

**Cook Islands
Ministry of Health**

Global AIDS Monitoring Report 2018

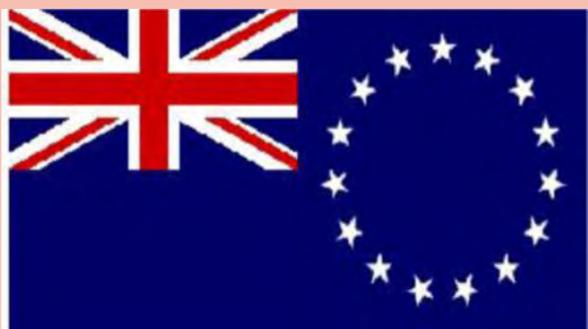


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ABBREVIATIONS

AIDS	Acquired Immune-Deficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
CHS	Community Health Services
CIFWA	Cook Islands Family Welfare Association
CIINSP-SRH	Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health
CIRCS	Cook Islands Red Cross Society
CS	Civil Society
FSW	Female Sex Workers
HCV	Hepatitis C Virus
IEC	Information Education Communication
GAMR	Global AIDS Monitoring Report
GF	Global Fund
HIV	Human Immunodeficiency Virus
LGBTI	Lesbian Gay Bisexual Transsexual Intersexual
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Te Marae Ora Cook Island Ministry of Health
MFEM	Ministry of Finance and Economic Management
MSM	Men who have Sex with Men
NAC	National AIDS Committee
NCW	National Council of Women
NGO	Non-Government Organisation
NHSTC	National HIV, STI and TB Committee

NSP	National Strategic Plan
O&G	Obstetrics & Gynaecology
PMTCT	Prevention of Mother to Child Transmission
PTI	Punanga Tauturu Incorporated
SPC	Secretariat Pacific Community
STI	Sexually Transmitted Infection
TA	Technical Assistance
TAC	Technical Advisory Committee
TB	Tuberculosis
TG	Transgender
TTA	Te Tiare Association
UNAIDS	United Nations Joint Program on AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNSW	University New South Wales
VCCT	Voluntary Confidential Counselling and Testing
VAW	Violence against Women
WHO	World Health Organisation

Foreword



HONOURABLE NANDI GLASSIE

The Cook Islands Ministry of Health (MOH) is proud to present the fourth annual report to UNAIDS entitled the Global AIDS Monitoring Report (GAMR) and is an indication of the Cook Islands commitment to the global response to HIV/AIDS, STI's, and TB. This commitment derives from the "Political Declaration on HIV/AIDS: Intensifying Our Effort to Eliminate HIV/AIDS" adopted by the United Nation member states at the high level meeting held in New York in 2011. In 2016, the commitments were reaffirmed when the Cook Islands signed the new political declaration agreeing to end the HIV epidemic by 2030 within the framework of the Sustainable Development Goals.

The Global AIDS Monitoring Report is a highly recognised report with an in-depth analysis of core indicators that provide insight in our national efforts to alleviate HIV/AIDS through preventative initiatives and programs carried out by various stakeholders and the Ministry of Health. Sexually transmitted infections (STI's) pose significant threats to morbidity in adults of reproductive age. STI's can also considerably increase the risk of HIV transmission if not addressed in our population. In addition if STI's are not prevented and managed, they can also contribute to excessive healthcare costs that will affect the Ministry of Health overall budget. The Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health 2014 -2018 is being reviewed and it is anticipated that the new one will guide the national response to combat new and ongoing challenges for the next 5 years. Over the years, the Cook Islands has only received financial support from Global Fund and the World Health Organization and hoping that funding from international donors will continue indefinitely.

The Cook Islands Government also contributes by providing human resources and managing the logistical aspects of the National Programme for HIV, STI and TB. Additionally the Government of the Cook Islands through the Ministry of Health acknowledges the continuous support provided by the United Nations Development Program (UNDP) and Global Fund (GF) to Fight HIV, Tuberculosis and Malaria and World Health Organization. Without this support, the Ministry of Health would not have managed to provide extra HIV, STI and TB services to our people. We sincerely thank you.

May this report continue to provide strategic direction to all of our national, regional, and international partners whom we are working with to fight HIV, STI and TB in the Cook Islands.

Kia Manuia

A handwritten signature in blue ink, appearing to read 'N. Glassie'.

Honourable Nandi Glassie

Minister of Health

I. STATUS AT A GLANCE

Report Writing Process

The preparation of the 2017 Global AIDS Progress Report (GAPR) for the Cook Islands was facilitated and compiled by the Ministry of Health, with relevant government ministries, non-government organizations and civil society involved in the response to HIV/AIDS and STIs. Collection of data for this report was carried out in consultation with ministry of health staff and various stakeholders throughout 2017. Data were collated and analysed by MOH for the completion of this report.

2018 GAMR Team

- ❖ Edwina Tangarua, Health Promotion Officer: Communicable Disease Coordinator, MOH

Stakeholder Contributions for Report

- ❖ Ministry of Health
 - Valentino Wichman: Acting Director of Community Health Services
 - Tearoa Iorangi: Health Information System Unit Manager
 - Theresa Tatuava: Medical Laboratory Scientist
 - Glassie Matata: Warehouse Manager
 - Douglas Tou: Laboratory Manager
 - Andrew Orange: Chief Pharmacist
 - Tohoa Cummings: Midwife, O&G Clinic
 - Dr Deacon Teapa: Chief Surgeon
 - Joyce Sakai: Theatre Nurse
 - Howard Tangimetua: Health Promotion Officer
- ❖ Ministry of Finance & Economic Management
 - Tanga Morris: Senior Statistician
- ❖ Ministry of Education
 - Maria Enetama: Monitoring & Evaluation Officer
- ❖ NGOs/Civil Society
 - Rongo File: Executive Director, CIFWA
 - Teariki Ngaoire, President, TTA
 - Patience Vainerere Maoate: First AID Trainer, CIRCS

HIV Status

The incidence of HIV is low in the Cook Islands, with only three people having been diagnosed to the end of 2017. It is suspected that infection in all three cases occurred outside of the Cook Islands. None of these cases currently live in the Cook Islands. In 2016/2017, a total of 6437 HIV tests were done with no positive case detected. Most of the people tested for HIV are pregnant women, blood donors, STI and TB cases

Sexually transmitted infections continued to decline in numbers within the last eight years (2009-2016) in the Cook Islands from a total of 330 cases in 2009 to 48 in 2016.

Policy and Programmatic Response

The Cook Islands Ministry of Health, being the National Focal point for HIV and STI, has the responsibility for the coordination, monitoring and evaluation unit for the country's response to all health related issues. It also provides clear policy guidance and technical assistance, to ensure HIV/AIDS and STI interventions are delivered in accordance within national policies and appropriate frameworks, and to minimize fragmentation and duplication of programs.

