

Global AIDS Progress Report

COOK ISLANDS

01 January – 31 December 2015

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- Statistics Office Division

Cook Islands Family Welfare Association (CIFWA)

Te Tiare Association

Cook Islands Red Cross Society

Ana File

Nukutau Pokura

Statement by the Cook Islands Ministry of Health

31 March 2015

Kia Orana

We are pleased to present the second Global AIDS Progress Report from the Cook Islands.

Since there has been no major developments with the HIV/AIDS situation in the country the content of this report was based on the 2014 response with further progress following the diagnosis of one HIV positive case in the Cook Islands in 2015 and again highlighting the valuable input and on-going support from various organisations, civil society and government agencies.

The Ministry of Health continue to support the global 'getting to zero targets' with zero new infections, zero discrimination and zero AIDS related deaths, and the global obligation of attaining universal access to HIV prevention, treatment care and support.

Hence, the Cook Islands main emphasis is on prevention, ensuring that all pregnant women are tested for HIV, and making sure full access to ART. This also aligns perfectly with the Ministry of Health's mission statement that is "to provide accessible, affordable and equitable health services of the highest quality, by and for all in order to improve the health status of people in the Cook Islands"

The reporting process also provided an opportunity to evaluate the data tools and storage processes in place.

This report serve as the second progress report for the Cook Islands and further reiterate the continued commitment of the Ministry of Health to improving the quality of data produced with improved monitoring and evaluation processes in place.

Meitaki Maata
Elizabeth Iro



Secretary of Health / NHSTC Chair
Ministry of Health, Cook Islands

Table of Contents

Acknowledgement.....	2
Statement by the Cook Islands Ministry of Health on the official submission	3
Table of Contents	4
List of Acronyms and Abbreviations	5
Indicator Overview Table	8
II. Overview of the AIDS epidemic	11
Target 1. Reduce sexual transmission of HIV by 50 percent by 2015	11
Target 3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths	13
Target 4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015	13
Target 5. Reduce tuberculosis (TB) deaths in people living with HIV by 50 percent by 2015	13
Target 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US\$22-24 billion in low- and middle-income countries	14
Target 7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV	15
Target 8. Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms	15
Target 9. Eliminate HIV-related restrictions on entry, stay and residence.....	16
IV. Best practices	16
V. Major challenges and remedial actions	17
VII. Monitoring and evaluation environment	17
ANNEXES	18
References	19
List of Tables	20
Chart	20

List of Acronyms and Abbreviations

AIDS	Acquired Immune-Deficiency Syndrome
ANC	Antenatal clinic
ART	Anti-Retroviral Therapy
CCM	Country Co-coordinating Mechanism
CDO	Capacity Development Organisation
CHS	Community Health Services
CIFWA	Cook Islands Family Welfare Association
CIINSP-SRH	Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health
CIRC	Cook Islands Red Cross Society
CSO	Civil Society Organisation
DOTS	Direct Observation Therapy
GEWE	National Policy on Gender Equality and Women's Empowerment (GEWE)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
Govt.	Government
HHS	Hospital Health Services
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Use
ICT	Information Communication Technology
KAP	Key Affected Populations
LGBTI	Lesbian Gay Bisexual Transsexual Intersexual
MOH	Te Marae Ora Cook Island Ministry of Health
MFEM	Ministry of Finance & Economic Management
NHSTC	Cook Islands National HIV, STI and TB Committee
NCD	Non Communicable Diseases
PEP	Post Exposure Prophylaxis
PPTCT	Prevention of Parent to Child Transmission
PLWHA	Person/People Living with HIV and AIDS
PRHP	Pacific Regional HIV and AIDS Project
PRHS	Pacific Regional HIV Strategy
PSDN	Pacific Sexual Diversity Network
RF	Response Fund
SGS	Second Generation Surveillance
SPC	Secretariat of the Pacific Community
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	United Nations Joint Program on AIDS
UNDP	United Nations Development Program
VCCT	Voluntary Confidential Counselling and Testing
WHO	World Health Organisation

I. HIV SITUATION IN THE COOK ISLANDS

The Cook Islands are categorized as a low HIV burden country and efforts to reduce HIV transmission have been concentrating mainly on the prevention and reduction of sexually transmitted infections. HIV became a notifiable infection in the Cook Islands in 2004. As of 31 December 2015 the Cook Islands has reported a total of 4 HIV cases. These were recorded in 1997, 2003, 2010 and 2015.

