whole-of-government, whole-of-society approach to public health emergency response actions.
- The Public Health Act 2024 allows for the establishment of a National Public Health Committee to mobilize health responses to disasters.
- An MOU between the core government agencies responsible for national security outlines the functions and roles to address matters of national health security.
- Committees are established in which dialogue is encouraged and information is shared in relation to national security (including on public health emergencies). These forums include the Collective Law Agencies Group and the Combined Border Agencies Taskforce.
- Joint training and simulation exercises involving core border control agencies help enhance public health and disaster response mechanisms.
- Collective agreements are in place to ensure accessibility of the information required to protect the population in a health emergency.
- Guidelines and SOPs are in place to facilitate on-the-ground coordination.

Challenges

- Dissemination of information to and between all relevant government agencies, civil society and the community can be challenging.
- There is a need to ensure that information is actively shared all the time, and not just in an ad hoc manner.
- A system is needed to consolidate information from each relevant agency and integrate it to produce national reports related to public health emergencies.
- Regular collaborative trainings are needed at all times, not just during serious events.
- Robust systems are needed to prepare for and respond to all hazards, including biological, chemical and radioactive disasters.
- There is insufficient awareness of obligations under the IHR (2005) outside the health sector, including among nongovernmental organizations and communities.
- Dealing with issues of misinformation during public health emergencies is challenging.
- Regular intersectoral meetings are needed outside of health emergency periods to keep relationships valid.

Recommended priority actions

- Strengthen inter-agency relationships at the highest level to improve communication, information sharing and regular reporting – for example, through the Collective Law Agencies Group.
- Improve joint public health emergency response capacities through simulation exercises for all hazards, involving all agencies.
- Encourage sharing of intelligence through use of the early warning and surveillance system.
- Develop cross-sectoral capacity and increase understanding of different professions through joint training programmes, including through secondments to law agencies.

R3. Health services provision

Introduction

Resilient national health systems are essential for countries to prevent, detect, respond to and recover from public health events, while ensuring the maintenance of health systems functions, including the continued delivery of essential health services at all levels. Particularly in emergencies, health services provision for both event-related case management and routine health services are equally as important. Moreover, ensuring minimal disruption in health service utilization before, during and beyond an emergency and across the varied contexts within a country is also a critical aspect of a resilient health system.

Target

(1) Evidence of demonstrated application of case management procedures for events caused by IHR relevant hazards.

(2) Optimal utilization of health services, including during emergencies.

(3) Ensuring continuity of essential health services in emergencies.

Level of capabilities

The Ministry of Health (Te Marae Ora) is well equipped to provide a range of health services. The main island of Rarotonga is home to the national referral hospital, a primary health care centre (in Tupapa) and five community health clinics.

In the Pa Enua, there is a hospital in Aitutaki, and health clinics in Mangaia, Atiu, Mauke, Mitiaro, Pukapuka, Penrhyn and Manihiki. There are also health centres in Rakahanga, Nassau and Palmerston.

Some of the Pa Enua are quite remote. In the event of an emergency illness, patients are conveyed either by commercial flight, charter plane or patrol boat. Patients with complex health conditions are referred to New Zealand hospitals.

The patient referral policy, supported by the Ministry of Health (Te Marae Ora) Act 2013, provides clear guidance on the referral process for transfer of eligible patients for treatment within Cook Islands or for specialized treatment outside it. Additional access to health services in New Zealand and in-country specialist care are respectively provided by the New Zealand Medical Treatment Scheme and the Health Specialists Visit programme.

Clinicians have access to clinical guidelines from New Zealand's Starship Hospital, and there are local guidelines for noncommunicable diseases, dengue and tuberculosis, as well as for sexual and reproductive health.

The Essential Services and Restrictions Policy (2021), supported by the Disaster Risk Management Act 2007, classifies health services as essential services during a public health emergency and/or state of emergency, but there are only limited plans and/or SOPs in place to ensure the continuity of essential services during public health emergencies.

The Ministry of Health (Te Marae Ora) demonstrated its capacity to provide essential services during the COVID-19 pandemic, supported by a number of SOPs, protocols and policies that were developed to manage suspected and/or confirmed COVID-19 patients. In 2024, Cook Islands developed its

comprehensive NPPP, which focuses heavily on respiratory pathogens during a pandemic. There is a need to develop a role-delineation plan and an essential services package to guide the provision of essential services.

All health records are recorded on the national electronic medical system (Medtech Evolution), but the data input from the Pa Enua needs to be strengthened in order to monitor the utilization of health services, including during emergencies.

Cook Islands has formed KukiMATs to manage major emergencies or disasters, including outbreaks, particularly in the Pa Enua. These teams are supported by SOPs on governance and pre- and post-deployment procedures.

The Ministry of Health (Te Marae Ora) has a system in place for the continuous professional development of health-care professionals.

Indicators and scores

R3.1. Case management – Score 2

Strengths

- National clinical guidelines exist for management of dengue, tuberculosis, sexual and reproductive health, hypertension, cardiovascular illness and diabetes.
- Rarotonga Hospital has access to the case management guidelines of New Zealand's Starship Hospital.
- Cook Islands has formed KukiMATs to manage major emergencies or disasters, including outbreaks, particularly in the Pa Enua.
- For effective deployment in the Pa Enua, SOPs have been developed and tested for KukiMATs.
- An effective patient referral policy provides clear guidance on the referral process for transferring patients for treatment within Cook Islands, and/or for specialized treatment outside it.

Challenges

- Case management guidelines exist for a range of noncommunicable diseases and COVID-19, but there is a need to update the guidelines for dengue, tuberculosis and sexual and reproductive health, and disseminate them to health-care workers; these workers have also got to be appropriately trained.
- Case management guidelines, including for priority health events under the IHR (2005), need to be updated and implemented. These should also be disseminated to the Pa Enua, accompanied by appropriate training.
- Standard operating procedures have been developed for deploying KukiMATs to the Pa Enua, but case management guidelines for these medical assistance teams need to be developed and tested for priority health events.
- There is a need for stronger monitoring of the implementation of, and compliance with, case management guidelines.
- The patient referral policy provides only limited guidance on the referral process for transferring infectious disease patients within and outside the country.
- The provision of continuous professional development could be strengthened for health-care workers in the Pa Enua by supporting clinical attachments that ensure the maintenance of the competencies and skills needed to respond to health emergencies.

R3.2. Utilization of health services – Score 3

Strengths

- The Ministry of Health (Te Marae Ora) provides access to primary health services throughout Cook Islands, including to those islands that are quite remote. In the event of an emergency illness, patients are conveyed by commercial flights, chartered aircraft or patrol boats.
- The continuity of essential health services (EHS) during emergencies is outlined in the NPPP, the Disaster Risk Management Act 2007 and in the Essential Services and Restrictions Policy 2021.
- The Ministry of Health (Te Marae Ora) has a health information system that monitors the utilization of health service data across primary care facilities and the country's two hospitals. Data are reported quarterly.
- The health information system monitors routine health services and includes early warning capacity to enable quick intervention during emergencies.
- A customer satisfaction feedback mechanism and an incident reporting system are in place.

Challenges

- There is a need to strengthen data segregation on the utilization of health services during health emergencies. Review and evaluation of the data is necessary to inform policy and planning.
- Customer satisfaction feedback and incident reporting should be formalized to ensure the continuity of feedback during emergencies. Data should be used to monitor disruptions to essential services in order to inform future planning.
- Recommendations from customer feedback and incident reports should be implemented and monitored to improve health systems.
- There is no national or external accreditation system to monitor the quality of health services.

R3.3. Continuity of essential health services (EHS) – Score 2

Strengths

- The NPPP, the Disaster Risk Management Act 2007 and the Restricted Movement Policy outline the continuity of EHS during public health emergencies.
- Prior to COVID-19, health facility assessments of isolation centres and triaging of outpatients had been carried out to inform planning. This was done again in 2022–2023.
- Cook Islands managed the continuous provision of EHS during COVID-19.
- The country strengthened social assistance programmes to support vulnerable and/or at-risk populations during COVID-19.
- The NPPP outlines funding and resource allocation.
- Reports on the routine utilization of EHS are generated through the Health Information Unit, both routinely and during emergencies.
- The functionality of the existing plans and guidelines has been tested and reviewed through: IHR Exercise Crystal; an airport emergency tabletop exercise; KukiMAT; tabletop exercises run by the EMCI; and basic life support training.

Challenges

- Cook Islands does not have a defined package for EHS.
- There is a need for SOPs for continuity of EHS during emergencies for the Pa Enua and at the health centre level.
- Systems to monitor the continuity of EHS during emergencies – especially for the Pa Enua and for vulnerable populations – could be improved.

Recommended priority actions

- Update and develop case management guidelines for IHR priority health events during emergencies. Implement the guidelines and monitor compliance at all levels of the health-care system.
- Develop a funded plan to strengthen the technical capacity of the health workforce in the Pa Enua to ensure competencies and skills are maintained beyond health emergencies.
- Update emergency disaster management response guidelines and undertake a mapping exercise of the resources required for case management of priority diseases during emergencies, across all facilities of the Ministry of Health (Te Marae Ora).
- Improve segregation of data on the use of essential health services during emergencies across all levels of health-care facilities, and review and evaluate the data to inform policy and planning.
- Strengthen the clinical governance programme with a formalized system for customer feedback/incident reporting to monitor disruptions and public trust during health emergencies.
- Develop a defined package of essential health services, a role-delineation plan, and an implementation plan that includes a mechanism for monitoring service continuity during emergencies.

R4. Infection prevention and control

Introduction

To have strong, effective infection prevention and control (IPC) programmes that enables safe health care and essential services delivery and prevention and control of health care acquired infections (HCAIs). It is critical to initially ensure that at least the minimum requirements for IPC are in place, both at the national and facility level, and to gradually progress to the full achievement of all requirements within the WHO IPC core components recommendations.