In 1986 the National AIDS Committee (NAC) was established, as an advisory body to the Government of the Cook Islands on all matters related to HIV/AIDS prevention and control under the Ministry of Health leadership. In 1988, a Technical Advisory Committee (TAC) was established as a working group for NAC. TAC was tasked to provide technical advice to the NAC on policy, to manage and monitor the programmatic aspects of HIV/AIDS interventions, and to suggest appropriate actions to further strengthen policy and programmatic response to HIV/AIDS through a multi-sectoral approach. In 1993 the National AIDS Policy was developed and reviewed in 2003 to formulate policies to prevent the spread of the disease and to protect those who may be infected with HIV in the future.

In 2004 – 2008 the first National Strategic Plan for Responding to HIV/AIDS and STI was launched. As a response to the AIDS epidemic and a requirement by Global Funds as the Country Coordinating Mechanism, the National AIDS Committee was dissolved and the National HIV STI TB Committee (NHSTC) established in 2010. The NHSTC is the Cook Islands single national country coordinating mechanism for HIV, STI and Tuberculosis, comprising wide representation of members from government agencies, non-government organisations/civil society organisations, community and faith-based organisations, private sector and other stakeholders including multilateral and bilateral development partners.

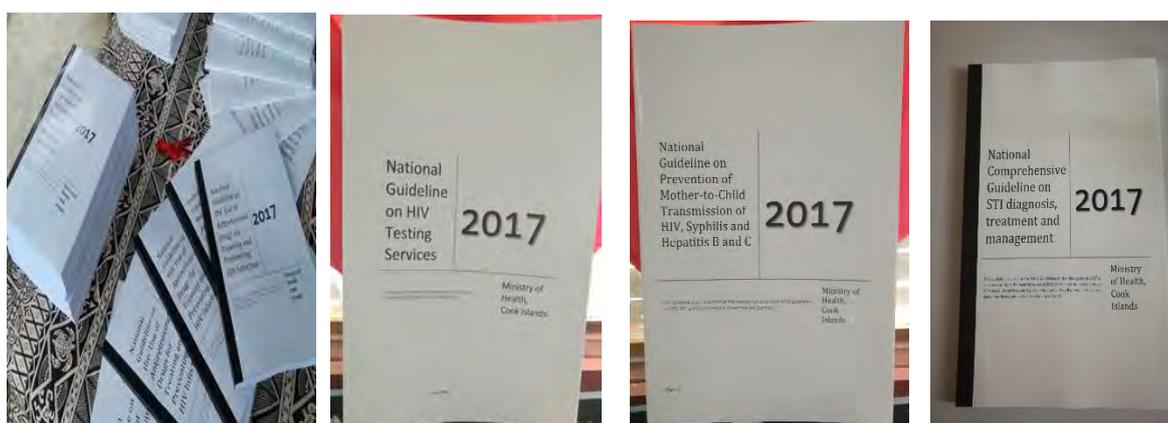
The purpose of the NHSTC is to ensure coordination and oversight at a national level for national resources and those provided by funding partners from time to time, including the Global Fund to Fight Aids, Tuberculosis and Malaria (Global Fund) and the HIV & STI Pacific Response Fund.

In 2013 the Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health (CIINSP-SRH) 2014 – 2018 was developed to raise the priority of sexual and reproductive health issues including HIV, AIDS, STIs and Tuberculosis (TB) and to empower people to take ownership and responsibility for

their health and the environment they live in. To date the CIINSRH is the living document that guide the national response to HIV STI and TB programs. As it ends in 2018, there is plan to review and redevelop the new National Strategic Plan (NSP).

Development of HIV & STI National Guidelines

In September 2017, consultants from World Health Organization (WHO) and Secretariat of the Pacific Community travelled to Cook Islands and assisted with the development of four HIV & STI Guidelines for the Cook Islands, adapted from the WHO guidelines. Consultation with key stakeholders took place from September – mid November 2017 which led to the finalisation of the guidelines. The four guidelines includes National Guideline on Antiretroviral Drugs for Treating and Preventing HIV Infection, National Guideline on HIV Testing Services, National Guidelines on Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B and C and National Comprehensive Guideline on STI diagnosis, treatment and management all adapted from WHO guidelines. Again acknowledgment is extended to Global Fund for the printing of the documents. These four guidelines were launched on World AIDS Day, 1 December 2017



Four National HIV & STI Guidelines

INDICATOR DATA OVERVIEW

Indicator	Value 2017	Source	Comments
COMMITMENT 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020			
1.1 Percentage of people living with HIV who know their HIV status at the end of the reporting period	0	Ministry of Health Information Unit	Zero PLWHIV
1.2 Percentage and number of adults and children on antiretroviral therapy among all adults and children living with HIV at the end of the reporting period	0	Ministry of Health Information Unit	Zero number of adults and children on ART
1.3 Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting	0	Ministry of Health Information Unit	NA

1.4 Percentage of people living with HIV who have suppressed viral loads at the end of the reporting period	0	Ministry of Health Information Unit	NA
1.5 Percentages of people living with HIV with the initial CD4 cell count <200 cells/mm ³ and <350 cells/mm ³ during the reporting period	0	Ministry of Health Information Unit	NA
1.6 Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period	0	Ministry of Health Information Unit	NA
1.7 Total number of people who have died from AIDS-related causes per 100 000 population	0	Ministry of Health Information Unit	NA
COMMITMENT 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018			
2.1 Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth	0	Ministry of Health Information Unit	NA
2.2 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	0	Ministry of Health Information Unit	NA
2.3 Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV	0	Ministry of Health Information Unit	NA
2.4 Percentage of women accessing antenatal care services who were tested for syphilis, tested positive and treated	0	Ministry of Health Information Unit	
2.5 Percentage of reported congenital syphilis cases (live births and stillbirth)	0	Ministry of Health Information Unit	
COMMITMENT 3: Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners			
3.1 Number of people newly infected with HIV in the reporting period per 1000 uninfected population	0	National Health Information Bulletin 2016	
3.2 Size estimations for key populations	500 MSM/TG 50 FSW	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability	

		among Key Populations	
3.3a Percentage of sex workers living with HIV	0		No new data
3.3b Percentage of men who have sex with men who are living with HIV	0		No new data
3.3d HIV prevalence among transgender people	0		No new data
3.3e Percentage of prisoners/inmates/detainees who are living with HIV	0		No new data
3.4a Percentage of sex workers who know their HIV status	0		No new data
3.4b Percentage of men who have sex with men who know their HIV status	0		No new data
3.4d Percentage of transgender people who know their HIV status	0		No new data
3.5a Percentage of sex workers living with HIV receiving antiretroviral therapy in the past 12 months	0		No new data
3.5b Percentage of men who have sex with men living with HIV receiving antiretroviral therapy in the past 12 months	0		No new data
3.5d Percentage of transgender people living with HIV receiving antiretroviral therapy in the past 12 months	0		No new data
3.5e Percentage of prisoners living with HIV receiving antiretroviral therapy in the past 12 months	0		No new data
3.6a Percentage of sex workers reporting using a condom with their most recent client	0		No new data
3.6b Percentage of men reporting using a condom the last time they had anal sex with a male partner	0		No new data
3.6d Percentage of transgender people reporting using a condom during their most recent sexual intercourse or anal sex	0		No new data
3.7a Percentage of sex workers reporting having received a combined set of HIV prevention interventions	NA		No data available
3.7b Percentage of men who have sex with men reporting having received a combined set of HIV prevention interventions	NA		No data available
3.11 Percentage of sex workers with active syphilis	NA		No data available
3.12 Percentage of men who have sex with men with active syphilis	NA		No data available
3.13 HIV prevention and treatment programmes offered to prisoners while detained	0		No data available
3.14 Prevalence of hepatitis and co-infection with HIV among key populations	NA		No data available
3.15 Number of people who received PrEP for the first time during the calendar year	NA		No data available