Table 1: Cook Islands distribution of HIV

Year	Total Test	Sex		Age group				Total
		Male	Female	10-24	25-39	40-54	55+	
1997	499	1			1			1
2003	681		1		1			1
2010	866	1			1			1
2011	875							
2012	1341							
2013	1105							
2014	824							
2015	883	1		1				1
Total		3		1				4

Infection in the four HIV cases were suspected to have occurred outside the Cook Islands. The new case diagnosed in August 2015 was a visitor who left the country in October 2015. To date none of these cases live in the Cook Islands. In 2015, 883 HIV tests were performed and one positive case confirmed.

Sexually transmitted infections (STIs) are prevalent in the Cook Islands. The Second Generation Surveillance (SGS) study conducted in 2006 revealed that the Chlamydia rate was 22% and 46% of the cases were aged between 15 to 29 years old. Due to the high rates of Chlamydia, a special campaign was conducted and then a repeat survey in 2012 revealed a decrease in prevalence of 50%. The challenge for the ministry today is to further reduce the prevalence of STIs in the Cook Islands, especially in light of reduced donor funding for HIV/STI intervention.

Table 2: Number of detected sexually transmitted infections in 2011 - 2015

STI	2011	2012	2013	2014	2015
Gonorrhoea	29	8	6	2	1
Syphilis	2	7	0	0	0
Candida	30	72	7	4	0
Trichomonas Vaginalis	9	15	9	1	0
Chlamydia	104	89	39	28	30
Hepatitis B	13	23	5	6	6
HIV	0	0	0	0	1
Non Specific Urethritis	20	55	6	0	0

In 2011 the Ministry of Health initiated a treatment campaign to reduce Chlamydia rates by treating everyone in the target population through the administration of 1 stat dose of 1 gram Azithromycin. This initiative was supported by WHO, SPC and the Regional Pharmacy and resulted in a marked reduction in Chlamydia rates especially among the ANC population by 50%.

In order to control the reduced rate and further reduce Chlamydia rates activities conducted included additional targeted presumptive treatment, vigorous media campaigning, increased condom distribution and awareness. At present it appears that the trend is slowly increasing which indicate that behaviour among this risk group is unchanged.

With the endorsement of the Cook Islands Integrated National Strategic Plan for Sexual Reproductive Health 2014-2018 (CIINSP –SRH) the National Response to HIV and STI is guided by it. The strategy was developed by the Ministry of Health and the National HIV STI and TB Committee (NHSTC) previously known as the National AIDS Committee. The new committee was formalised in 2010 as a requirement by Global Fund and serve as the National Country Coordinating Mechanism. The NHSTC is made up of key stakeholders CSO, Government agencies and KAP that are involved in the HIV and STI response in the Cook Islands.

The development of the CIINSP-SRH was a multi sector approach and support was provided with Technical Assistance and funding from SPC and the Burnet Institute led by the HIV working group in the country.

Guiding principles of the CIINSP-SRH include the UN MDGs 4, Reduce child mortality; 5 Improve maternal health; and 6, Combat HIV/AIDS and other diseases. The 'Getting to Zero' targets—zero deaths, zero new infections, and zero discrimination— also underpin this process. The CIINSP-SRH was developed around a conceptual framework with five priority areas (Figure 5). These areas are not ranked in importance or significance, and should be understood as equal 'priorities'.