Target

(1) National IPC programme strategy has been developed and disseminated. (2) Implementation of the national IPC programme plans, with monitoring and reporting of HCAIs. (3) Established national standards and resources for safe health facilities.

Level of capabilities

The Cook Islands national IPC programme is coordinated by the Ministry of Health (Te Marae Ora), mainly through Rarotonga Hospital, and is at an early stage of development.

In 2023, the Ministry of Health (Te Marae Ora) developed a draft three-year national IPC programme plan aligned to WHO's minimum requirements, which defines objectives and activities to prevent HCAIs and reduce AMR. A multidisciplinary National IPC Committee was formalized during the same period, and national IPC guidelines were launched by the Secretary for Health in December 2023. Copies of the guidelines have been distributed to all health-care facilities, and training and education on their implementation were conducted by the SPC during the launch.

There is no formalized position/role for IPC responsibility in Cook Islands, though there are plans to formalize a part-time role. Due to the absence of such a position till date, the draft IPC programme plan developed in 2023 has not been implemented.

During COVID-19, the Ministry of Health (Te Marae Ora) developed SOPs for IPC measures for managing confirmed or suspected COVID-19 patients in all health-care facilities, and for isolation in homes or communities.

The Rarotonga Hospital laboratory is well equipped to support HCAI surveillance, but due to the absence of a dedicated IPC role, there is no HCAI surveillance programme and no comprehensive hand-hygiene programme activities have been carried out. There are, however, plans to begin IPC programme activities once this role is formalized. At the time of the JEE, one midwife had completed a six-month online course on the foundations of IPC, facilitated by the Australasian College for Infection Prevention and Control.

The Ministry of Health's health-care facilities have adequate infrastructure and availability of materials and equipment for IPC, including water, sanitation and hygiene support. All health-care facilities have access to safe drinking water, and water testing is carried out regularly by the HPOs.

Indicators and scores

R4.1. IPC programmes – Score 2

Strengths

- The Ministry of Health (Te Marae Ora) has developed a draft three-year national IPC programme plan aligned to WHO's minimum requirements.
- The Ministry of Health's national IPC guidelines are in place.
- A National IPC Committee has been formalized and terms of reference established.
- A midwife based at Rarotonga Hospital has successfully completed a six-month online IPC course, facilitated by the Australasian College for Infection Prevention and Control.
- Rarotonga Hospital has good infrastructure and supplies for hand hygiene in all clinical departments.
- During the COVID-19 pandemic, SOPs for IPC were developed to manage the virus, both in health-care facilities and in communities.

Challenges

- The draft national IPC programme plan is yet to be approved by the senior executive committee of the Ministry of Health (Te Marae Ora) and a policy is yet to be developed.
- There is no formalized part- or full-time role for IPC with dedicated time to carry out IPC activities.
- The IPC SOPs in secondary and primary health-care facilities are limited in scope.
- There is an opportunity to establish an IPC liaison programme once the IPC position is formalized.
- The National IPC Committee is not actively functioning. As of May 2025, the most recent meeting of the committee took place in 2023.
- Hand-hygiene compliance monitoring and feedback are not conducted at Rarotonga Hospital.
- No systems are in place, either nationally or in facilities, for regular monitoring of health-care practices according to standard IPC measures.
- Surveillance of HCAIs is not undertaken.

R4.2. HCAI surveillance – Score 2

Strengths

- The draft IPC programme plan includes activities for HCAI surveillance.
- The Rarotonga Hospital staff have been introduced to SOPs for surgical site infection surveillance.
- The National IPC Committee has the capacity to support HCAI surveillance.
- Limited systems are in place nationally and in health-care facilities to monitor health-care practices according to standard IPC measures.
- The Rarotonga Hospital laboratory has the capacity to support HCAI surveillance.

Challenges

- There is no HCAI surveillance plan and no defined list of AMR pathogens.
- There is capacity to support the surveillance of surgical site infections for caesarean sections through the SPC (this has already been implemented in other Pacific countries), but successful implementation will depend on formalizing a dedicated role for an IPC officer and receiving support from the National IPC Committee.
- Opportunities exist with the SPC to support the development and implementation of an HCAI surveillance programme.
- Opportunities exist to support IPC capacity development among health-care professionals.

R4.3. Safe environment in health facilities – Score 3

Strengths

- The national IPC guidelines have been distributed to all health-care facilities. The guidelines contain standards for maintaining a safe environment, including for hand hygiene, environmental cleaning, waste management, safe water, management of PPE, sterilization and setting up of isolation rooms.
- All health-care facilities have safe drinking water. Solar-powered water systems exist in all health-care facilities, ensuring reliable and safe water supply.
- Water testing is carried out regularly by the HPOs. Hydrogen Sulphide strip tests are used to monitor drinking water quality.
- Climate change risk assessments have been conducted with a strong focus on water, sanitation and hygiene, and plans are in place to carry out similar assessments for the Pa Enua in 2025.
- Rarotonga Hospital has an isolation ward. During COVID-19, the hospital established an isolation unit, with two negative pressure rooms for patients with infectious diseases. Other facilities have areas that can be turned into isolation areas.
- All health-care facilities are equipped with sterilization services.
- Instructions on IPC are incorporated into Rarotonga Hospital's weekly sessions on continuous professional development.

Challenges

- Only Rarotonga Hospital has isolation rooms with negative pressure, but because of a shortage of human resources, this unit is not being utilized.

Recommended priority actions

- Develop an IPC policy and endorse the draft national IPC programme plan; and develop and implement a plan for dissemination, implementation and evaluation.
- Formalize a role at Rarotonga Hospital for IPC, with dedicated time to carry out IPC activities.
- Establish a system for monitoring and audits to measure compliance with IPC standards across all health-care facilities.
- Introduce IPC indicators for Rarotonga Hospital for surveillance of HCAIs and hand-hygiene compliance monitoring and feedback.

R5. Risk communication and community engagement

Introduction

Risk communications should be a multilevel and multifaceted process which aims at helping stakeholders define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. An essential part of risk communication is the dissemination of information to the public about health risks and events, such as disease outbreaks. For any communication about risk caused by a specific event to be effective, the social, religious, cultural, political and economic aspects associated with the event should be taken into account, including the voice of the affected population.

Target

States Parties use multilevel, multisectoral and multifaceted risk communication and community engagement (RCCE) capacity for public health emergencies. Real-time exchange of information, advice and opinions during unusual and unexpected events and emergencies so that informed decisions to mitigate the effects of threats, and protective and preventive action can be made. This includes a mix of communication and engagement strategies, such as media and social media communications, mass awareness campaigns, health promotion, social mobilization, stakeholder engagement community engagement and infodemic management.

Level of capabilities

Cook Islands demonstrated a successful RCCE response during the COVID-19 pandemic. This was underpinned by a strong legislative and policy environment and strong leadership and governance structures.

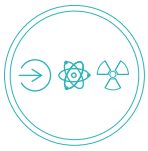
The COVID-19 RCCE response was led by the tourism sector, which demonstrated broad reach in terms of public relations and ensured broad all-of-government messaging. This engagement has not, however, been sustained. There is concern that its reactivation might be slow and the capacity might be lost, since there are no enduring systems for RCCE coordination in place.

The Ministry of Health (Te Marae Ora) has a Health Promotion Unit, which includes a communications team. This team regularly produces podcasts and other programmes and materials to support healthy behaviours. However, while the skills required for health promotion, social and behavioural change and risk communication/community engagement are very similar, there does not appear to be any formal interface between the team tasked with RCCE and the Health Promotion Unit. This is a missed opportunity.

Owing to a small population, it has been relatively easy for the Ministry of Health (Te Marae Ora) to identify rumours coming through the social media in Cook Islands, but such identification has been done only in an ad hoc manner. The Ministry of Health (Te Marae Ora) would benefit from a more systematic approach to infodemic management.

While the population generally adheres to public health measures, as demonstrated by the exceptionally high uptake of COVID-19 vaccination, it is not clear that the Ministry of Health (Te Marae Ora) has a clear understanding of the determinants of behaviour. Applying behavioural science to generate and utilize behavioural insights would help the Ministry of Health (Te Marae Ora) to address health issues during non-crisis periods and in times of public health emergencies.

Another observed gap is in the monitoring and evaluation of RCCE inputs. The multisectoral response to COVID-19, led by the tourism sector, had apparent success in getting the people of Cook Islands to adopt the necessary health behaviours (for example, by following stay-at- home orders and accepting vaccination), but there was no evaluation to identify the key elements in that success and the areas that could have been improved. Without that formal review and documentation process, it will be more difficult to replicate best practices in future health emergencies.



Indicators and scores

R5.1. RCCE systems for emergencies – Score 1

Strengths

- There is robust inter-agency coordination and strong public trust.
- The use of multimedia platforms enables broad reach across all population groups.
- This reach is supported by strong governmental commitment; clear, layered RCCE strategies across plans and policies; and integration into emergency response plans.

Challenges

- Infodemic management has been a challenge and there is no explicit infodemic management strategy in any of the broader policies.
- Structures for RCCE are not clear, with RCCE functions present in multiple plans.
- The roles and responsibilities related to RCCE are not clear.
- There is limited capacity to measure the impact of RCCE.

R5.2. Risk communication – Score 1

Strengths

- There is a history of close collaboration across government, nongovernmental organizations, civil society organizations and partners.
- During the COVID-19 pandemic, leadership under the Prime Minister's Office and the Ministry of Health (Te Marae Ora) promoted strong accountability.
- Cook Islands has demonstrated the use of a wide range of communication channels and community-centred approaches, with regular consultations to engage local leaders and the public.