3.16 Percentage of men 15-49 that are circumcised	NA		No data available
3.17 Annual number of males voluntarily circumcised	185	Operating Theatre Records	
3.18 The percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months.	NA		No data available
COMMITMENT 4: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020			
4.1 Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV	NA		No study done
4.2a Percentage of sex workers who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest	NA		No data available
4.2b Percentage of men who have sex with men who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest	NA		No data available
4.2d Percentage of transgender people who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest	NA		No data available
4.3 Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	NA		No data available
COMMITMENT 5: Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year			
5.1 Percentage of women and men 15-24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	NA		No data available
5.2 Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods	27.1	Annual Health Information Bulletin 2016	Page 58.
COMMITMENT 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enable			
8.1 HIV expenditure	202,533.90	Global Fund Workplan	

COMMITMENT 9: Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights			
9. National Commitments and Policy Instrument	3		
COMMITMENT 10: Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C			
10.1 Percentage of estimated HIV-positive incident tuberculosis (TB) cases that received treatment for both TB and HIV	0		No TB case in 2017
10.2 Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care	0		No TB case in 2017
10.3 Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period	0		No TB case in 2017
10.4 Number of men reporting urethral discharge in the past 12 months	4	Provisional	
10.5 Rate of laboratory-diagnosed gonorrhoea among men in countries with laboratory capacity for diagnosis	19	Country Annual STI Count 2017	
10.6 Proportion of people starting antiretroviral therapy who were tested for hepatitis B	0		No data available
10.7 Proportion of people co-infected with HIV and HBV receiving combined treatment	0		NA
10.8 Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (HCV)	0		NA
10.9 Proportion of people co-infected with HIV and HCV starting HCV treatment	0		NA
10.10 Proportion of women living with HIV 30–49 years old who report being screened for cervical cancer using any of the following methods: visual inspection with acetic acid or vinegar (VIA), Pap smear or human papillomavirus (HPV) test	0		NA

I. OVERVIEW OF THE AIDS EPIDEMIC

HIV Epidemiology

Three cases of HIV was reported in the Cook Islands in 1997, 2003 and 2010 (see Table 1). Since then the incidence of HIV remained at zero to the end of 2017. It is suspected that infection in all three cases occurred outside of the Cook Islands and to date none of these cases currently live here. The Cook Islands can perhaps continue with a kind of pride that it has so far been able to keep HIV/AIDS at bay. However, there is no room for complacency as many of the indicators that render this country vulnerable to the arrival and easy transmission of HIV/AIDS are found at the country level, with 100,000 visitors and returning Cook Islanders frequenting the country annually.

There were occasions when passengers travelling to the Cook Islands have declared their HIV status at the airport, the high rates of Chlamydia and low condom use all pose a risk of HIV transmission in country.

Table 1: Number of HIV Cases by Gender and Age group

Year	Gender		Age	Group				Total
	Male	Female	<15	15-19	20 -24	25 - 49	>50	
1997	1						1	1
2003		1				1		1
2010	1					1		1
Total	2	1						3

HIV testing rates are low with around 7.7% in 2012, decreasing to 4.9% in 2015 but has since increased to 21% in 2017 of the population being tested each year. (see Table 2)

Table 2: HIV Testing Rates

Year	HIV Tests	Percent Population
2012	1377	7.7%
2013	992	5.6%
2014	942	5.2%
2015	882	4.9%
2016	2655	15%
2017	3782	21%

Most of the HIV and STI tests come from routine blood tests of pregnant women during their first antenatal visit, Gynae, STI cases, suspect & TB cases, Outer Islands, Inpatients, Outpatients and blood donors. Voluntary testing, and testing in males are very low. This means there is likely a high proportion of undetected cases. Therefore, the full impact of HIV/AIDS in the Cook Islands remains relatively unknown.

In 2016, the results of the Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations among 67 transgender/MSM showed high risk sexual behaviours: 60% of participants reported anal intercourse with regular sexual partners, 76% with casual partners, and 12% with men who paid them for sex; 43% had inserted anal intercourse, while 68% had receptive anal intercourse; condom use on the last occasion was 52% with regular partners, 56% with casual partners, and 40% with paying partners; 22% of participants had sexually transmissible infection (STI) symptoms. The majority did not access any treatment, while around 30% visited a hospital or clinic.

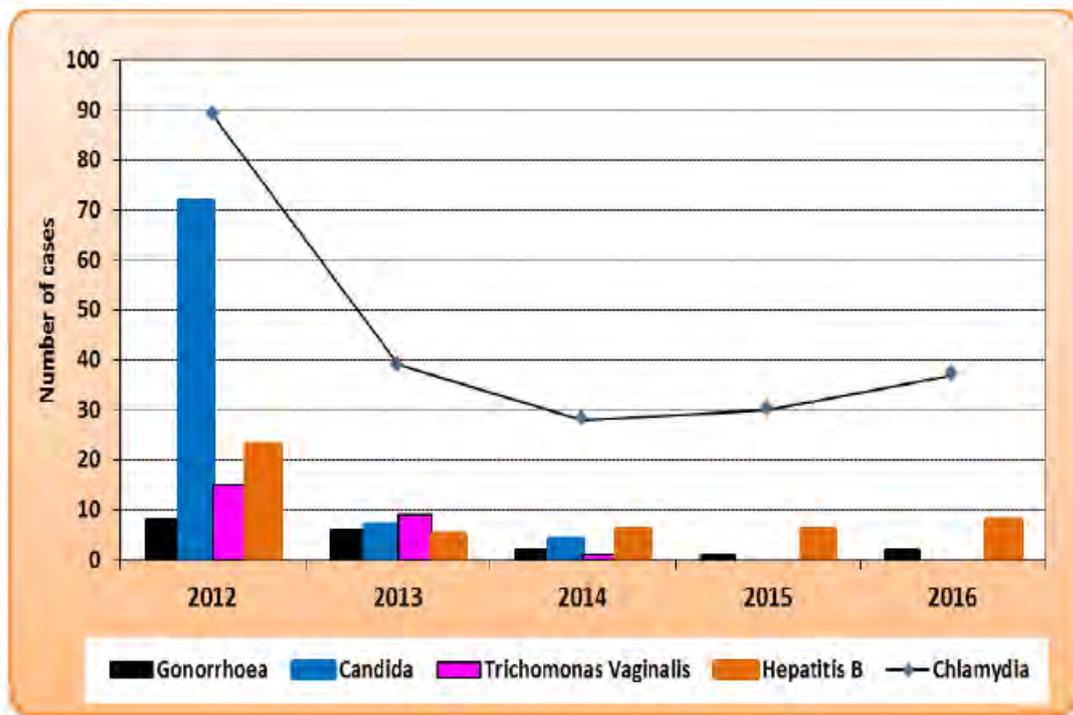
The survey results showed alcohol was consumed at least once a week by 65% of participants, with a high median number of drinks (eight) being consumed on the last occasion. In the last 12 months, 43% had used marijuana. Among all participants, 35% said that they had engaged in anal or vaginal intercourse after taking alcohol and/or drugs in the last month which they reported 'left them feeling not in control