Priority Area 1: Leadership and policies

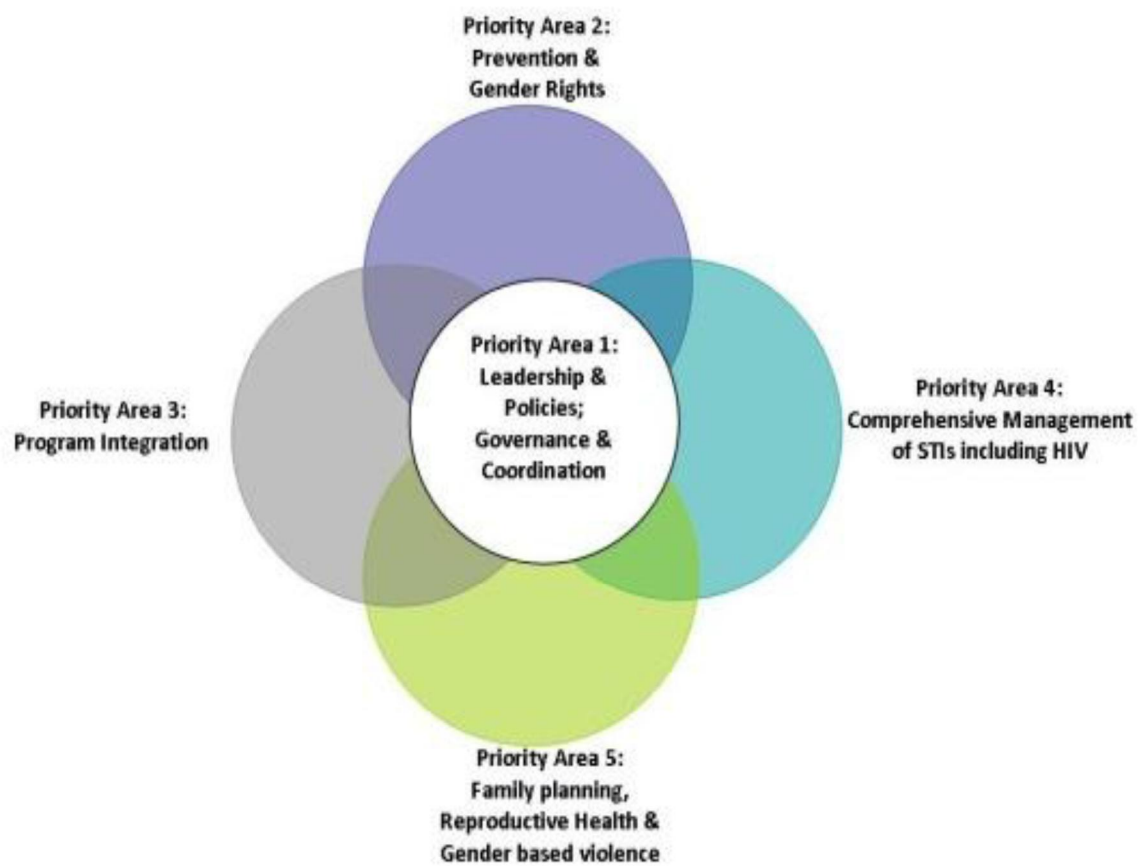
Priority Area 2: Prevention and gender rights

Priority Area 3: Program integration

Priority Area 4: Comprehensive management of STIs

Priority Area 5: Family planning and reproductive health

Chart 1: CIINSP-SRH Priority Areas



Indicator Overview Table

Indicator Overview Table

Target		Indicators	Value	Source	Comments
Target 1. Reduce sexual transmission of HIV by 50 per cent by 2015	Indicators for the general population	1.1 Young People: Knowledge about HIV Prevention*	25%	SGS youth survey 2012	% of youth that answer all 5 questions correctly
		1.2 Sex Before the Age of 15	40%	SGS youth survey 2012	
		1.3 Multiple sexual partners	47.8%	SGS youth survey	This figure is based on number of respondents reporting more than one sexual partner in the previous year.
		1.4 Condom Use During Higher Risk-Sex*	15%	SGS youth survey	
		1.5 HIV Testing in the General Population	0	STI reports	No HIV cases detected in this period.
		1.6 HIV prevalence in young people	0	STI reports	No HIV cases detected in this period.
	Indicators for sex workers	1.7 Sex Workers: Prevention programmes	NA		There are no known sex workers or sex work networks, no brothels and sex work is illegal. Therefore there are currently no interventions targeted at sex workers.
		1.8 Sex Workers: Condom Use	NA		
		1.9 Sex Workers: HIV Testing	NA		
		1.10 Sex Workers: HIV Prevalence	NA		
	Indicators for men who have sex with men	1.11 Men who have sex with men: Prevention programmes			
		1.12 Men who have sex with men: Condom Use		MSM Akavaine SGS survey	
		1.13 Men who have sex with men: HIV Testing	0		No reported cases of HIV
		1.14. Men who have sex with men: HIV Prevalence	0		No reported cases of HIV
	Testing and Counselling	1.15 Number of Health facilities that provide HIV testing and counselling services	4		Currently four sites offer VCCT services, Rarotonga hospital ANC clinic, Rarotonga community clinic, Aitutaki Island hospital and CSO Cook Islands Family Welfare Association