Challenges

- While evaluation frameworks exist, they are not part of a comprehensive system to assess impact.
- There is no routine proactive risk communication process.
- There are no standardized protocols to address misinformation.
- Capacity in crisis communication, application of behavioural insights, and/or infodemic management is limited.

R5.3. Community engagement – Score 3

Strengths

- Community engagement is led by an inclusive taskforce with representation from public health, communication, tourism and civil society sectors.
- A whole-of-society approach is in place which includes government agencies, religious groups, traditional leaders and nongovernmental organizations.
- At-risk groups have been mapped and are targeted for outreach.
- Materials related to RCCE are translated and adapted for cultural appropriateness.
- Community feedback is actively solicited, and high levels of engagement indicate strong public trust.

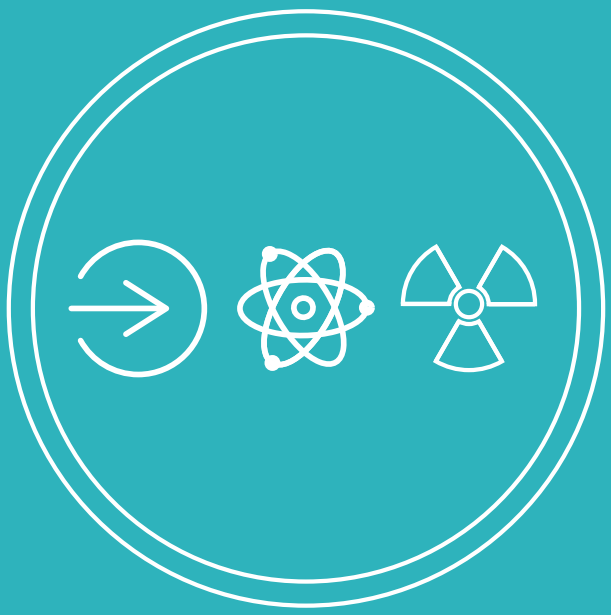
Challenges

- Pretesting is irregular.
- Measurement of impact is inconsistent and is not guided by strategies or protocols.
- Although community feedback is actively sought, marginalized and vulnerable groups need to be more purposefully engaged.
- Resource commitment and provision are inconsistent and ad hoc in nature.

Recommended priority actions

- Establish an RCCE technical working group run jointly with the Health Promotion Unit and other relevant agencies, with agreed terms of reference and SOPs.
- Task the RCCE technical working group with developing and implementing:
  - » a five-year health communication action plan that includes addressing routine health issues such as noncommunicable diseases and preventive measures for other health behaviours;
  - » an impact assessment system;
  - » an infodemic management system; and
  - » a training plan to increase capacity in crisis communication, social and behaviour change, community engagement, and behavioural insights/behavioural science.
- Allocate a budget to the RCCE technical working group that is adequate to carry out these tasks.

IHR-related hazards, points of entry and border health



POE. Point of entry and border health

Introduction

All core capacities and potential hazards apply to "points of entry" and thus enable the effective application of health measures to prevent international spread of diseases. States Parties are required to maintain core capacities at designated international airports and ports (and where justified for public health reasons, a State Party may designate ground crossings), which will implement specific public health measures required to manage a variety of public health risks.

Target

States Parties designate and maintain core capacities at international airports and ports (and were justified for public health reasons, a State Party may designate ground crossings) that implement specific public health measures required to manage a variety of public health risks.

Level of capabilities

Cook Islands has two designated POEs under the IHR (2005): Rarotonga International Airport and Avatiu Wharf (a seaport). These locations are currently the country's primary gateways for international travel and trade.

Avatiu Wharf is the main gateway for commodities. It hosts container ships, fuel tankers and LPG tankers. On average, two cargo vessels arrive there each month from New Zealand or other Pacific island countries. The cargo may also come via third countries – for example, imports from Japan may be transhipped via New Zealand or another Pacific island port. Cook Islands relies on offshore clearance, undertaken by the New Zealand Ministry for Primary Industries, for many imported goods.

All overseas fishing vessels bunker at sea or at an overseas port, and offload their catch overseas.

Yachts, super yachts and cruise vessels also come to Cook Islands. Some arrive at Avatiu Wharf, but many arrive at non-designated ports such as Aitutaki. If yachts arrive without a ship sanitation/exemption certificate, they are disinsected on arrival.

Cruise vessels cannot berth at Avatiu Wharf, so they anchor offshore and shuttle visitors to the shore, where they are processed at the port and given clearance to enter Cook Islands.

All vessels arriving from overseas (including at seaports that are not designated POE) must submit an advance notice of arrival that includes the state of health of all on board. A crew/passenger list and maritime declaration of health are also required. The advance notice of arrival is sent to customs 48 hours before arrival and distributed from there to all other agencies, including the Ministry of Health (Te Marae Ora), the Biosecurity Division, Ministry of Foreign Affairs and Immigration; Cook Islands Customs Service and the harbour master.

If a traveller is declared ill, HPOs from the Ministry of Health (Te Marae Ora) determine the appropriate action. The case may be treated on the vessel (including for cruise vessel passengers), but if hospital care is required, the patient is transported by ambulance to Rarotonga Hospital or medically evacuated to their home country.

There is no permanent border health officer at Avatiu Wharf due to the low numbers of international arrivals, but an HPO meets every vessel on arrival. Vessels berth under quarantine (and display the Q flag) until pratique is issued by the health authorities. The HPO also checks the vessel's ship sanitation/exemption certificate.

Seaports in the Pa Enua, such as Aitutaki, Atiu, Suwarrow and Mangaia, also receive international arrivals (cargo vessels and yachts), and the Pa Enua may also receive chartered flights from overseas. While these seaports and airports are not formally designated as POEs under the IHR (2005), they operate as international ports with dedicated customs and immigration and public health personnel. In the latter case, these are HPOs or public health nurses who are trained to perform arrival screening, clearance procedures, and basic health risk assessments.

In the northern islands, border duties, including health clearances, are undertaken by police officers, under the advice and direction of agencies in Rarotonga.

Rarotonga International Airport annually receives about 300,000 passengers from Auckland (New Zealand), 3100 from Tonga and 4800 from Australia. Aircraft from New Zealand also transport cargo. There are no dedicated cargo flights.

Rarotonga International Airport has adequate sanitary facilities for travellers and can implement enhanced hygiene measures when required. A transit lounge is available, but no aircraft transits through Cook Islands. During the COVID-19 response, operations at the POE were further enhanced by a Cabinet Order mandating responsibilities at all levels, from heads of agencies to operational staff. Border management SOPs were also developed for airports and seaports to manage travellers and cargo handling, using a traffic light system to triage risks.

Thirty-five border officials are present when an aircraft arrives, including staff from the Ministry of Transport, Customs & Immigration, the Biosecurity Division, the Airport Authority and Aviation Security. Staff are briefed before each arrival and debriefed after each flight is processed. Training is provided every three months.

No public health staff are stationed at Rarotonga International Airport, but public health officers are mandated to attend as required. At times, this has created challenges in the management of sick passengers, which requires strict implementation of SOPs. The aircraft passenger list is provided one to two hours before arrival; if an ill traveller is onboard, the captain informs the ground agent, who informs all the relevant agencies, including the Ministry of Health (Te Marae Ora). Health protection officers lead the response, using the COVID-19 SOPs.

The airport has a sick bay that provides first aid services only. A defibrillator is accessible within the transit area, and relevant staff hold current first aid certificates. There are no dedicated areas for temporary isolation of sick passengers. An ill traveller is either kept on the aircraft and returned to their country of departure or kept until an ambulance arrives to transport them to the hospital. The ambulance has an access time of approximately five minutes. If the ill traveller is identified after they have left the aircraft, they are given a rapid assessment in the sick room and kept there until the ambulance arrives. During the COVID-19 pandemic, an isolation space was made available, but this has since been repurposed.

An ill traveller from a vessel or aircraft is taken by ambulance to the Rarotonga Hospital Emergency Department for diagnosis. There is a separate room in the Emergency Department for patients suspected of having an infectious or quarantinable disease; if diagnosis supports it, the case is taken to the medical ward isolation room. Isolation facilities – including a separate area for arriving patients, a triage area and two negative pressure rooms – were established during the COVID-19 phase. These have since been repurposed to make day-to-day use of the space and facilities. It would take six to eight hours to reconvert them into isolation facilities. There must be a confirmed diagnosis of a quarantinable disease before this is done, as it requires significant staff resources.

Health protection officers are trained in ship sanitation inspection and certification and in the preliminary assessment of ill travellers. They receive refresher training as required, as well as ad hoc updates on regional and global outbreaks and emergencies. They also undertake mosquito surveillance and vector control activities. (There is also the Tutaka Programme, a public health initiative, which is implemented across Cook Islands and is enabled through proactive community engagement and an environmental health surveillance programme which is now being expanded to the Pa Enua.)

Designated POEs show evidence of ongoing strong coordination and collaboration between agencies, including Aviation Security, the Biosecurity Division, Civil Aviation, Customs & Immigration, the Ministry of Health (Te Marae Ora), the Ministry of Marine Resources, Police Service and port authorities. The Combined Border Agencies Taskforce provides overall coordination of border operations, including the collection and sharing of information for risk assessment.

Contingency plans have been developed at the designated POEs to facilitate Combined Border Agencies Taskforce coordination. The airport contingency plan is exercised annually with a functional review, and a simulation exercise is conducted in alternate years. The seaport oil spill plan is also exercised annually. However, these plans mainly cover disasters and do not include other hazards such as infectious diseases, chemicals and radiation events. Cook Islands would benefit from developing contingency plans to cover all hazards and undertaking regular exercises to test the readiness of POE operations.