The same study among 4 female sex workers showed that in the last 12 months, each of the women had between 2 and 15 paying male partners. Due to the low numbers, it is likely that each of the women had mostly regular paying partners; two of the women reported using a condom on the last occasion of vaginal intercourse with a paying partner. One woman who had anal intercourse reported using a condom and lubricant on the last occasion with a client. There was no survey conducted in 2017.

Status of Sexually Transmitted Infections

Sexually transmitted infections continued to decline in numbers within the last eight years (2009-2016) in the Cook Islands from a total of 330 cases in 2009 to 48 in 2016. The drop in case was a result of the mass chlamydia treatment campaign in 2011 funded by WHO, SPC and Regional Partners. Chlamydia continues to be the most prevalent type of STIs throughout the years making over half of the total diagnosed, that is, from 49 percent in 2009 to 77 percent in 2016. These are all laboratory confirmed cases (see Figure 1 below).

Figure 1: Positively new STIs cases, Cook Islands 2012 - 2016



STI	2009	2010	2011	2012	2013	2014	2015	2016
Gonorrhoea	56	23	29	8	6	2	1	2
Syphilis	2	2	2	7	0	0	1	1
Candida	70	35	30	72	7	4	0	0
Non Specific Urethritis	22	32	20	55	6	0	0	0
Trichomonas Vaginalis	13	18	9	15	9	1	0	0
Chlamydia	161	117	104	89	39	28	30	37
Hepatitis B	6	23	13	23	5	6	6	8

In 2017, a total of 3782 STI tests were performed and 150 cases detected of which Chlamydia still remains the most common STI with 115 cases detected (see Table 3)

Table 3. STI Surveillance Total 2017

Type STI	Tested	Detected
Gonorrhoea	471	19
Syphilis	657	3
Chlamydia	949	115
HIV	941	0
Hepatitis B	541	13
Trichomoniasis	223	0
Total	3782	150

III. NATIONAL RESPONSE TO THE AIDS EPIDEMIC

The National Response to HIV/ STI and TB is guided by the Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health (CIINSP SRH) 2014-2018.

The strategy has been developed through a participative and consultative process involving substantial contribution and support from a multi-sectoral group, facilitated by the Ministry of Health as the Chair for NHSTC.

The NHSTC consists of key stakeholders such as Government Agencies, Non-Government Organizations (NGO), Civil Society (CS), People Living with HIV/AIDS, Religious Advisory Council, Development and International Partners involved in the response to HIV/STIs & TB in this country. It consists of five priority areas namely:-

Priority Area 1: Leadership and policies

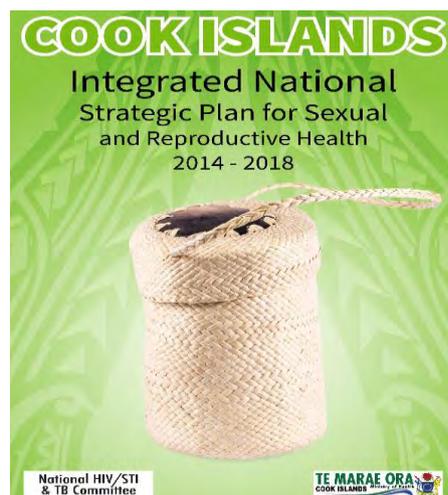
Priority Area 2: Prevention and gender rights

Priority Area 3: Program integration

Priority Area 4: Comprehensive management of STIs

Priority Area 5: Family planning and reproductive health

The strategic plan is needed to combat the rise of reproductive health issues and Sexually Transmitted Infections including HIV & TB.



Integrated National Strategic Plan for Sexual and Reproductive Health

The Cook Islands have a low HIV burden and is complemented with reduced rates of STIs except for chlamydia and no positive case detected yet in pregnant women. The focus of

the national response to the AIDS epidemic is mainly based on prevention of the transmission of HIV/STIs, reduce stigma & discrimination against the LGBTI population and increasing testing capacity.

With new developments, attention is directed towards key population groups who are at risk of getting HIV. Te Tiare Association was formally incorporated as a society in November 2007 and officially launched in 2008. TTA act as the key organisation bringing together Lesbian, Gay, Bi-sexual, Trans and Intersex (LGBTI) people together to help nurture, strengthen and educate this important sector of our community and is a member of the NHSTC.

Members of Te Tiare Association



Prevention Programs

The activities for the national response to HIV and STI for many years and up to the end of 2017 has been focussing on prevention of STI, increasing knowledge and awareness on HIV and STI through media campaigns using the two local television broadcasts, radio and newspaper. Also conducting HIV/STI sessions with community groups such as uniformed organisations, churches, women's groups, youth groups and sports groups in the Cook Islands. Through the Public Health Nurses MOH was able to access school students with classroom sessions on sexual reproductive health issues including HIV STI and TB.

Participants of Uniformed Organisation SRH Workshop



With or without funding, opportunities to communicate with young people in uniformed, youth and church organisations continue to increase knowledge and understanding about transmission and prevention of HIV/STIs & TB integrating it with other health related issues such as Non Communicable Diseases. Health staff who belong to these organisation are used as entry points to deliver health messages to young people and adults.

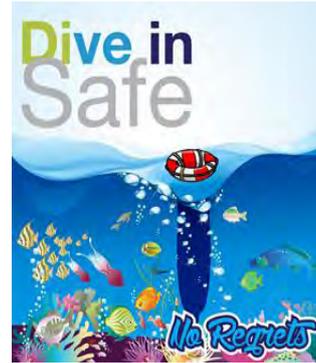
IEC materials in the forms of flyers and posters on STIs/HIV, condoms were developed and printed with funding from Global Fund and these are also distributed during workshops and sessions.



Condom Poster



HIV/STI Flyers



Condom Poster

Media awareness programs (depending on funding) continue as a means of increasing people's knowledge and understanding about HIV and STI including TB, educating the general public including people in the Outer Islands. Often verbal feedback from people in the Outer Islands who visit Rarotonga do indicate that the message is reaching the outer islands especially on radio. Advertising on television has been very expensive, however, visual aid is one modern proven popular for viewers. Newspaper captions are also used as a means of delivering messages to the public.