	1.16 HIV Testing in 15+ (from programme records)			
	1.17 Sexually Transmitted Infections (STIs)			
	1.17.1 Percentage of women accessing antenatal care (ANC) services who were tested for syphilis at first ANC visit	100%		ANC attendees are encouraged to test for HIV Syphilis and Hepatitis B
	1.17.2 Percentage of antenatal care attendees who were positive for syphilis	0%		No Antenatal women positive for Syphilis in this period.
	1.17.3 Percentage of antenatal care attendees positive for syphilis who received treatment	0%		No Antenatal women positive for Syphilis in this period.
	1.17.4 Percentage of sex workers with active syphilis	0		No testing done on Sex workers as there are no identified sex workers.
	1.17.5 Percentage of men who have sex with men (MSM) with active syphilis	0	STI report	Of those MSM identified through VCCT services none have tested positive for Syphilis.
	1.17.6 Number of adults reported with syphilis (primary/secondary and latent) during the reporting period	4	STI report	
	1.17.7 Number of reported congenital syphilis cases (live births and stillbirth) during the reporting period	0		No babies born with congenital syphilis.
	1.17.8 Number of men reported with gonorrhoea during the reporting period	6		
Sexually Transmitted Infections	1.17.9 Number of men reported with urethral discharge during the reporting period	7		
	1.17.10 Number of adults reported with genital ulcer disease during the reporting period	0		No reported cases of genital ulcers in this period.
Target 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015	2.1 People who inject drugs: Number of needles/IDU		SGS behavioural survey among youth in the Cook Islands	13% of survey respondents reported using injecting drugs in the previous 12months
	2.2 People who inject drugs: Condom Use	NA		There are no interventions targeting IDU
	2.3 People who inject drugs: Safe Injecting Practices	NA		
	2.4 People who inject drugs: HIV Testing	NA		
	2.5 People who inject drugs: HIV Prevalence	NA		
	2.6 People on opioid substitution therapy	NA		
Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths	2.7 NSP and OST sites	NA		
	3.1 Prevention of Mother-to-Child Transmission	NA	2014 STI report	ANC women are tested for HIV during pregnancy. To date there have been no HIV positive mothers
	3.1 a Prevention of mother-to-child transmission during breastfeeding	NA		NA
	3.2 Early Infant Diagnosis	NA		
	3.3 Mother-to-Child transmission rate (modelled)	NA		
	3.3 a Mother-to-child transmission of HIV (based on programme data)	NA		
	3.4 Pregnant women who were tested for HIV and received their results	100%		All pregnant women were tested for HIV and received their results in 2014
	3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months	0		No data available, data for this indicator is not currently being recorded.
	3.6 Percentage of HIV-infected pregnant women who had a CD4 test	0		No pregnant women tested positive for HIV in this period.
	3.7 Infants born to HIV-infected women receiving ARV prophylaxis for prevention of Mother-to-child-transmission	0		No infants born to HIV infected mothers in this period.
Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015	3.9 Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth	0		No infants born to HIV infected mothers in this period.
	3.10 Distribution of feeding practices for infants born to HIV-infected women at DTP3 visit	0		Not Applicable
	3.11 Number of pregnant women attending ANC at least once during the reporting period	100%		All pregnant women in 2014 attended ANC services at least once.
	4.1 ART coverage (adults and children)*, including Number of eligible adults and children who newly enrolled on antiretroviral therapy during the reporting period	NA		No reported HIV positive cases.
	4.2 HIV Treatment: 12 months retention	NA		
	4.2b HIV Treatment: 24 months retention	NA		
	4.2c HIV Treatment: 60 months retention	NA		

	4.3 Health facilities that offer antiretroviral therapy	1		The Rarotonga Hospital offers ART which is stored in the National Pharmacy. All tests are conducted in the National and only laboratory in the country based at Rarotonga Hospital.
	4.4 ART stockouts	0	Pharmacy stock out reports	No ART stockouts in this period
	4.5 Late HIV diagnoses	NA		
	4.6 HIV Care	NA		No Patients enrolled in HIV care during this period
	4.7 Viral load suppression	NA		
Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015	5.1. Co-Management of Tuberculosis and HIV Treatment	0		No cases of TB/ HIV co-infection in this period.
	5.2 Health care facilities providing ART for PLHIV with demonstrable infection control practices that include TB control	1		All Health centres practice TB control however medication for TB/HIV will be provided by the National Pharmacy
	5.3 Percentage of adults and children newly enrolled in HIV care (starting isoniazid preventive therapy (IPT))	NA		No new cases of HIV in this period
	5.4 Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	NA		No new cases of HIV in this period
Target 6. Close the resource gap	6.1 AIDS Spending - Domestic and international AIDS spending by categories and financing sources			Over 200 thousand NZD was spent in 2014 towards the National AIDS Response through International and local funds.
Target 7. Eliminating gender inequalities	7.1 Prevalence of Recent Intimate Partner Violence (IPV)	6.2%	Cook Islands Family Safety Study	Respondents reported being physically abused by an intimate partner in the last 12 months
Target 8. Eliminating stigma and discrimination	8.1 Discriminatory attitudes towards person living with HIV	54.5%	SGS youth survey 2012	
Target 9. Eliminate Travel restrictions	Travel restriction data collected by Human Rights and Law Division at UNAIDS HQ, no data collected needed	NA		
Target 10. Strengthening HIV integration	10.1 Orphans and non-orphans school attendance*	NA		Not Applicable
	10.2 Economic support for eligible households	NA		Not Applicable