Indicators and scores

POE1. Core capacity requirements at all times for POEs (airports, ports and ground crossings) – Score 3

Strengths

- There is strong intersectoral coordination, with agencies working together effectively and sharing information.
- Protocols and guidelines have been developed and implemented.
- The Tutaka Programme plays a vital role in safeguarding public health across Cook Islands through proactive community engagement and environmental health surveillance.
- A manual for HPOs is in place and is strictly implemented.
- Designated POEs have basic capacities in place to apply the recommended public health measures such as disinsection, disinfection and decontamination.

Challenges

- There is a shortage of trained staff at the POEs to perform at the required capacity.
- Refresher training is not conducted regularly.
- Regular risk assessments are not conducted to support decision-making during responses at the POEs.

POE2. Public health response at POEs – Score 3

Strengths

- Strong multisectoral coordination during the COVID-19 phase provided valuable experience in terms of POEs.
- The NPPP emphasizes implementation of border measures at POEs to delay the entry of illness and/or minimize its spread.
- The Cook Islands Emergency Response Plan to Coronavirus Disease 2019 outlines procedures for the early detection and management of ill travellers at POEs.
- There is close coordination with health facilities near the designated POEs for referral and management of suspected infectious individuals.
- Public health emergency contingency plans for Rarotonga International Airport and Avatiu Port are aligned with the broader Emergency Management Response Plan of the Ministry of Health (Te Marae Ora).
- An aerodrome emergency exercise is conducted annually at Rarotonga International Airport.

Challenges

- The capacity to implement regular exercises is limited.
- There is a shortage of trained personnel to perform IHR core capacities at POEs.

POE3. Risk-based approach to international travel-related measures – Score 3

Strengths

- Legislation, policies and guidelines are available at all levels to support responses at POEs.
- Basic surveillance data are available and are used to inform decision-making.
- Clear lines of authority and adequate data are in place to support quick decisions in times of emergencies.
- Cook Islands Border Taskforce is established and operational to coordinate and oversee border management and public health response (as was particularly evident during the COVID-19 pandemic).
- Cook Islands has developed specific mechanisms and tools to implement public health measures related to international travel, including guidelines, SOPs (including public health protocols for ill travellers) and checklists.

Challenges

- Risk assessment for decision-making faces challenges around untimely provision of data.

Recommended priority actions

- Develop/update and implement comprehensive public health emergency contingency plans for each designated POE to cover all hazards (including infectious diseases, vectors, chemicals and radiation). Conduct regular simulation exercises to test readiness.
- Strengthen human resource capacity by upskilling the existing staff and ensuring adequate staffing levels at designated POEs.
- Use WHO standard tools to conduct comprehensive assessments of designated POEs and implement an improvement programme to meet the core capacities (including appropriate isolation facilities). Take appropriate public health measures to enable the implementation of emergency protocols that protect travellers, staff and the public.

CE. Chemical events

Introduction

Timely detection and effective response of potential chemical risks and/or events requires collaboration with other sectors responsible for chemical safety, industries, transportation and safe disposal. This would entail that State Parties need to have surveillance and response capacity to manage chemical risk or events and effective communication and collaboration among the sectors responsible for chemical safety.

Target

States Parties with surveillance and capacity for chemical risks or events. This requires effective communication and collaboration among the sectors responsible for chemical safety, including health, occupational health, emergencies, environment, transportation and safe disposal, agriculture/veterinary, as well as industries.

Level of capabilities

The use of chemicals in Cook Islands is predominantly in pesticides. There is no manufacture of chemicals, and the country has strict regulations regarding the import and use of chemicals, particularly those that can harm the environment or human health.

Cook Islands has ratified the Basel, Rotterdam and Stockholm conventions, which aim to protect the environment and human health from hazardous chemicals and waste. It is also a signatory to the Biological Weapons Convention and the Chemical Weapons Convention, and gives effect to the Montreal Protocol through the Environment Act (Ozone Layer Protection) Regulations 2008.

Cook Islands has not ratified the following treaties: the Minamata Convention on Mercury; the United Nations Economic Commission for Europe Convention on the Transboundary Effects of Industrial Accidents; the International Labour Organization Convention 174 on Prevention of Major Industrial Accidents; and the International Labour Organization Convention 170 on Safety in the Use of Chemicals at Work. In 2021, the Cook Islands Minamata Initial Assessment Report developed an inventory of mercury releases in the islands, the initial aim of which was to facilitate the ratification and implementation of the Minamata Convention.

The National Environment Service published the State of the Environment Report 2018, which provides a baseline of environmental conditions. This report includes indicators related to chemical use and management. However, a national chemical profile has not been developed in the past five years.

The Ministry of Health (Te Marae Ora) oversees food safety, water and sanitation. Cook Islands has a food testing laboratory, but this does not perform chemical analysis and there has been no assessment of potential chemical hazards in domestic environments (including of the presence of asbestos-containing materials or lead paint and/or the potential for lead to leach from plumbing fittings). Other than strong controls over asbestos use, health and safety legislation does not cover the use of chemicals in the workplace to ensure that the workers are protected.

Cook Islands has faced challenges related to water quality, including concerns about the chemicals used in water treatment and potential contamination from agriculture. Pesticides have been identified as priority chemicals, and the Ministry of Agriculture has expressed concerns about the use of some pesticides, including paraquat and glyphosate.

The National Environment Service oversees the regulation of toxic chemicals, waste and polluting materials, including transboundary movement of chemicals. The Annual Indicator Report notes that "hazardous waste is known to be an area that continues to need attention throughout the Cook Islands".

Environmental monitoring is carried out to detect hazardous chemicals in water and soil. However, air quality monitoring is not routinely undertaken and needs to be carried out in key areas, particularly near industrial zones and locations where chemicals are handled or stored.

The Ministry of Health (Te Marae Ora) is responsible for monitoring health events, including sentinel health events that could potentially signal a hazardous chemical exposure. Chemical poisoning cases are managed at Rarotonga Hospital. There is no formal poisoning or chemical injury notification system. The country does not also have a dedicated poison control centre.

The laboratory at Rarotonga Hospital does not currently have the capacity for systematic analysis, but Cook Islands is collaborating with international organizations such as the SPC and WHO to strengthen laboratory services. These partnerships provide support for sample referral to reference laboratories, thereby enhancing the country's ability to respond to chemical and biological threats.

Cook Islands has established protocols and guidelines for managing chemical hazards, which focus mainly on environmental protection and disaster risk management. The EMCI coordinates disaster risk reduction, preparedness, response and recovery efforts, and the National Disaster Risk Management Plan outlines procedures for responding to chemical emergencies, including the handling of chemical hazards during emergencies.

As a member of the International Maritime Organization, Cook Islands complies with conventions, including the International Maritime Dangerous Goods Code 2014. A National Marine Spill Contingency Plan has been developed to manage oil and chemical spills. It is a multi-agency plan with clear roles and responsibilities, but it is unclear whether the planning includes explosive risks (particularly from bulk fuel depots located near population centres).

Cook Islands also follows the requirements of the International Civil Aviation Organization and the Chicago Convention 1944, which include reference to dangerous goods. The National Civil Aviation Security Plan identifies the processes and procedures to minimize the effects of an emergency at the airport, providing guidance for all responding to a disaster or imminent disaster at or near the airport. Annual tabletop exercises are conducted involving core stakeholders in such a response.

There have not been any major chemical incidents in Cook Islands over the past five years. The last significant incident involved a land pipeline rupture in 1987 that released diesel fuel into Avatiu Harbour.

In case of hazardous material spills or leaks, real-time information is shared with the relevant authorities for immediate action. Chemical events can be reported by the public, by health workers or by emergency responders, and reports are routed through local authorities to the national coordination centres. A national database exists to track chemical hazards, spills and other such incidents, ensuring proper documentation and follow-up.

The EMCI coordinates responses to chemical emergencies by working closely with fire services, health officials and law enforcement. There is a coordinated multi-agency response to chemical incidents, with defined roles and responsibilities.

The public health plan for chemical emergencies is guided by the Public Health Act 2024 and the National Disaster Risk Management Plan for chemical emergencies. The Health Protection Officers Manual 2017 outlines the public health plan for chemical incidents. There are no specific procedures for health risk assessments in chemical surveillance, but this has been integrated into national frameworks.

Indicators and scores

CE1. Mechanisms established and functioning for detecting and responding to chemical events or emergencies – Score 2

Strengths

- Environmental monitoring is carried out by the National Environment Service to detect hazardous chemicals in fresh water, marine water and soil.
- The Ministry of Health (Te Marae Ora) monitors sentinel health events that could potentially signal a hazardous chemical exposure.
- Although still in the draft form, Cook Islands has a National Spill Contingency Plan that has been implemented and acted on.
- Annual tabletop exercises are conducted involving core agencies, customs authorities, airport immigration authorities, airlines biosecurity officers, police and health professionals.
- There is an annual oil spill exercise.
- The National Environment Service has introduced a national environmental data portal to track chemical hazards, spills and other such incidents, thereby ensuring proper documentation and follow-up.

Challenges

- The audit/evaluation system for exercises/responses requires strengthening as Cook Islands does not have a separate audit system for chemical event responses.
- Further clarification of roles and responsibilities is needed, including the identification of lead agencies in chemical incident responses and a dedicated chemical control focal point agency.
- Technical capabilities and resources are insufficient to address a significant chemical event.
- Cook Islands has neither a dedicated poison control centre nor formal arrangements for access to an offshore poisons centre.
- Laboratories need strengthened capacity for systematic chemical and toxicological analysis and/or access to offshore laboratory capacity.
- Workplace health and safety legislation does not cover the use of chemicals in the workplace.