Condoms are readily available for free with 17 condom dispenser sites located around Rarotonga with 2 new additional sites increasing the distribution sites to a total of 19. The condom dispensers on Rarotonga are refilled weekly by the Cook Islands Family Welfare Association (CIFWA) staff and Cook Islands Red Cross Society (CIRCS) with condoms obtained from the Ministry of Health Pharmacy as the centre for the provision of condoms to CIFWA, CIRCS and TTA supplied by UNDP and UNFPA.

Condom dispenser at CIFWA Office



Condom Dispenser sites



In 2017, the Cook Islands Family Welfare Association distributed 27, 639 male condoms with lubricants, Ministry of Health 6,302 male condoms and Cook Islands Red Cross with 7,200 (numbers from Jan – June 2017) male condoms and lubricants. In spite of the provision of free condoms where it is easily accessible, condom use remains low.

Two NGO namely the Cook Islands Family Welfare Association and Cook Islands Red Cross Society are active in assisting the Ministry of Health in implementing HIV/AIDS and STI interventions, with financial assistance from Global Funds. Unfortunately, MOH was unable to fund any of the HIV activities conducted by the two organisations due to limited health budget. Both organizations compliment the work of MOH.

Ministry of Education (MOE) also plays an important role in incorporating a Health and Physical Education curricula into the Secondary Schools curriculum since 2007. Since then the Curriculum has not been reviewed due to the Health Advisor position being vacant, however, the contents of the curriculum is still being implemented in schools with some Sexual Reproductive Health including HIV and STIs sessions.

The HIV/STI & TB programs is funded by Global Fund to fight AIDS, TB and Malaria (GF) and the World Health Organization (WHO) also provide extra funds for HIV/AIDS. The Cook Islands Government, however, provides in kind donations such as financing office space, salary for HIV/TB Coordinator, transportation, and other logistical matters for HIV/STI & TB programs. MOH is the main service delivery point for all health care services in Cook Islands, including care and treatment.

The Hospital Health Services laboratory is responsible for all diagnostic procedures and external quality assurance (EQA programs) to ensure the quality of HIV testing and the quality of all tests done as well as pharmaceutical services.

The Community Health Services is responsible for the follow processes, contact tracing and coordination of all HIV/STI & TB Programs funded by Global Fund. It is also the base of the HIV/STI & TB Coordinator.

World AIDS Day 2017 Awareness

Every year MOH commemorates World AIDS Day for a week and on Friday 1 Dec 2017 a program was organised by the Ministry of Health in collaboration with Cook Islands Family Welfare Association, Te Tiare Association, Ministry of Education and others with funding from Global Fund. Again with funding from Global Fund MOH managed to organise a few activities leading up to World AIDS Day.

Prior to Dec 1st a poster and poem competition for students in Year 7, 8 & 9 was organised with MOE for schools around Rarotonga with minimal responses due to other school engagements and entries prejudged by representatives from CIFWA, TTA and MOH. Prizes for the winners of the poster and poem competition were presented during World AIDS Day commemoration.

Winners (1st and 2nd) of the Poem Competition



Azaria Patia Yr 9



Kimberly Uini Yr 9

Reading his winning poem on World AIDS Day

Teachers from the schools who participated in both competition were invited to attend World AIDS Day and to bring those students who won the poem and poster competitions and were presented with their prizes. It was also pleasing to see the faces of parents having a huge smiles as students received their prizes. Prizes were also presented to participating schools.

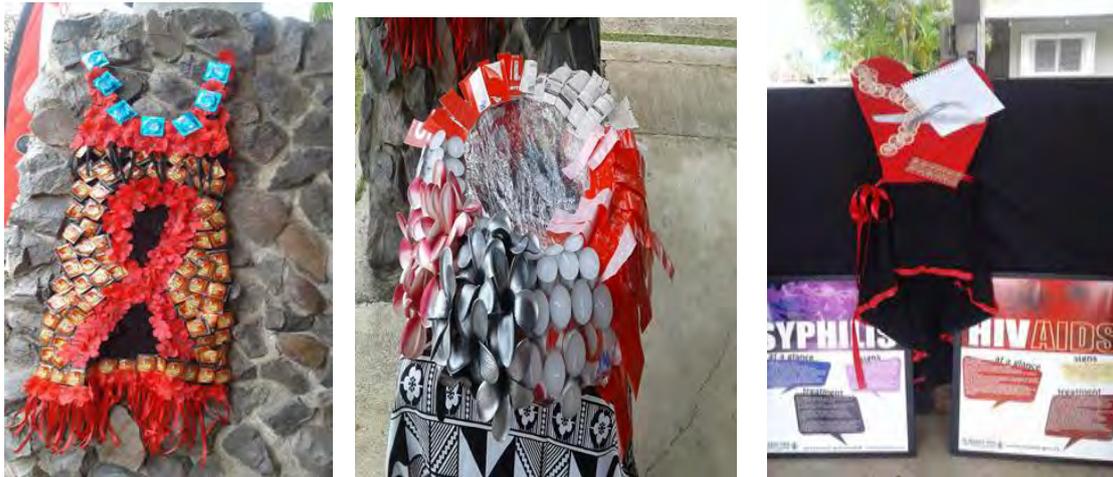
Winners (1st, 2nd, 3rd) of the poster competition in Schools



Picture 14: from L to R...Derrick Yr 7, Jalen Yr 8, Bambridge Yr 9

Apart from the poem and poster competition a condom wearable art competition was also announced for TTA members with 1 entry from the island of Aitutaki. Participation for this competition was poor with only 3 entrants claiming the first, second and third prizes.

Winning wearable art condom costumes.



COMMITMENT 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020

Antiretroviral therapy (ART) is important for prolonging the lives of people living with HIV. The Cook Islands Ministry of Health perceive this as an essential part of HIV care and support.

Since there is no HIV case living in the Cook Islands, the hospital pharmacy do not store ART medicine due to the expiry dates. However, it is anticipated that in the event an HIV case is diagnosed and meets the ART criteria, drugs can be dispatched from overseas within a short period of time.

Cook Islands have established an HIV Care Team consisting of key health practitioners to handle patients once diagnosed and put on ART. Access to administration and management of ART treatment can also be sourced from the World Health Organisation and Regional experts and partners.

With new HIV/AIDS developments, there is need to retrain key health practitioners on ART treatment, management, care and support.

All ANC mothers who visit healthcare facilities are mandated to undergo HIV testing on first visit. Results are all treated confidentially, and pre and post counselling are offered when required by any pregnant woman. Other mandatory STI tests included in this blood panel for ANC visits are Chlamydia, Syphilis, Hepatitis B and Trichomoniasis.

COMMITMENT 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Routine HIV testing is conducted for all blood donors and antenatal (ANC) women. STIs including HIV tests can be conducted in all clinics, however, the majority of other clients only use these services when they have symptoms or think they may have been at risk of acquiring an STI.

The main laboratory is situated on Rarotonga and all Outer Islands specimens are sent to Rarotonga to be tested. Private Practitioners also send their patients and/or specimens to the hospital laboratory for testing so all STI results are captured and maintained centrally.