II. Overview of the AIDS epidemic

NATIONAL RESPONSE TO THE AIDS EPIDEMIC IN THE COOK ISLANDS

Target 1. Reduce sexual transmission of HIV by 50 percent by 2015

The Cook Islands' low HIV burden is complemented with zero HIV in pregnant women and low rates of injecting drug use, therefore, much attention of HIV activities is focussed on prevention programs on the sexual transmission of HIV and other STIs. Cook Islands rates of STIs and unplanned pregnancy including the high rates of multiple sex partners, low condom use and age of first sexual debut (SGS2012) all indicate risky sexual behaviour.

For many years and still continuing, prevention programs has focussed on the reduction of STIs, increasing awareness on HIV and STI transmission, mobile HIV/STI testing and comprehensive condom awareness and distribution.

The Cook Islands have placed a lot of effort into strengthening HIV testing and VCCT services through the establishment of five VCCT accredited sites in 2011; 2 sites located at CSO, namely Cook Islands Family Welfare Association and Cook Islands Red Cross Society, 1 site located at the Tupapa Community Health Clinic, 1 site located in the Antenatal Clinic at the Rarotonga Hospital and 1 site on the Outer Island of Aitutaki. Due to funding constraints and staff turnover the CSO site at Cook Islands Red Cross Society could not be maintained and eventually closed in 2013.

Health professionals were trained to provide VCCT services, including clinical nurses, doctors, public health nurses, program managers, health inspectors and youth volunteers.

Although VCCT services have been well established and greatly promoted, testing figures remain low and are mostly utilised by those presenting with STI symptoms, ANC women and blood donors. In order to increase testing numbers, a mobile VCCT outreach campaign was developed and is still being maintained to date. This campaign consists of a team of health professionals; a doctor, counsellors and a lab technician, travelling out to communities on Rarotonga with less access to the Outer Islands and at risk groups to provide education, counselling and on the spot testing. Once counselling is completed the client has blood extracted on the spot and it is tested for HIV, Hepatitis B and Syphilis. Results are typically ready in 10 minutes and are given to the client confidentially.

A key component of the National Response to HIV and STIs is condom promotion and distribution. Condoms have been readily available for free for many years and the first distribution campaign was initiated in 2002 during the Miss South Pacific Pageant hosted by the Cook Islands in Rarotonga. There was a poor response from the public during the campaign and people were resilient. However, with continued condom distribution and promotion, acceptance of condoms from the public has improved markedly and PVC condom dispenser sites are now located around Rarotonga and on many Outer Islands. In 2015, the Cook Islands Red Cross Society distributed 17, 280 male condoms, Cook Islands Family Welfare Association distributed 27, 104 male condoms and 20 female condoms and the Ministry of Health 16, 244.

A comprehensive condom campaign was implemented in 2014 designed at educating young people on HIV/STIs and condom use, discussing best distribution locations and creating new condom packs using feedback from young people in the Cook Islands. This led to the designing and developing of three new condom designs (below). The new condom packs were launched at the 2014 World AIDS Day commemoration and in collaboration with the Akavaine (LGBTI) dance competition. These new condom designs proved to be popular among young people and other users.

Picture 1: New Cook Islands branded condom designed 2014



The Te Tiare Association consist of the Cook Islands LGBTI community. The Association is a member of the NHSTC and is part of the HIV working group. Many prevention programs are offered to this group and they have access to regional support such as PSDN Pacific Sexual Diversity Network and also receives funding from internal fundraising and local agencies.

Past activities conducted by Te Tiare Association members included the stepping stones behaviour change program also altered to ensemble the LGBTI community and more recently the HIV/STI prevention theme of the creative wear section of this years' Mizz Jewels pageant which looked at Condom Promotion through their creations. Te Tiare Association continues to highlight and promote HIV and STI messages in every activity they conduct and also participate at HIV campaigns every year.