CE2. Enabling environment in place for management of chemical events – Score 2

Strengths

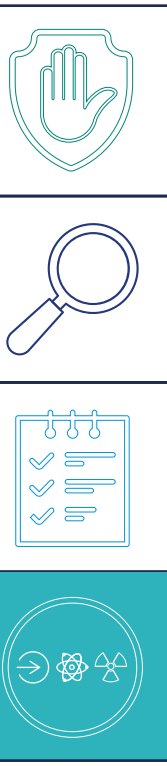
- Cook Islands has established legislation, protocols and guidelines for managing chemical hazards.
- Systems, manuals and guidelines are in place to coordinate multi-agency national disaster and emergency response activities, including for chemical incidents, marine spills and transport accidents. These include the Public Health Plan for chemical incidents, as mentioned in the Health Protection Officers Manual 2017.

Challenges

- The State of the Environment Report was published in 2018; the national chemical profile has not been developed in the past five years; and the National Implementation Plan for the Stockholm Convention needs updating. It is therefore challenging to identify the range, volume and usage of chemicals in Cook Islands.
- Staff in the Pa Enua have only limited involvement in training related to chemical events.
- There is no formal health risk assessment system or poisoning notification system as part of chemicals surveillance and monitoring, so it is hard to understand the impacts of chemicals on the environment and health.
- There is no dedicated regulation to give effect to compliance with international conventions (such as the Stockholm and Basel conventions).

Recommended priority actions

- Review and update the State of the Environment Report, the national chemical profile and the national implementation plan for the Stockholm Convention so that these documents cover all chemicals of concern in Cook Islands.
- Finalize the National Spill Contingency Plan and develop a chemical event response plan and/or SOPs that define the roles and responsibilities of the relevant agencies; consider all major hazard sites and facilities; incorporate health risk assessments; and include an audit/evaluation system for exercises and responses (including debrief reports to identify actions arising from exercises or events).
- Develop formal arrangements for access to the National Poisons Centre in New Zealand and conduct a feasibility study for establishing a similar centre in Cook Islands.
- Conduct a feasibility study for establishing a formal chemical injury notification system to identify chronic or acute exposures as part of chemical surveillance and monitoring, including for potential chemical hazards in domestic environments.
- Strengthen national laboratory capacity for chemical and toxicological analysis, and augment with formal arrangements to access offshore laboratory capacity as needed.



RE. Radiation emergencies

Introduction

To counter radiological and nuclear emergencies, timely detection and an effective response towards potential radiological and nuclear hazards/events/emergencies are required in collaboration with sectors responsible for radiation emergency management.

Target

States Parties should have surveillance and response capacity for radiological emergencies and nuclear accidents. This requires effective coordination among all sectors involved in radiation emergencies preparedness and response.

Level of capabilities

The use of ionizing radiation in Cook Islands is limited to diagnostic radiological services, so there is a low risk of a nuclear or radiological emergency. Nonetheless, policies and procedures are in place to ensure safe use of radiation. The national Medical Imaging Department has implemented a range of safety measures, including equipment maintenance and calibration measures, use of personal radiation monitoring badges, and protocols on the use of protective equipment.

A national framework for the detection and assessment of, and coordinated response to, radiological and nuclear emergencies addresses the potential risks associated with medical, industrial and environmental exposures, as well as regional or global nuclear incidents that may have cross-border impacts. This framework aligns with international safety standards and the guidance of the International Atomic Energy Agency (IAEA). Cook Islands participates in IAEA training, WHO simulation exercises, and regional preparedness programmes to build capability and capacity.

The Ministry of Health (Te Marae Ora) is the lead technical agency for radiation safety, with responsibilities of radiation monitoring and control, emergency medical response and public health risk communication. In association with the IAEA, the Ministry of Health (Te Marae Ora) is developing a policy and SOPs for radiation emergency detection, assessment, response and recovery. This includes an emphasis on communication, the use of established public health channels and culturally appropriate messaging during such an emergency. This entails training, PPE and support for the health protection staff, who would be the first responders in an incident.

Cook Islands adopts an all-hazards approach, which means that radiological emergencies are integrated into national disaster risk management arrangements. The EMCI is the national coordinating body for all hazards, including radiological events. Response actions are guided by the national disaster risk management arrangements, and include:

- activation of emergency response protocols via the national EOC;
- rapid risk assessment and exposure control;
- public information and protective action (such as sheltering and evacuation if necessary);
- medical treatment and monitoring of exposed individuals; and
- engagement of regional partners in radiological assessment and remediation.

In the event of a suspected radiological incident, initial detection and confirmation involve notification to international partners and requests for technical assistance. A dedicated ward at Rarotonga Hospital would be available to treat the survivors of a radiation emergency, but the capacity for diagnosing and treating cases is limited.

To support a whole-of-government approach, partnerships are being explored and strengthened with key stakeholders such as Customs & Immigration. These collaborative efforts form the foundation for a national framework on radiation safety, which will guide both routine operations and emergency response actions. Given the limitations related to national expertise and infrastructure, Cook Islands currently prioritizes:

- building the capacity of health and emergency personnel in radiological awareness and response;
- establishing formal arrangements with the IAEA, WHO, New Zealand and other Pacific nations for mutual aid; and
- regular participation in regional exercises and training programmes.

Indicators and scores

RE1. Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies – Score 2

Strengths

- Cook Islands' limited use of radioactive sources means that radiation risks are minimal.
- The country has international and regional linkages with the IAEA, WHO and regional Pacific forums and can access technical assistance, training, simulations and guidance.
- While there is no specific radiation response plan, the EMCI is the national coordinating body for all hazards, and radiological emergencies can be integrated into existing disaster risk management systems.
- The Ministry of Health (Te Marae Ora) provides health sector leadership and has the mandate for radiation safety and emergency medical response, leveraging a strong culture of public health risk communication and disease control.

Challenges

- The statutory framework for radiation protection could be strengthened, including in terms of license regulations, inspections, waste disposal and emergency response.
- Cook Islands has limited capability and capacity at the POEs and in-country to detect ionizing radiation sources; the challenges involve access to radiation protection experts, dosimetry services, PPE and detection/response tools such as Geiger counters.
- The country relies on the IAEA and regional partners for critical functions such as detection, risk assessment and remediation.
- There is a need to finalize the draft national radiological emergency response plan, and develop SOPs and test them through exercises and drills.
- Cook Islands has limited medical preparedness for treating radiation injuries.

RE2. Enabling environment in place for management of radiological and nuclear emergencies – Score 3

Strengths

- The Ministry of Health (Te Marae Ora) has SOPs to ensure the safe use of radiation in health-care facilities in order to protect staff and patients.
- Cook Islands has a clear national coordination mechanism, under the national disaster risk management system, into which radiological and nuclear emergency management can be integrated.
- Established health and emergency networks benefit from strong intersectoral coordination between the Ministry of Health (Te Marae Ora), the EMCI, Police Service, Customs & Immigration and border agencies, which is critical for early detection and response.
- Cook Islands is party to key international treaties and agreements, and actively engages with organizations like the IAEA and WHO.

Challenges

- The country has limited financial resources, and lacks a specialized workforce, equipment and laboratory capacity. This restricts the ability to build capacity and capability to undertake rapid responses.
- While there is general coordination for emergencies, no specific standing committee or working group focuses on nuclear and radiological threats.
- There is limited training and equipment for customs and border control officers at the POEs; this hinders detection of illicit or accidental importation of radioactive materials.
- Cook Islands is dependent on external support and would need to rely heavily on international aid for detection, containment, and recovery in a radiological emergency, creating response time delays.

Recommended priority actions

- Review the relevant regulatory instruments and update laws as needed to establish a regulatory framework for managing radiological risks.
- Finalize the national radiation policy. Draft and endorse a national radiation response plan (to include risk assessment, reporting, event confirmation, notification and investigation) and develop SOPs for radiation emergencies.
- Within one year of finalizing these plans and SOPs, Emergency Management Cook Islands and the Ministry of Health (Te Marae Ora) should run a simulation exercise for a radiation emergency that includes an after-action review.
- Build capacity for risk assessments (including detection and monitoring) of ionizing radiation, and review the training, equipment and health and safety procedures for the Ministry of Health (Te Marae Ora), emergency responders, border officials and staff. Ensure that all staff understand their roles and responsibilities, work in safe environments, and have access to detection equipment, dosimetry and PPE that protect them from radiation during routine and emergency response activities.
- Establish mechanisms to access international technical assistance, laboratory facilities and medical support (including pharmaceuticals) for radiation emergencies, including with the IAEA, WHO, New Zealand and other Pacific nations.