To date Cook Islands have not reported any HIV case amongst pregnant women. In 2017, a total of 618 women were tested for HIV and of that 263 were pregnant women who attended the Ante Natal Clinics. No HIV infection were detected among pregnant women.

All pregnant women accessing antenatal care services are also tested for syphilis, gonorrhoea, chlamydia and Hepatitis B and positive cases are treated accordingly including their partners.

Due to the expiry dates of ART, the Hospital Pharmacy do not order ART. However, in the event, a pregnant woman becomes HIV positive, MOH is committed to provide ART following WHO guidelines for PMTCT to ensure that infants and mothers receive HIV treatment.

COMMITMENT 3: Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men

who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

The Cook Islands is fortunate to be part of the UNSW Pacific Multi Country Mapping and Behavioural Study on HIV and STI Risk Vulnerability among Key Populations in 2016 to enable the reporting of data on key population groups. However, this data is not representative of the entire country. The estimated number of MSM/TG in Cook Islands is 500 and 50 for Sex Workers. Programs to address key population groups are in the pipeline to ensure access combined prevention options.

Condom use remain low with 50 percent of sex workers reporting using condoms on the last occasion of vaginal intercourse with a paying partner. With the transgender and men who have sex with men, 52 percent used condoms with regular partners, 56 percent with casual partners and 40 percent with paying partners on the last occasion of sex.

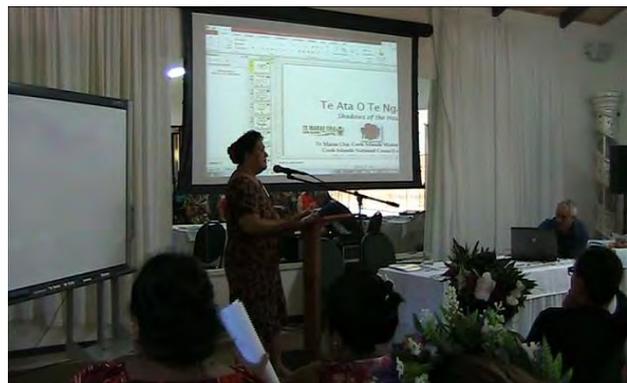
Due to competing health related programs, MOH was unable to conduct a VCCT program for prison inmates in 2017

Circumcision of boys is a cultural practice in the Cook Islands and usually carried out at the hospital both on Rarotonga and the Outer Islands. A total of 185 males were voluntarily circumcised in 2017 as reported from the Operation Theatre Patient Register where most circumcision are performed. Data was not available for number of men aged 15 – 49 years that were circumcised.

COMMITMENT 4: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

The first baseline study on Violence against Women, for women aged 15 – 64 years was conducted end of 2013 and completed in 2014 named the Family Health and Safety Survey “Te Ata o te Ngakau”. The study was facilitated by MOH with assistance from government and non-government organizations. The following pictures was taken on the day of the launching of the Report and the distribution of IEC materials developed by the Gender and Development Division of Internal Affairs.

Launching of the Family Health Safety Survey “Te Ata o te Ngakau” Report 2014



Speaker of the House Mrs Niki Rattle (wearing pink frangipani flower in her hair) & Secretary of Ministry of Justice Mr Tingika Elikana (Gentleman with beard wearing reading glasses)

The results of the study provided data on the level and scope of VAW in the Cook Islands. The violence that women and girls experience is typically concealed inside the home, at the hands of intimate partners and family members, and is therefore difficult to recognize and document and even harder to prevent.

MOH continued to work with the National Council of Women and Gender and Development Division of INTAFF including the Women’s Counselling Center (PTI) to increase public awareness on Violence against Women and ways of assisting women faced with this situation.

Rotaianga Men's Support Centre was established in 2013 to also assist men who required help with men issues and counselling. This organization is a non-profit who is sorely dependent on donor funds

COMMITMENT 5: Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Sexuality education is part of the Cook Islands Health and Wellbeing School Curriculum. It aims to help students understand their sexual development, learn about their sexual and reproductive health including HIV/STIs and enhance their relationships with others, including friendships and family relationships. Through sexuality education students are provided with knowledge, understanding and skills to:

- Enhance their interpersonal relationships,
- Develop positive attitudes towards sexuality,
- Take care of their sexual health.

Some learning of content knowledge around STI/HIV are also taught in senior science/biology classes but this would be very much on the science of a virus and not the wider issues relating to STIs.

In 2017, it was difficult to access the school systems and there were limited health education sessions on sexual reproductive health including HIV/STIs, teen pregnancy and family planning conducted in schools on Rarotonga due to other competing school curricula programs, however, Cook Islands Welfare Association and Public Health Nurses are assigned to schools weekly and they provide opportunities to access the schools.

Public Health Nurses are assigned to schools once a week and any student who has health issues are referred to the nurse or directly to the hospital. Cook Islands Family Welfare Association provides sexual reproductive health services to the National College on Rarotonga. For the Outer Islands Public Health Nurses are also assigned to schools once a week.

Young people can access medical services without parental consent at age 16. Girls under the age of 16 who require family planning methods must be accompanied by one of their parents or guardian.

COMMITMENT 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enable

Funding for HIV, STIs and TB is provided by Global Funds through the Pacific Islands Multi Country funding mechanism administered by UNDP. MOH and CIFWA received funding (NZ\$202,533.) for HIV/STIs & TB in 2017. The Ministry of Health do not have the capacity to take on the full costs of the national response to HIV and STIs. However, MOH contribute to the cost for human resources, laboratory services, nurses and clinicians including full cost for office and clinic space, communication technology, electricity and vehicles. The position for HIV & TB Focal Point is partly paid by donor funds and MOH.

NGO partners such as Cook Islands Family Welfare Association provide in kind costs such as the nurse, office space, and vehicle in the response to HIV and STIs with VCCT as well as condom distribution and Cook Islands Red Cross Society assist MOH with the blood drive, incorporate basic HIV/STI 101 sessions in its First AID training including condom distribution.

COMMITMENT 10: Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

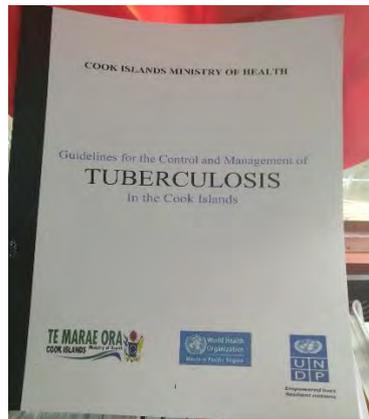
For the past few years, Cook Islands have seen one or two new cases of TB per year. The TB positive cases detected in country are mostly imported cases. There was no TB case in 2017 but 1 latent TB case detected while undertaking medical check for employment application.

Contact tracing and screening of the patient's close contacts are performed in a timely manner and follow up care including DOTS therapy is provided free of charge except for foreigners seeking employment and tourists.

With new developments on the scope of TB, HIV and diabetes co-infections, all TB patients are now tested for HIV with or without consent. To date no TB patient has tested positive for HIV.

TB contact tracing and case management training for health workers and volunteers have been conducted on Rarotonga and the Pa Enua of Aitutaki and Mangaia in 2017 including HIV and STI sessions with funding from Global Fund.