Regular HIV/STI screening through mobile testing is also offered to Te Tiare Association members.

The Cook Islands have a 100% voluntary non remunerated blood donor program. Sick People who require blood transfusion uses blood donated by blood donors mainly recruited by the Cook Islands Red Cross Society in collaboration with the Ministry of Health. These donors are all counselled before signing up to the program and every donation is screened for HIV, Hepatitis B & C and Syphilis. Each donor is also screened for NCD's such as diabetes and will be referred into the health system for follow up and treatment.

Taking into consideration that education and knowledge on services is required to be provided at a young age, the national HIV program partners work with schools, along with health promotion staff and public health nurses to provide the information to youth. The Cook Islands Family Welfare Association target young people with youth radio show promoting SRH messages at a specified time, and access to media.

STIs are tested in the National Laboratory including samples sent to Rarotonga from the Outer Islands, the CSO clinic and private clinics. Diagnosis is made by the doctors who has access to the Patient information System and results attached to each patients file are read from there. The results for VCCT are always coded due to confidentiality concerns, and these will not be attached to the patients file and all results are sent to the doctor.

Doctors prescribe treatment and follow up care for confirmed patients and contact tracing can be carried out by either the doctor or a designated health worker.

For a HIV positive case, the HIV Care Team Leader, known as the HIV doctor will handle the case. This particular Medical Officer is solely responsible for the treatment and care of HIV patients once diagnosed.

Target 3. Eliminate new HIV is substantially reduce AIDS

The Cook Islands is dedicated to maintaining zero rate of HIV infection among new born babies. The Ministry of Health recommends that all pregnant women are tested for HIV and other STIs. During the first visit to the Ante Natal Clinic, all pregnant women and their partners are advised on the importance of being tested for HIV. At present the Cook Islands has not had a pregnant woman test positive for HIV. In 2015 the coverage of pregnant women tested for HIV was 100%.

Women who test positive for STIs during their pregnancy are treated and managed accordingly and partner testing and tracing is conducted. If necessary, infants will be treated at birth when a Hepatitis B positive mother delivers.

Target 4. Reach 15 million people living with HIV with lifesaving Anti-Retroviral treatment by 2015

Anti-Retroviral (ART) treatment is essential for prolonging the lives and quality of life for PLWA. This is also a fundamental part of HIV care in the Cook Islands.

However, due to the low number of reported cases of HIV in the Cook Islands, ART supply is limited. Regular stock of PEP kits are kept at the national pharmacy should the need arise. In the event a local case of HIV is diagnosed and requires ART treatment, drugs can be shipped over to Cook Islands in a short time period. The Cook Islands have established an HIV care team consisting of key health practitioners and have been trained on ART. The HIV care team has close partnerships with NZ and the Region if advice on ART is required.

Target 5. Reduce tuberculosis (TB) deaths in people living with HIV by 50 percent by 2015

In recent years Cook Islands have seen one new case of TB per year, the trend shown in the table below appears to remain static with a slight increase in 2014. Many of the TB positive cases of recent years have been imported cases or returning Cook Islanders. Contact tracing and screening of the patients close contacts are performed in a timely manner and follow up care including DOTS therapy is provided free. All TB patients are advised to take an HIV test however this test is not mandatory. To date no TB patient has tested positive for HIV.

Depending on availability of funds annual TB case management and recording training are conducted for medical practitioners (made available also to private practitioners) and health workers in the Cook Islands and it includes TB and HIV co-infection.

Table 3: Cook Islands Tuberculosis Cases

National Tuberculosis Data 1999 – 2014					
Year	Demographics			TB	Treatment
	Sex	Age	Ethnic ID	Type*	Outcome
1999	F	24	Local (Cis)	P	
	M	38	Local (Cis)	P	
	M	61	Local (Cis)	EP	
2000	F	48	Local (Cis)	P	
2001	M	73	Local (Cis)	P	
	F	60	Local (Cis)	P	
2002	M	61	Local (Cis)	P	
2003	-	-	-	-	
2004	M	65	Local (Cis)	P	
2005	M	15	Local (Cis)	P	
2006	M	7	Local (Cis)	EP	
2007	F	32	Local (Cis)	P	
2008	M	64	Local (Cis)	P	
2009	M	52	Local (Cis)	P	
	M	61	Local (Cis)	P	
2010	-	-	-	-	
2011	F	22	Overseas (PICTS)	P	Cured
2012	M	32	Overseas (Asia)	MDR	Treatment complete
2013	M	64	Local (Cis)	EP	-
	M	73	Local (Cis)	P	Cured
2014	M	13mths	Local (Cis)	EP	On treatment in NZ
	M	63	Local (AUS)	P	Deceased (other related health issues)
	M	65	Local (Cis)	S ^{ve} /P	Treatment stopped (adverse side-effects)

* P-Pulmonary, EP-Extrapulmonary, MDR-TB – multidrug resistant TB, S^{ve} Smear Negative...

