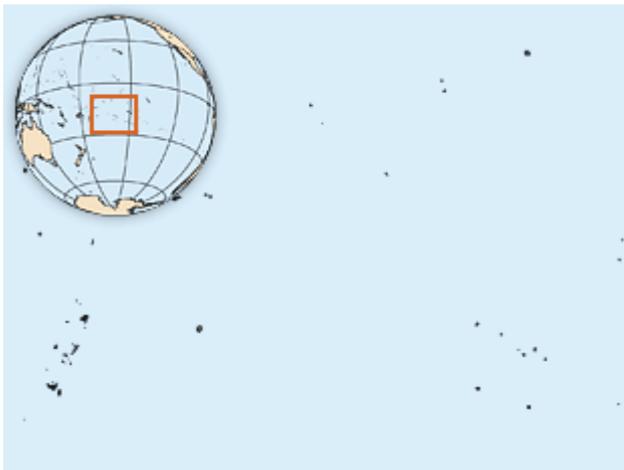


Cook Islands



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (1)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (1)	
Population (in thousands) total (2015)	20.8
% Population under 15 (2015)	29.8
% Population over 60 (2015)	9.8
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (1)	
Literacy rate among adults aged >= 15 years (%) (1)	
Gender Inequality Index rank (1)	
Human Development Index rank (1)	
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	3.38
Private expenditure on health as a percentage of total expenditure on health (2014)	9.88
General government expenditure on health as a percentage of total government expenditure (2014)	6.12
Physicians density (per 1000 population) (2009)	1.191
Nursing and midwifery personnel density (per 1000 population) (2009)	5.757
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	4.1 [2.2-7.2]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	7.8 [5.1-12.1]
Maternal mortality ratio (per 100 000 live births) (1)	
Births attended by skilled health personnel (%) (2009)	100.0
Public health and environment	
Population using safely managed sanitation services (%) (1)	
Population using safely managed drinking water services (%) (1)	

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Noncommunicable diseases (NCDs) and their risk factors are a major challenge for public health in Cook Islands. As indicated in the *Cook Islands National Health Strategic Plan 2017–2021*, cardiovascular disease is the most prevalent NCD, with an average of over 200 cases each year from 2009 to 2015, followed by diabetes with an average of 100 new cases a year. In 2015, 3725 patients were recorded in the Ministry of Health's registry for NCDs. An incidence of 1.9% and prevalence of 28.1% was noted for all NCDs in 2013. A 2004 NCD STEP survey highlights the notable (or high) prevalence of obesity, hypertension, diabetes and elevated blood cholesterol as risk factors for the adult population in Cook Islands.

The need to expand continuing professional development and strengthen all aspects of the health workforce, as outlined by Cook Islands workforce strategy, is also an important challenge for the country's health-care system. This strategy calls for: an increase in the number of specialists in most disciplines; to build the nurse practitioner workforce on all islands; and to increase the nursing, dental and allied health workforce.

HEALTH POLICIES AND SYSTEMS

The Ministry of Health is the main provider of health care in Cook Islands and is directly responsible for seven legislative acts relevant to health. Health-care services are mostly free to citizens and range from public health (inclusive of primary care) to secondary care. The health system is classified into four levels, based on community populations, facility services and available staff.

The *National Sustainable Development Plan 2016–2020* (NSDP) is the development strategy of the Government covering a period of five years. The NSDP has 16 development goals that outline individual, community, business and government partnerships for a sustainable quality of life for all Cook Islanders. Goal 7 relates to health care and translates to six objectives in the Ministry of Health: reduce NCDs; increase investment in health care; promote sexual health; promote healthier lifestyles through exercise and sports; achieve healthier, longer lives; and improve mental health care. In coordination with the NSDP, the Ministry of Health has a new health strategy, *Takai'anga Angaanga Tutara A Te Marae Ora: Cook Islands National Health Strategic Plan 2017–2021*.

COOPERATION FOR HEALTH

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1:</p> <p>To set the strategic public health agenda</p>	<ol style="list-style-type: none"> 1.1. Conduct annual, midterm review and evaluation of <i>Takai'anga Angaanga Tutara A Te Marae Ora: Cook Islands National Health Strategic Plan 2017–2021</i>. 1.2. Develop the next national health strategic plan in line with the Healthy Islands vision, the Pacific NCD Roadmap, <i>Te Papa Tutara A Te Marae Ora: Cook Islands National Health Roadmap 2017–2036</i>, universal health coverage and SDGs. 1.3. Review the Public Health Act 2004 and regulations, with strategies to enhance compliance and enforcement. 1.4. Facilitate a feasibility study on financing options for health services.
<p>STRATEGIC PRIORITY 2:</p> <p>To plan and operationalize health policies and strategies</p>	<ol style="list-style-type: none"> 2.1. Review and evaluate the <i>Cook Islands National Strategy and Action Plan for NCDs 2015–2019</i> and <i>Cook Islands National Oral Health Strategy 2014–2018</i>. 2.2. Improve prevention and management of NCDs in Pa Enea by adaptation of protocols, service delivery planning, and monitoring and referral mechanisms. 2.3. Adopt evidence-based policy interventions on unhealthy diets, including the restriction of marketing of unhealthy foods to children. 2.4. Develop and implement plans for drinking-water safety and quality. 2.5. Review the essential medicines list and essential consumables list to align them with evolving health needs and system requirements. 2.6. Use health technology/information assessments to inform planning of services at the primary health care level. 2.7. Implement the <i>National Action Plan for Antimicrobial Resistance</i> including carrying out the annual Antibiotic Awareness Week, advancing antimicrobial stewardship and infection prevention and control. 2.8. Validate HIV and STI testing algorithms through introduction of test kits, including training of service providers in primary health care settings. 2.9. Adopt the Baby-friendly Hospital Initiative across Cook Islands. 2.10. Implement and evaluate the <i>Cook Islands Mental Health and Well-Being Strategy 2016–2021</i> and <i>Cook Islands National Suicide Prevention Strategy 2016–2021</i>.
<p>STRATEGIC PRIORITY 3:</p> <p>To develop capacity in public health and service delivery to achieve policy objectives</p>	<ol style="list-style-type: none"> 3.1. Use the <i>Cook Islands Health Workforce Plan 2016–2025</i> to guide the fellowship programme and Pacific Open Learning Health Network (POLHN) expansion. 3.2. Stewardship programmes to improve health leadership, management & governance. 3.3. Strengthen team approach to manage chronic patients through partnership of doctors, nurses, allied health and community health workers with patients and their families. 3.4. Enhance capacity to plan/sustain routine immunization and to introduce new vaccines. 3.5. Enhance capacity for planning and delivering community-based mental health programmes, including counselling and substance abuse services. 3.6. Enhance capacity for evidence-based interventions for prevention and control of violence and injuries (especially motor vehicle accidents). 3.7. Use the <i>Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III)</i> as a framework for building capacity to detect, prepare for and respond to public health emergencies under International Health Regulations IHR (2005). 3.8. Strengthen and support compliance and enforcement of health laws and regulations.