The Cook Islands Tuberculosis Guideline (adapted from the WHO TB guideline) was also reviewed by Dr Subhash Yadav, WHO TB Medical Officer in June 2017. Consultation for the TB guideline was conducted with key stakeholders to provide feedback and comments. In October 2017 the guideline was finalised, printed in November. Distribution for the Outer Islands and Rarotonga will be done in 2018. The purpose of the guideline is to be a reference to guide health workers in the diagnosis, treatment and prevention of Tuberculosis.

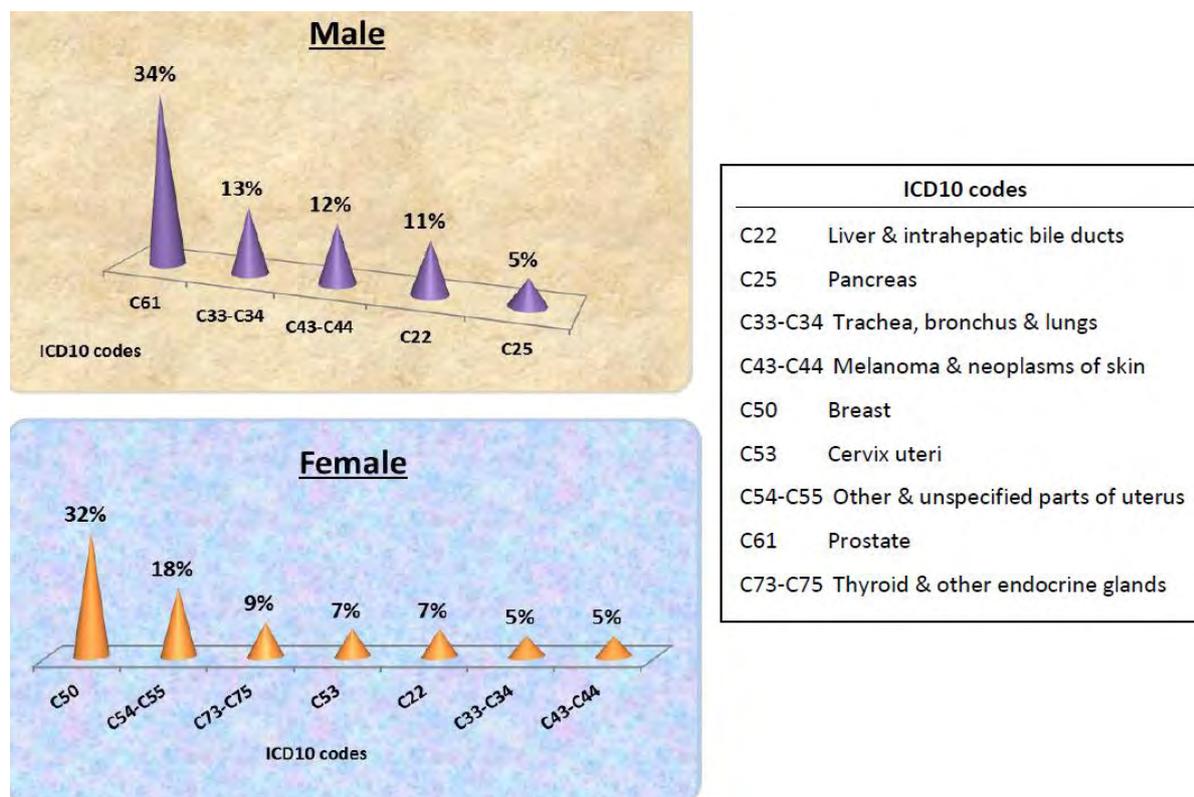


Guideline for the Control and Management of Tuberculosis

MOH has yet to establish linking treatment of TB and STIs with cervical cancer and Hepatitis C. All these diseases are treated separately.

Prostate cancer is the highest site for cancer amongst the male population as seen in the figure below with 34 percent of the total 76 cases diagnosed in the last five years (2012 -2016). For females the highest sites are of the breast with 32 percent by those unspecified parts of the uterus with 18 percent.

Figure 2 Cancer new cases(%)by sex and type,Cook Islands: 2012 - 2016



Hepatitis C is not so common in the Cook Islands hence no data available.

THE SITUATION WITH HUMAN RIGHTS IN RELATION TO HIV

The Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health 2014-2018, Priority Area 2: Prevention and gender rights is intended to provide a coordinated national prevention strategy for HIV and STIs, and to inform sexual and reproductive health care throughout the country. It also recognises that such a strategy is not possible without a clear gender rights and comprehensive human rights approach to these challenges.

The plan also recognises that gender and sexual discrimination in any of its forms will negatively impact the health of all Cook Islanders. In any country women and men have different personal and environmental health needs, and this component recognises those different needs. Equally, transgender people have different health and social challenges and needs. Therefore, the prevention and rights component recognises that different communities require different strategies.

MOH has integrated a collection of gender-based services equally for women, men and key population groups. Together with MOE the strategy continued to implement prevention education and stigma reduction programs targeting young people in schools and vulnerable groups.

Condoms are readily available for key population groups including the total population, however with reduction in the funding, VCCT in prison was not conducted for prison inmates in 2017.

The recent Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations in the Cook Islands have paved the way in identifying hidden at risk groups including injection drug users, people who engage in transactional sex, MSM, and akava'ine (TG). This is the first baseline data for key population groups although the result is not representative of the entire country.

In 2012, the NHSTC was involved in the development of the HIV Prevention, Care and Support Bill which have yet to be enacted by Parliament of the Cook Islands. Plans to enact the HIV Bill did not happen in the past few years however it is anticipated that this process will proceed in 2018 as a way forward.

The purpose of the Bill is: -

- a. to ensure that persons vulnerable to living with or affected by HIV or AIDS have legal protections that are in conformity with international human rights standards and that their human rights are respected, protected and realised in all responses to HIV/AIDS
- b. to promote public awareness about the causes, modes of transmission, consequences, means of prevention and control of HIV
- c. to ensure the implementation of effective prevention, treatment, care and support research strategies and programmes on HIV/AIDS
- d. to ensure the adoption of specific measures to address the needs of individuals, persons of key populations at higher risk of HIV, those vulnerable to HIV or marginalised in the context of HIV/AIDS
- e. to ensure that all matters related to HIV/AIDS are consistent with the Cook Islands commitments to human rights and gender equality and specifically to enact provisions to CEDAW, CRC, CRPD, IHR and the International Guidelines on HIV/AIDS and Human Rights.

MOH in collaboration with HSTC will endeavour to have this Bill enacted by the end of 2018 or early 2019.

BEST PRACTICES

Working in partnership with relevant stakeholders especially the Cook Islands Family Welfare Association, Te Tiare Association and Cook Islands Red Cross Society strengthened the successful implementation of the national response to HIV and STI programs in Cook Islands although there exists the NHSTC. It was also practical to share all available resources with NGO partners in order to extend outreach programs to the Outer Islands which proved to be more effective since travel to the Outer Islands are very costly. Strengthening condom distribution from CIFWA and CIRCS has increased the number of condoms distributed each month.