The most recent TB case for Cook Islands was diagnosed in March 2015 from an Outer Island, and the patient was immediately put on the standard 6 months treatment regime which was completed in September 2015. Following her check up by the doctor and specialist (who happened to be in Cook Islands) at that time, she was declared clear of TB.

Target 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US\$22-24 billion in low- and middle income countries

The National AIDS response remains to be greatly dependent on external donor funds. The Cook Islands Ministry of Health does not have the capacity to take on the full costs of the response to HIV and STI. The ministry however, covers for human resources involved with HIV and STI programs from the community health services, funding and planning, to the laboratory and clinicians. Full

operating costs are covered by the Ministry of Health including office/clinic space, telephone, electricity and transport costs.

The National AIDS response partners such as CSO CIFWA, also take on costs for staff, clinical nurse, operating and transport costs.

With donor funding being significantly reduced, many intervention programs on HIV and STIs are anticipated to be reduced and probably incorporated into existing services. In 2014 a total of \$213,867.53 was available for HIV activities as compared to 2015 funding. This will be a huge challenge to the Cook Islands to maintain the global targets “Getting to Zero”.

Table 4: 2015 AIDS Resource Spending

Source	2015 Total
MOH HR Cost	93,204.45
MOH Operating cost	11,887.80
MOH Infrastructure	5,866.67
International Donor Funds	17,089.00
Local funds for activities	1,950.00
Donor funds through CSO	500.00
Total	130, 497.92

Target 7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV

The Ministry of Health understands that women and men have discrete health risks in their working and living environments and have competing health needs. With this in mind the promotion of gender sensitive studies to inform the development and implementation of health strategies, policies and programs relating to CDs and NCDs and their determinants, violence against women and children, and natural disasters and health, will continue to be crucial in order to understand the gender disparities in the causes, manifestations and consequences of health issues. Inventive research partnerships with academic institutions and international agencies will supplement existing resources within the Ministry of Health.

Target 8. Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms

After the first locally diagnosed case of HIV in 2010, which created a lot of stigma and discrimination experience in the Cook Islands, an HIV and law training through PIAF and RRRT was conducted in country. Participants that attended the training consisted of key stakeholders, government agencies, civil society, community officials and members of parliament. During the training it was agreed that a stand-alone HIV legislation was required to protect HIV positive individuals from stigma and discrimination.

UNDP provided funds for the drafting of the HIV legislation that was developed in consultation with stakeholders. Upon presentation to cabinet, the HIV working group were advised that further community dialogue was needed before it can be approved. Because of the potential risk of a first local HIV/Aids case due to high STI rates there are discussions to include a section on communicable diseases since other STIs are more prevalent in the Cook Islands before presenting this to cabinet again.

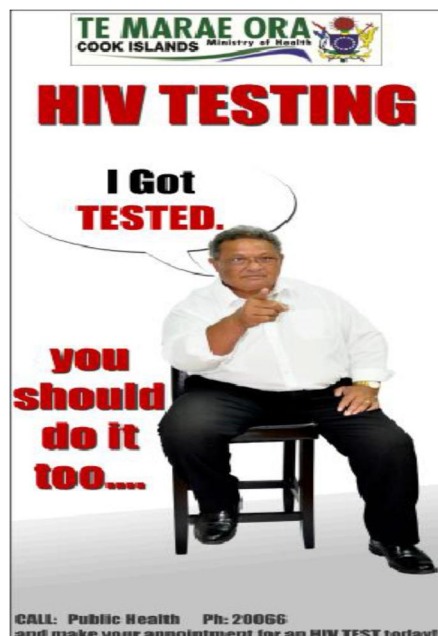
Target 9. Eliminate HIV-related restrictions on entry, stay and Residence

At present any person wishing to work in the Cook Islands must complete health immigration checks. One of the testing requirements is to have an HIV, Hepatitis B, Syphilis and TB test. The reason for testing immigrant workers is due to the cost implications on the health system as well as the workers themselves in managing positive cases over a long period of time and this is a challenge for the Ministry of Health.