Annex: JEE background

Mission location and duration

Rarotonga, Cook Islands, 12–16 May 2025

Mission team members and technical areas

Team co-leads		
Elizabeth Serlemitsos, Project Director, Johns Hopkins University, United States of America		
Mark Jacobs, Director, Division of Pacific Technical Support, World Health Organization (WHO). Regional Office for the Western Pacific		
	IHR core capacity	**Lead**
P1.	Legal instruments	Delphina Taoa Kerslake, Health Law Expert and Pacific Advisor, McCabe Centre for Law and Cancer, Samoa
P2.	Financing	Ben Coghlan, Senior Health Specialist, Asian Development Bank, Australia
P3.	IHR coordination, National IHR Focal Point functions and advocacy	Nguyen Phuong Nam, Technical Officer (International Health Regulations), Health Emergencies Programme, WHO Regional Office for the Western Pacific
P4.	Antimicrobial resistance (AMR)	Scott Crerar, Food Safety and Public Health Specialist, Food Safety Information Council, Australia
P5.	Zoonotic disease	Elizabeth Serlemitsos, Project Director, Johns Hopkins University, United States of America
P6.	Food safety	Scott Crerar, Food Safety and Public Health Specialist, Food Safety Information Council, Australia
P7.	Biosafety and biosecurity	Francis Inbanathan, Technical Officer (Laboratories), WHO Country Office for Viet Nam
P8.	Immunization	Mica Hartfield, Epidemiologist, Department of Foreign Affairs and Trade, Australia
D1.	National laboratory systems	Francis Inbanathan, Technical Officer (Laboratories), WHO Country Office for Viet Nam
D2.	Surveillance	Mica Hartfield, Epidemiologist, Department of Foreign Affairs and Trade, Australia
D3.	Human resources	Mark Jacobs, Director, Division of Pacific Technical Support, WHO Regional Office for the Western Pacific
R1.	Health emergency management	Ben Coghlan, Senior Health Specialist, Asian Development Bank, Australia
R2.	Linking public health and security authorities	Delphina Taoa Kerslake, Health Law Expert and Pacific Advisor, McCabe Centre for Law and Cancer, Samoa
R3.	Health services provision	Margaret Leong, Infection Prevention and Control Advisor, Pacific Community, Fiji
R4.	Infection prevention and control (IPC)	Margaret Leong, Infection Prevention and Control Advisor, Pacific Community, Fiji

	IHR core capacity	Lead
R5.	Risk communication and community engagement (RCCE)	Elizabeth Serlemitsos, Project Director, Johns Hopkins University, United States of America
POE.	Point of entry and border health	Nguyen Phuong Nam, Technical Officer (International Health Regulations), Health Emergencies Programme, WHO Regional Office for the Western Pacific
CE.	Chemical events	Sally Gilbert, Manager, Environmental and Border Health, Ministry of Health, New Zealand
RE.	Radiation emergencies	Sally Gilbert, Manager, Environmental and Border Health, Ministry of Health, New Zealand

Objective

To assess Cook Islands' capacities and capabilities in the 19 technical areas of the JEE tool, and to provide updated data that will further support Cook Islands' ongoing efforts to enhance public health security.

The JEE process

The JEE process is a peer-to-peer review. The entire external evaluation – including discussions around the priority actions, strengths, areas that need strengthening, best practices, challenges and scores – is collaborative, with the JEE team members and host country experts seeking full agreement on all aspects of the final report findings and recommendations.

Should there be significant and irreconcilable disagreements between the external team members and the host country experts, or among the external experts, or among the host country experts, the JEE team lead will decide the outcome. This will be noted in the final report along with the justification for each party's position.

Field visits

Day 1, Monday, 12 May 2025 – Site visit 1 (everyone) • National Emergency Operations Centre – Vodafone, Cook Islands (EMCI) • Titikaveka Puna, Rarotonga (EMCI)	**Technical areas assessed:** • Multisectoral coordination • Health emergency management • Risk communication and community engagement
Day 1, Monday, 12 May 2025 – Site visit 2 (everyone) • Health Emergency Operations Centre • National Immunization Programme • Public health units • Ministry of Health administration • Tupapa Clinic	**Technical areas assessed:** • Multisectoral coordination • Health emergency management • Immunization • Surveillance • Financing • Health services provision • Infection prevention and control

Day 2, Tuesday, 13 May 2025 – Site visit to Aitutaki Island, Southern Group (Group A) • Island Council Emergency Operations Centre • Hospital • Seaport • Airport • Power infrastructure • Water infrastructure • Animal health	**Technical areas assessed:** • Multisectoral coordination • Health emergency management • Risk communication and community engagement • Health services provision • Infection prevention and control • Points of entry and border health • Biosecurity and biosafety • Immunization • Surveillance
Day 2, Tuesday, 13 May 2025 – Site visit to Rarotonga (Group B) • 8:30: Avatiu Wharf (Designated POE) • 8:50: MMR Avarua (Marine) • 9:10: Rarotonga International Airport (Designated POE) • 9:40: Ministry of Agriculture (Animal Health) **Rarotonga Hospital (10:00–11:30)** • All clinics • Medical Ward • Surgical Ward • Pharmacy Warehouse • Laboratory • X-ray Department	**Technical areas assessed:** • Points of entry • Biosecurity and biosafety • Preparedness (isolation at airport) • Food safety • Zoonotic diseases • Laboratory • Antimicrobial resistance • Surveillance • Health services provision • Infection prevention and control • Radiation emergencies

Limitations and assumptions

- The evaluation was limited to one week, which restricted the amount and depth of information that could be managed.
- It is assumed that the results of this evaluation will be publicly available.
- The evaluation is not just an audit. The information provided by Cook Islands will not be independently verified but will be discussed and the evaluation rating mutually agreed upon by the host country and the evaluation team. This is a peer-to-peer review.

Key Cook Islands participants and institutions

Participating institutions in orientations and self-assessment sessions

- Cook Islands Airport Authority
- Cook Islands Child Welfare Association
- Cook Islands Customs Service
- Cook Islands Family Welfare Association
- Cook Islands Investment Corporation
- Cook Islands National Environment Service
- Cook Islands Police Service
- Cook Islands Tourism Corporation
- Crown Law Office
- Disability Council
- Emergency Management Cook Islands
- Infrastructure Cook Islands
- Governments from the 15 islands
- Maritime Cook Islands
- Ministry of Agriculture
- Ministry of Finance & Economic Management
- Ministry of Foreign Affairs and Immigration
- Ministry of Health (Te Marae Ora)
- Ministry of Internal Affairs
- Ministry of Marine Resources
- Ministry of Transport
- Office of the Ombudsman
- Office of the Prime Minister and Cabinet
- Office of the Public Service Commissioner
- Pitt Media
- Rarotonga Puna
- Red Cross
- To Tatou Vai

Participants in the Joint External Evaluation Mission

	Name	Institution
1	Garth Anderson	Ministry of Finance & Economic Management
2	Cecilia Samuela-TouAriki	Ministry of Agriculture
3	Pavai Taramai	Ministry of Agriculture
4	Elizaveta Ristroph	Crown Law Office
5	Jillian Sutherland	Ministry of Health
6	Geoff Taaki Moekapiti	Ministry of Health
7	Ngatamaine Rongo	Ministry of Health
8	Theresa Tatuava	Ministry of Health
9	Heiarii Tia-Marie Syme	Ministry of Agriculture
10	Rufina Tutai	Ministry of Health
11	Roger Nehemia	Ministry of Health

	Name	Institution
12	John Strickland	Emergency Management Cook Islands
13	Ligipati Dowling	Ministry of Health
14	Tepuretu Jordan Whitta	Office of the Public Service Commissioner
15	Ngatamariki Pouao	Cook Islands Police Service
16	Teariki Faireka	Ministry of Health
17	Nelson Ngaiorae	Ministry of Health
18	Viliama George	Ministry of Health
19	Ngatamariki Manea	Ministry of Health
20	Karla Eggleton	Cook Islands Tourism Corporation
21	Abegail Tuazon	Ministry of Health
22	Muraai Herman	Ministry of Health
23	Tereroa Pumati	Ministry of Foreign Affairs and Immigration
24	Jane Maxwell	Ministry of Transport
25	Waisiki Lomalagi	Ministry of Health
26	Dennis Heather	Cook Islands Customs Service
27	Douglas Tou	Ministry of Health
28	Koko Lwin	Ministry of Health
29	Rangi Tairi	Ministry of Health
30	Stephano Rampling-Tou	Emergency Management Cook Islands
31	Fine Arnold	Red Cross
32	Leighton Boaza	Cook Islands Police Service
33	Ngatokorua Tuteru	Ministry of Health
34	Howard Tangimetua	Ministry of Health
35	Maureen Berts	Ministry of Health
36	Seka Falafeth	Ministry of Marine Resources
37	Maryanne Pirake	Ministry of Health
38	Helen Sinclair	Ministry of Health
39	Tukua Tangaroa	Cook Islands Airport Authority
40	Piriariki Maao	Ministry of Agriculture
41	Metua Bates	Ministry of Health
42	Karen Ngamata	Ministry of Health
43	Sandra Mitchel	Ministry of Health

WHO Representative Office facilitation support

The World Health Organization provided technical and operational support to the Government and the Ministry of Health for the Joint External Evaluation. Various stakeholder engagements were carried out through one-on-one orientation sessions with the island governments, agencies/ministries and institutions, as well as through focus group discussions for the self-assessments leading into and culminating in the mission week.