Engaging MOE with the poster and poetry competition in the schools was an advantage in which students were able to learn more about HIV/AIDS and STIs while researching for the topics. With MOE incorporating Health and Physical Education Curriculum in the School Curriculum, this is seen as a positive stance of working in close partnership. However, this curriculum needs to be reviewed as soon as possible to be in line with the fast approaching changes taking place especially around climate change and other emerging health issues.

Outer Islands support from Island Councils on both Aitutaki, Mangaia and Mitiaro enabled the conduct of TB workshops there with the inclusion of HIV & STI sessions, for without their support the outer islands workshops will not be possible.

M&E visits to the Outer Islands of Aitutaki and Mitiaro where TB cases were more prominent with Global Fund. Mantoux testing conducted during TB workshop in Aitutaki to detect TB and none of those tested were positive..

With the focus on key populations and increasing HIV testing an SD Duo training was conducted in Cook Islands to encourage HIV testing by Lay people and this is seen as the way forward, however, more training of this calibre is required for TTA members & relevant community selected people.

MAJOR CHALLENGES AND REMEDIAL ACTIONS

Challenges

One of the biggest challenges for the Cook Islands in the future is the lack of funding to further scale up the National HIV STI & TB response. Knowing that donor funding will eventually cease, small island countries like the Cook Islands will not be able to cope with the demands and burden of HIV care and treatment in the future.

To be able to report on indicators and targets set globally of both diseases, more research is required and it will always be a costly exercise to conduct research but that is one of the best mechanisms to obtain necessary data to report back to UNAIDS.

The geographical distance of the remote islands in the Cook Islands, easy access and mobility of the population to urban areas of Rarotonga, New Zealand and Australia pose a threat to programs to those islands being reduced markedly, the most productive age groups has shifted to greener pastures leaving the very young and the very old to fend for themselves.

Increasing people's awareness and knowledge about STIs including HIV & TB, required for all means of communicating the message to the people, whether it be through holding seminars, workshops and training or the use of the media will definitely contribute to the successful implementation of the Cook Islands response to the HIV/AIDS epidemic.

As a way forward increasing the testing programs in the country will see the diagnosis of HIV be strengthened. Again these activities require funding as they are very expensive ventures.

Poor participation of schools for HIV STI TB activities due to late presentation of activities to be conducted.

TA visits and in-country visits has been a challenge for the 2017 period with visits being imposed on countries availability.

Remedial Actions

- a. Seek for alternative funding mechanisms to scale up national response to HIV/STIs and TB by lobbying with Government to allocate funding within the Ministry of Health Budget
- b. Strengthen Health Information System provide necessary data recording and reporting of all required indicators for easy reference
- c. Request funding through other donor partners for more research to be conducted on specified indicators
- d. Strengthen integration of HIV/STI & TB programs with other health related programs.
- e. Strengthen working in partnership with key stakeholders and invite new partners especially the private sector to be involved in HIV/STI & TB programs
- f. Work in collaboration with other programs.
- g. To engage the schools' first term of the school term even if programs are to be done last quarter of the year.

- h. Request of TA visits and Country Mission visits must be pre booked 3 months in advance and not last minute

SUPPORT FROM THE COUNTRY DEVELOPMENT PARTNERS

Ministry of Health greatly appreciated and acknowledged the financial assistance from Global Fund and international and technical partners such as UNDP, WHO, UNFPA, administering funds required by countries for the implementation of the HIV/STI and TB programs as well as implementation of activities as per the work plans from 2018 – 2020 Without funding, MOH would not have been able to extend the services to the Outer Islands specifically the Northern Group islands as it is too expensive to provide services required to strengthen HIV & TB programs there.

Funding and technical assistance (TA) from development partners for more research will also be required to ensure that listed indicators of key population groups and other indicators will be reported accordingly with reliable data.

Technical assistance from UNDP staff both in Samoa and Fiji Offices has been incredible in all aspects of the HIV STI & TB programs. For without their assistance the program will not be as successful as it is today for Cook Islands. A special acknowledgement is extended also to Anna Chernyshova, for without your guidance and perseverance the Cook Islands and Niue wouldn't have been illegible for funding for the next three years.

MONITORING AND EVALUATION ENVIRONMENT

Although the Monitoring and Evaluation (M&E) Framework was incorporated in the CIINSP- SRH, regretfully this has been the weakest point in the implementation of the national response to HIV STIs& TB. A lot of activities has been implemented but no actual evaluation of the impact of these activities has been measured.

Therefore, there is an urgent need for technical assistance in paving the way to measuring the impact of media awareness programs conducted for many years, the knowledge level of people in the community and schools including church groups, uniformed organisations, child welfare association members, women's groups, health workers and others. A nationwide evaluation process will be very much appreciated.

Data collection is coordinated by MOH and most data available from the Hospital Health Services. The primary source of data comes from the only laboratory in the country. All

laboratory testing in the country is conducted there, with samples sent to New Zealand laboratory for confirmatory purposes.

There are only two other contributors for GAMR data in country namely Cook Islands Family Welfare Association and Cook Islands Red Cross Society

Apart from MOH data, research studies are required in Cook Islands to meet the indicator data required, otherwise a proper template be introduced in country with TA from UNAIDS, WHO, UNDP and other international partners.

Status of Tuberculosis (TB)

TB is no longer common in the Cook Islands, about one or two cases are detected each year for the last 10 years and in 2016 two pulmonary TB cases were detected one in Cook Islands and the other detected when the patient was referred to New Zealand for other medical conditions. Both were treated for six months following the WHO treatment regime.

Contact tracing of household and close contacts of the TB cases enabled the detection of a total of 13 LTBI cases in 2016. All 13 people were treated for six months including two children under 5 years old. Twelve out of the 13 LTBI cases were foreigners living in the Cook Islands. This indicated that visitors from high prevalence TB countries are coming to the Cook Islands and bringing TB to the country.

In April 2017, the 2nd TB case diagnosed in 2016 completed his treatment and was cleared after the final check-up procedures.

Among the priorities of tuberculosis activities in Cook Islands, appropriate treatment and care of tuberculosis patients, especially those patients who are the most potent source of transmission of tuberculosis micro-organisms must be given priority.

The general population continue to be mobilized - including patients and community organizations, as well as health professionals, to participate in the fight against TB. It is important to make clear that TB is curable, diagnosis services are accessible and available, and that HIV infection can be prevented and treated and that there is no justification for discrimination or stigma.

Community awareness programs continue to encourage individuals with symptoms suggestive of tuberculosis to present themselves to the health services for diagnostic examination for both tuberculosis and HIV (or other associated diseases or

developments) and to ensure that tuberculosis patients continue to take their treatment until they are cured.

In 2017 a Gene Xpert machine was procured and set up for the Laboratory, followed by a training of staff who will be operating the machine. The procurement of such machine will not only improve the testing for TB but also testing for chlamydia and syphilis.

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