

Cook Islands



WHO region	Western Pacific
World Bank income group	High-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	21
% Population under 15 (2012)	30.61
% Population over 60 (2012)	9.07
Life expectancy at birth (2012) Total, Male, Female	76 (Both sexes) 73 (Male) 78 (Female)
Neonatal mortality rate (per 1000 live births (2012))	6 [4-9] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	11 [8-14] (Both sexes)
Maternal mortality ratio per 100 000 live births	
% DTP3 Immunization coverage among 1-year-olds (2012)	98
% Births attended by skilled health workers	
Density of physicians per 1 000 population (2004)	1.1764
Density of nurses and midwives per 1 000 population(2004)	4.7058
Total expenditure on health as % of GDP (2011)	5.5
General government expenditure on health as % of total government expenditure (2011)	14.3
Private expenditure on health as % of total expenditure on health (2011)	7.5
Adult (15+) literacy rate Total	
Population using improved drinking-water sources (%) (2011)	100 (Urban) 100 (Rural) 100 (Total)
Population using improved sanitation facilities (%) (2011)	95 (Rural) 95 (Urban) 95 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender-related Development Index rank out of 148 countries	
Human Development Index rank out of 186 b countries	

Sources of data:

Global Health Observatory April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The Cook Islands' health profile is largely favorable with adequate health coverage in each island, high immunization rates throughout the country and sufficient resources to meet the needs of the population. However, the dramatic increase in chronic NCDs such as diabetes, cardiovascular diseases and obesity has been a challenge. As a result, the country has been working to strengthen the national capacity in population risk factors survey and analysis. Morbidity is dominated by NCDs, including circulatory system diseases, respiratory system and endocrine ailments, nutritional and metabolic diseases. The WHO STEP survey report showed that in 2011, 61% of the population was obese, followed by hypertension prevalence of 33%, and 75 % of the population with raised blood cholesterol.

Communicable diseases are few but pose a danger. Sexually transmitted infections are common in the country. The Cook Islands has recorded a nil maternal death since 2001, which is a result of 100% birth attendance by a skilled health professional. The country continues to maintain a low infant mortality rate.

The Cook Islands health facilities consists of one hospital with 127 beds, nine out-patient clinics, 10 dental clinics, six health centers, 50 child welfare clinics, four private clinics, two private dental clinics and four private pharmaceutical.

HEALTH POLICIES AND SYSTEMS

The national Sustainable Development Plan 2011-2015 (NSDP) is aimed to achieve the desired 2020 development outcomes and national vision – “to enjoy the highest quality of life consistent with the aspirations of our people, and in harmony with our culture and environment”. The Ministry of Health recognized health is pivotal to achieve all the NSDP Goals, however goal 4 is specific to health. The strategic goal 4 of NSDP highlighted that all people in the Cook Islands can enjoy opportunities to fulfill their potential, proper and participate in the social, economic, politics and culture life of our communities and nation.

The National Health Strategy, 2012-2016 is aligned and harmonized with the NSDP and other regional and global development goals. The priority focuses of the strategy includes: enhancing infrastructure of the health systems; promoting partnership for institutional capacity development; strengthening health sector policy, planning and regulations, and improving data collection and analysis; strengthening community capacity and capability on social determinates of health; and improving information, communication and technologies, to provide accessible and accruable information for health promotion and disease prevention.

COOPERATION FOR HEALTH

The Ministry of Finance and Economic Management coordinates sector aid, development and plans.

The primary partners for the health sector are New Zealand Aid Program, World Health Organization, the Secretariat of the Pacific Committee (SPC), United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA).

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2013-2017)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1	<ul style="list-style-type: none"> • Develop human resources for health for the future to ensure qualified staff for Rarotonga and the outlying islands.
STRATEGIC PRIORITY 2	<ul style="list-style-type: none"> • Reduce the effects of NCDs (particularly lifestyle-related) through a variety of interventions such as those identified in the Crisis Response Package (CRP) to ensure the population makes informed choices.
STRATEGIC PRIORITY 3	<ul style="list-style-type: none"> • Strengthen support for family, maternal, adolescent, child, elderly and disability-related health programmes.
STRATEGIC PRIORITY 4	<ul style="list-style-type: none"> • Reduce the impact of communicable diseases with an emphasis on sexually transmitted infections (STIs), HIV, vector borne diseases and other infections.
STRATEGIC PRIORITY 5	<ul style="list-style-type: none"> • Review and develop new and update existing legislation, policies and guidelines in accordance with the International Health Regulations (2005).
STRATEGIC PRIORITY 6	<ul style="list-style-type: none"> • Reduce morbidity and mortality from road accidents.