III. Best practices

There is very strong commitment from stakeholders that has ensured a high level of implementation of programmes aligned to both the National and Regional Strategic plans. Firming up of partnerships and combining the use of available and limited resources are significant components that have contributed to the high National HIV programme response rates in the Cook Islands as well as scaling up a widespread outreach in the community. With the reduction in donor funds made available in country it is concerning that these positive results will be noticeably reduced. Political commitment has been another success for Cook Islands. The Minister of Health Hon. Nandi Glassie, continue to be a role model in the country and at the Regional Level. Minister Glassie was tested for HIV and volunteered to be used as an advocate on a poster as part of the promotion campaign towards HIV testing. This encouraged others in his calibre to come forward and get tested, raising the profile of confidential testing in this country and also raised his profile within the region. Minister Glassie is also a supporter of Sexual Health Rights and previously launched the Pacific Sexual Diversity Network strategic plan and is the signatory for Cook Islands Government to the Moana Declaration outcome statement of Pacific Parliamentarians for Population and Development. Minister Glassie was the spokesperson for the Pacific Asia region on the Moana Declaration at the CPD UN meeting.

Picture 2: Minister of Health 'I got tested poster'



IV. Major challenges and remedial actions

The single key challenge for the Cook Islands in the future is mainly based on funding to further scale up the National AIDS response with the transitioning of Global Fund from SPC to the New Funding Mechanism with UNDP. Funds were reduced to operational costs only and implementation of funded activities were put on hold until 2016

The new funding ceiling was announced and is remarkably lower than previous funding rounds. Only one main activity was carried out in the second half of 2015 due to unavailability of funding and transition period. World AIDS Day 2015 was commemorated with funding from the World Health Organisation with financial assistance from the Cook Islands National Youth Council. Funds for 2016 -2017 are more TB based with very little funding for HIV activities. The reduction in funding demonstrate the realities the Cook Islands will face in the future.

V. Monitoring and evaluation environment

Monitoring and Evaluation have become a stronger focus on the HIV response in recent years. A number of M&E trainings have been conducted in Cook Islands and M&E has been incorporated into the CIINSP –SRH. There is recognised need to improve data collection and classification in the patient information system as well as strengthening our health information system as a whole.

ANNEXES

ANNEX 1: Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV and AIDS

For the Cook Islands second Global AIDS Progress Report, consultation and collection of information was carried out by the Communicable Disease HIV & TB Focal Point. The process of consultation was conducted on a one to one basis as well as electronically and final review of the document was conducted by email.

The following individuals were consulted and have provided feedback during this process.

MOH Secretary of Health, Elizabeth Iro,
MOH Manager Health Information Unit, Tearoa Iorangi
MOH Manager Laboratory Services, Douglas Tou
MOH Laboratory Scientist/Blood Bank Services/Immuno, Theresa Tatuava
MOH Laboratory Scientist/Microbiology Services, Geoffrey Wuatai
MOH Manager Pharmacy, Biribo Tekanene
MOH Pharmacist, Memory Beniamina
MOH Health Protection Officer in Aitutaki, Mataiti Pitomaki
MOH Finance Manager, Vaine Ngatokorua
MOH Senior Finance Officer, Mataitirangi Tuakana
MOH Obstetrics/Gynae, HIV Care Team Leader, Dr May Aung
MOH Obstetrics/Gynae Clinical Nurse, Tohoa Cummings
MOH O & G Clinical Nurse, Akeneta Rekitilako
MOH ICT Officer, Maru Willie
MOH Director of Community Health Services, Dr Neti Tamarua
MOH Manager Health Promotion, Karen Tairea.
MOH Personal Assistant to Director of Community Health Services, Moetuma Nicholas
MFEM, Government Statistician & Chief Electoral Officer, Taggy Tangimetua
MFEM, Statistics Officer, Jim Nimerota
MFEM, Gender Statistician, Mayor Pokino
CIFWA Executive Director, Rongo File
CIFWA Clinical Nurse Tangi Nganu
Te Tiare Association President, Valentino Wichman
Cook Islands Red Cross Society, Patience Vainerere

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List of Tables

Table 1: Cook Islands distribution of HIV cases disaggregated by age and gender.....	Pg 6
Table 2: Number of Detected Sexually Transmitted Infections	Pg 6
Table 3: Cook Islands TB Cases.....	Pg 14
Table 4: 2015 AIDS spending	Pg 15

List of Chart

Chart 1: CIINSP – SRH Priority Areas.....	Pg 8
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