Supporting documentation provided by Cook Islands

01. Legal instruments

- Cook Islands Constitution
- Cook Islands National Pandemic Preparedness Plan: Respiratory Pathogens (NPPP) 2024
- Cook Islands National Disaster Risk Management Plan 2017
- Cook Islands Red Cross Society Act
- COVID-19 Act 2020
- Disability Act 2008
- Disaster Risk Management Act 2007
- Family Protection and Support Act 2017
- Island Government Act 2012–2013
- Judicature Act 1980–1981
- Ministry of Health Act 2013
- Ministry of Health (International Health Regulations Compliance) Regulations 2014
- Te Papa Tutara a Te Marae Ora (National Health Road Map) 2017–2036
- Official Information Act 2008
- Ombudsman Act 1984
- Public Health Act 2024
- Ministry of Health Emergency and Disaster Risk Management Plan (June 2019)

02. Financing

- Te Papa Tutara a Te Marae Ora (National Health Road Map) 2017–2036. Available at: https://www.health.gov.ck/national-health-road-map-2017-2036/
- Te Ara Akapapa'anga Nui: National Sustainable Development Agenda (NSDA) 2020+ 2021–2121. Available at: https://www.pmoffice.gov.ck/wp-content/uploads/2021/12/Turanga-Meitaki-100-mataiti-Digital.pdf
- Te Marae Ora Ara-Tango Anga'anga: Cook Islands National Health Strategic Plan 2023–2027. Available at: https://www.health.gov.ck/wp-content/uploads/2024/01/CI_National_Health-Strategic_Plan_2023_2027.pdf
- Cook Islands National Pandemic Preparedness Plan: Respiratory Pathogens (NPPP) 2024. Available at: https://www.health.gov.ck/wp-content/uploads/2024/07/Cook-Islands-National-Pandemic-Preparedness-Plan_Final_2024.pdf
- Hon. Mark Brown, Minister of Finance. Cook Islands Government Budget Estimates 2023/24. Book 1: Appropriation Estimates and Commentary. May 2023.
- Ministry of Finance & Economic Management Act (MFEM Act) 1995–96
- Appropriation Act 2024
- Appropriation Amendment Act 2025
- Disaster Risk Management Act 2007
- Ministry of Health (International Health Regulations Compliance) Regulations 2014
- Cook Islands Government Financial Policies and Procedures Manual
- Cook Islands Government Budget Estimate 2020/21. Book 1: Appropriation Estimates and Commentary.
- Cook Islands Government Budget Estimate 2024/25. Book 2: Ministry Business Statements.
- Cook Islands National Disaster Risk Management Plan 2017
- Cook Islands COVID-19 Response Plan December 2021

03. IHR coordination, National Focal Point functions and advocacy

- Ministry of Health (International Health Regulations Compliance) Regulations 2014
- Cook Islands National Health Strategic Plan 2023–2027
- National Health Reorientation Plan 2024
- One Health Framework (draft)
- Disaster Risk Management Act 2007, Cook Islands National Disaster Risk Management Plan 2017
- Ministry of Health Emergency Disaster Management Plan 2018
- National Pandemic Preparedness Plan 2024
- KukiMAT SOP

04. Antimicrobial resistance (AMR)

- Public Health Act 2024
- Health Inspector Standard Operating Procedures Manual
- Food Regulations 2014
- Cook Islands Antimicrobial Resistance National Action Plan
- Antibiotic Guidelines: Cook Islands 2024
- Cook Islands National Infection Prevention and Control Guidelines 2023
- World Health Organization Global Action Plan
- The WHO AWaRe (Access, Watch, Reserve) Antibiotic Book

05. Zoonotic disease

- Public Health Act 2024
- World Organisation for Animal Health (WOAH, founded as OIE)
- Food and Agriculture Organization of the United Nations (FAO)
- Ministry of Health Draft One Health Framework
- National Pandemic Preparedness Plan
- The Dengue Protocol 2019
- Biosecurity Act 2008
- National Aquatic Biosecurity Strategy
- The Ministry of Health HPO Manual
- Strategic Toolkit for Assessing Risks (STAR)
- Pacific Syndromic Surveillance System (PSSS)
- Early Warning, Alert and Response System
- Woolhouse M, Gowtage-Sequeria S. Host range and emerging and reemerging pathogens.Emerg Infect Dis.2005;11(12):1842–47. doi:10.3201/eid1112.050997.
- Jones KE, Patel NG, Levy MA, Storeygard A, Balk D, Gittleman JL, et al. Global trends in emerging infectious diseases.Nature. 2008;451(7181):990–3. doi:10.1038/nature06536.

06. Food safety

- Food Act 1992–93
- Food Regulations 2014
- Public Health Act 2024
- Te Marae Ora Ara-Tango Anga'anga: Cook Islands National Health Strategic Plan 2023–2027
- Health Inspector Standard Operating Procedures Manual
- Postgraduate Certificate in Field Epidemiology (PGCFE)
- Pacific Outbreak Manual
- Ugboko HU, Nwinyi OC, Oranusi SU, Oyewale JO. Childhood diarrhoeal diseases in developing countries. Heliyon. 2020:6(4):e03690. doi:10.1016/j.heliyon.2020.e03690

07. Biosafety and biosecurity

- Biosecurity Act 2008
- Ministry of Health Act 2013
- Public Health Act 2024
- COVID-19 Act 2020
- Ministry of Health (International Health Regulations Compliance) Regulations 2014
- Maritime Transport Act 2008
- Environment Act 2003
- 2025 Laboratory Registration Form for the PPTC EQA Programme
- WHO Stepwise Laboratory Quality Improvement Process Towards Accreditation
- Memorandum of Agreement between the Ministry of Health Cook Islands and the Pacific Pathology Training Centre, New Zealand, on the Implementation of a Laboratory Quality Accreditation Programme 2023–2027
- IATA Dangerous Goods Regulations
- SPEC.4000 Specimen Management Manual
- Certification: Safe Transport of Infectious Substances by Air – Train the Trainers
- SPEC.4015_Sendaway or referral test requests
- HSAFE.3007, HSAFE.3008, HSAFE.3009, HSAFE.3009a, HSAFE.3010, HSAFE.3011, HSAFE.3012, HSAFE.3013, HSAFE.3014, HSAFE.3016, HSAFE.3022
- Molecular laboratory waste disposal
- QUAL.1017. Laboratory internal incident report form
- Infection Prevention and Control Guidelines 2023
- Template for recording staff training and competency
- HSAFE.3000. Table of contents (Health and Safety Manual)
- HSAFE.3004. Laboratory personal protective equipment policy
- HSAFE.3005. Laboratory disinfectant policy
- HSAFE.3006. Infection control policies and procedures
- QUAL.1018. Internal and External Quality Assurance
- Annual Audit Assessment Visit, November 2024

08. Immunization

- National Immunization Policy
- Public Health Act 2024
- The Joint Report Form (JRF) from WHO
- Immunization Dashboards
- Cold Chain Protocol
- Vaccines and Immunization: https://www.who.int/health-topics/vaccines-and-immunization
- WHO Immunization Data Portal - Global: https://www.who.int/data/gho/data/themes/immunization

09. National laboratory systems

- Public Health Act 2024
- SPEC.4019. Tests processed on site
- Diseases and testing
- Cook Islands Government Budget Estimates 2024/25. Book 2: Ministry Business Statements
- QUAL.1005. Laboratory organizational structure
- QUAL.1052. Laboratory organizational chart
- SPEC.4015. Sendaway or referral test requests
- QUAL.1046. Authorizing and release of test results
- QUAL.1047. Reporting of routine, urgent and abnormal results
- QUAL.1048. Final reports

- QUAL.1028. Turnaround times
- QUAL.1004. Quality statement and policy
- QUAL.1029. Quality plan and objectives
- QUAL.1012. List of laboratory manuals
- QUAL.1018. Internal and External Quality Assurance
- Quality Accreditation Programme 2023–2027
- Memorandum of Agreement between the Ministry of Health Cook Islands and the Pacific Pathology Training Centre, New Zealand, on the Implementation of a Laboratory Quality Accreditation Programme 2023–2027
- Annual Audit Assessment Visit, November 2024
- 2025 Laboratory Registration Form for the PPTC EQA Programme
- Infection prevention and control order sheet
- HSAFE.3004. Laboratory personal protective equipment policy
- HSAFE.3000. Table of contents (Health and Safety Manual)
- HSAFE.3004. Laboratory personal protective equipment policy
- HSAFE.3005. Laboratory disinfectant policy
- HSAFE.3006. Infection control policies and procedures
- SPEC.4000. Specimen management manual
- Immuno/viro list of specimens

10. Surveillance

- Public Health Act 2024
- Food Regulations 2014
- Draft Cook Islands Drinking Water Standards 2023
- Pacific Map, PSSS Weekly Bulletin
- HPO Manual
- PPHSN Pacific Outbreak Manual
- Draft One Health Framework, 10 March 2025
- ESR Weekly Report
- Investigation of a poultry mortality event in Rarotonga, Cook Islands (2024 Surveillance, Vol 51, No 2, June, Animals Poultry Mortality, Rarotonga)
- National Pandemic Preparedness Plan (NPPP) 2024
- Ministry of Health (International Health Regulations Compliance) Regulations 2014

11. Human resources

- Cook Islands Health Workforce Plan 2016–2025
- SHIP-DDM Brief
- Postgraduate Certificate in Field Epidemiology (PGCFE)
- Te Marae Ora Ara-Tango Anga'anga: Cook Islands National Health Strategic Plan 2023–2027
- Agreements of Cooperation
- Ministry of Agriculture Workforce Development Plan 2020–2024
- Change Management Plan (agency organization destructing)
- Job Description: Health Care Assistant
- Te Marae Ora (Ministry of Health) Personnel Policies and Procedures Manual, July 2017
- Annual Report to Parliament for the year 2023
- Register of longtime staff with 15 to 43 years of service
- Performance Excellence Recognition Policy
- Performance Excellence Recognition Third Cycle Winners
- Income Tax Amendment Act 2023 (economic stimulus and financial support to people living in the Pa Enua)
- Ministry of Health HR database screenshot and snapshot

- Government employee database snapshot
- Occupational Safety and Health Policy, Government of the Cook Islands, January 2016
- Infection Prevention and Control Guideline
- Cook Islands Government Budget Estimate 2024/25. Book 1: Appropriation Estimates and Commentary
- Cook Islands Government Budget Estimate 2024/25. Book 2: Ministry Business Statements
- Notice from PSC on orientation sessions
- Ministry of Health Memo: Staff Professional Training and Physical Activity
- Vital Statistics and Population Estimates, December 2024
- Register of Ministry of Health Employees
- Public Health Act 2024
- Cook Islands National Pandemic Preparedness Plan: Respiratory Pathogens (NPPP) 2024
- Combined Law Agency Group MOU
- Non-Communicable Disease Taskforce terms of reference
- National Public Health and IHR Committee
- Cook Islands Ministry of Health website
- Public Health Sanitation Unit Activity Progress Report
- Ministry of Health, Rarotonga, Health Service Delivery Report, 24–30 March 2025
- Event Surveillance and Response Report, Week 13, 2025, Ministry of Health Facebook page: Tutaka Program, Ministry of Health, Cook Islands
- Register of Ministry of Health Employees
- Cook Islands COVID-19 Response Plan, December 2021
- PSC Secondment Policy
- Cook Islands' Government Leave Policy
- Ministry of Health Workforce Surge, December 2021
- Office of the Public Service Commissioner government employee database screenshot
- Midwifery Postgraduates
- Ministry of Health Staff Professional Training and Physical Activity
- Public Health Continuing Professional Development Calendar 2025
- Public Health Annual Calendar 2025
- KukiMAT Simulation and Training – NPPP and Outbreak Response
- KukiMAT Team Member Training, April 2024
- Participants at KukiMAT SOP Training, 13–16 November 2023
- Participants at KukiMAT Team Member Training, 22–24 April 2024
- Feedback Report: Public Sector Leadership, 2024
- Overview of KukiMAT
- KukiMAT Simulation and Training – NPPP and Outbreak Response
- STAR Training: Cook Islands, February 2025
- World Health Organization Regional Office for the Western Pacific Control IHR Exercise Crystal 2024
- Crown Law Office
- Examples of workplans with WHO for legal support for Public Health Law
- Health Workforce Requirements for Universal Health Coverage and the Sustainable Development Goals (Human Resources for Health Observer, 17): https://iris.who.int/bitstream/handle/10665/250330/9789241511407-eng.pdf
- WHO GHO Health Workforce: https://www.who.int/data/gho/data/themes/health-workforce
- Williams SG, Fontaine RE, Turcios Ruiz RM, Walke H, Ijaz K, Baggett HC. One field epidemiologist per 200,000 population: lessons learned from implementing a global public health workforce target. Health Secur. 2020;18(S1):S-113–8. doi:10.1089/hs.2019.0119.

12. Health emergency management

- Cook Islands Animal Health Emergency Response Plan 2021
- Disaster Risk Management Act 2007
- CI NDR Management Plan 2017
- Ministry of Health Workforce Surge, December 2021
- Office of the Public Service Commissioner Secondment Policy
- Guiding principles for research conducted in Cook Islands, 2022
- Public Health Act 2024
- National Pandemic Preparedness Plan 2024
- Ministry of Health (International Health Regulations Compliance) Regulations 2014
- Cook Islands Emergency Response Plan to COVID-19, 2021
- Ministry of Health Act 2013
- KukiMAT Standard Operating Manual 2024
- Aerodrome Emergency Plan 2023
- Ministry of Health (Pharmacy and Therapeutic Products) Regulations 2013

13. Linking public health and security authorities

- Aerodrome Emergency Plan 2023
- Collective Law Agencies Group Memorandum of Understanding 2023
- Cook Islands National Security Policy 2024
- Cook Islands Quarantine-Free Travel Arrangement Implementation Plan Travel Arrangement Implementation Plan
- Crimes Act 1969
- Disaster Risk Management Act 2007
- Food Act 1992–1993
- Food Regulations 2014
- Ministry of Health (International Health Regulations Compliance) Regulations 2014
- National Pandemic Preparedness Plan 2024
- Police Act 2012
- Public Health Act 2024

14. Health services provision

- Cook Islands National Pandemic Preparedness Plan 2024
- National Disaster Risk ManagementPlan
- Essential Services and Restrictions Policy 2021
- Disaster Management Act 2007
- Cook Islands COVID-19 Response Plan, December 2021
- Cook Islands National Health Strategic Plan 2023–2027
- Public Health Act 2024
- National Information and Communication Policy

15. Infection prevention and control (IPC)

- Infection Prevention and Control Guidelines 2023
- Nursing Competencies 2022
- IPC Committee Terms of Reference
- Core Competencies Guidelines for Medical and Dental Practitioners
- Standard Operating Procedures for IPC
- Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Acute Health Care Facility Level
- Standard Operating Procedures for IPC in Community
- Hand Hygiene Guideline
- Occupational Safety and Health National Reform
- Health Protection Officers Manual

16. Risk communication and community engagement (RCCE)

- Cook Islands National ICT Policy
- Cook Islands National Disaster Risk Management Plan
- Cook Islands Health Communications Strategy (draft)
- All of Government Communications Plan, Quarantine-Free Travel between the Cook Islands and New Zealand
- Joint Quarantine-Free Travel Arrangement Implementation Plan
- Cook Islands National Pandemic Preparedness Plan
- Ministry of Health Risk Communication and Community Engagement (RCCE) Plan for COVID-19
- Public Health Act 2024
- International Health Regulations (2005)
- Ministry of Health Act 2013
- COVID-19 Act 2020
- Disaster Risk Management Act 2007
- Ministry of Health Personnel Policy and Procedure Manual
- Official Information Management Policy
- Understanding the Pacific's Adaptive Capacity to Emergencies in the Context of Climate Change – Country Report: Cook Islands
- Workshop on Strategic Toolkit for Assessing Risks
- Ministry of Health Core Functions
- Public Service Commission (PSC) Secondment Policy 2023
- Commercial value of communications works by Cook Islands Tourism Corporation during the COVID-19 pandemic
- Covid legislation targeting misinformation extended. Available at: https://www.cookislandsnews.com/internal/national/local/covid-legislation-targeting-misinformation-extended/
- Sharing accurate information. Available at: https://www.health.gov.ck/covid-19-sharing-accurate-information/
- Cooks govt urges end to rumour mill as passengers test negative. Available at: https://www.rnz.co.nz/international/pacific-news/437559/cooks-govt-urges-end-to-rumour-mill-as-passengers-test-negative
- "Wash your hands of misinformation" Secretary of Health urges people to practise information hygiene. Available at: https://www.health.gov.ck/wash-your-hands-of-misinformation-2/
- Vulnerable population. Available at: https://www.health.gov.ck/vulnerable-population/
- COVID-19 related death. Available at: https://www.health.gov.ck/covid-19-related-death/
- Creative communications assets from COVID-19.

17. Points of entry (POE) and border health

- Ministry of Health (International Health Regulations Compliance) Regulations 2014
- Public Health Protocol Ill Traveller
- Disaster Risk Management Act 2007
- Cook Islands National Disaster Risk Management Plan 2017
- Ministry of Health Emergency Disaster Management Plan 2018
- Health Protection Officers Manual 2017
- Public Health Act 2024
- National Pandemic Preparedness Plan 2024
- Cook Islands Emergency Response Plan to COVID-19, 2021
- Ministry of Health Act 2013
- Aerodrome Emergency Plan 2023

18. Chemical events

- Carriage of Goods Act 1998. Available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://parliament.gov.ck/wp-content/uploads/2022/06/Carriage-of-Goods-No.-7.pdf
- Cook Islands Environment Data Portal. Available at: https://cookislands-data.sprep.org/
- Cook Islands Minamata Initial Assessment Report. Available at: https://cookislands-data.sprep.org/dataset/cki-minamata-initial-assessment-report
- Cook Islands National Health Information Bulletin 2021–2023. Available at: https://www.health.gov.ck/cook-islands-national-health-bulletin-2021-2023/
- Dangerous Goods Act 1984. Available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://faolex.fao.org/docs/pdf/cok65470.pdf
- Our emergency response plans. Available at: https://emci.gov.ck/emergency-response/
- Environment Act 2003. Available at: https://lpr.adb.org/resource/environment-act-2003-cook-islands
- GEF-8 Plastic RESPONSE Project – NES Cook Islands
- Health Protection Officers Manual, July 2017
- The Inform Project. Available at: https://www.sprep.org/inform
- Maritime Transport Act 2008
- Ministry of Health Act 2013. Available at: https://www.health.gov.ck/wp-content/uploads/2020/06/MinistryofHealthAct2013.pdf
- National Budget Book 2023–2027
- National Civil Aviation Security Plan
- National Environment Service (NES)
- National Environment Service 2024 Snapshot and 2025 Outlook
- National Disaster Risk Management Plan 2017, Annex 2019. Available at: Cook-Islands-National-Disaster-Risk-Management-Plan-2017-Fine-Final-Draf (1).pdf
- National Spill Contingency Plan: "NATPLAN" for the Cook Islands. Available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://library.sprep.org/sites/default/files/Cooks_Natplan_Draft_edited_No_2006.pdf
- Pesticide Act 1987. Available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://cook-islands.tradeportal.org/media//Pesticides%20Act%201987.pdf
- Public Health Act 2024. Available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.gov.ck/wp-content/uploads/2024/05/Public-Health-2024-No.07.pdf
- Cook Islands State of the Environment Report 2018. Available at: https://cookislands-data.sprep.org/dataset/cook-islands-state-environment-report-2018
- Stockholm Convention on Persistent Organic Pollutants National Implementation Plans. Available at: https://chm.pops.int/implementation/NationalImplementationPlans/NIPTransmission/tabid/253/default.aspx

19. Radiation emergencies

- Cook Islands National Disaster Risk Management Plan 2017
- Ministry of Health Act 2013. Available at: https://www.health.gov.ck/wp-content/uploads/2020/06/MinistryofHealthAct2013.pdf
- Ministry of Health (International Health Regulations Compliance) Regulations 2014. Available at: https://www.health.gov.ck/wp-content/uploads/2020/06/Ministry-of-Health-International-Health-Regulations-Compliance-Regulations-2014.pdf
- Public Health Act 2024
- Ministry of Health Emergency/Disaster Management Plan 2018
- Ministry of Health National Health Information Bulletin 2019–2020
- Ministry of Health National Health Information Bulletin 2018
- Ministry of Health Ionizing Radiation Policy
- Ministry of Health Standard Operating Procedure (SOP) for Radiation Emergencies

For more information:

World Health Organization
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

ihrmonitoring@who.int