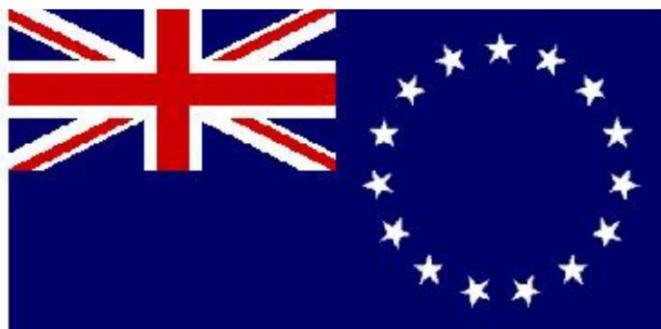


GLOBAL AIDS MONITORING REPORT FOR COOK ISLANDS



Cook Islands 2017

Foreword

Message from the Minister of Health

Kia Orana,



Honourable Nandi Glassie

It is with great pleasure that I present the 2016 Global AIDS Monitoring Report for the Cook Islands.

As of 2016, the HIV situation in the Cook Islands remains low. To date, only 3 HIV cases have been reported and none of these cases currently live in the Cook Islands. The content of this report is based on the latest findings of the 2016 Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations, the Family Health Safety Survey as well as the Routine STI Surveillance report.

The Ministry of Health continue to support the global 2020 Fast – Track commitments and expanded targets to end AIDS namely:

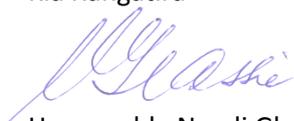
1. reduce the number of people newly infected with HIV to fewer than 500 000 globally by 2020 - HIV incidence
2. reduce the number of people dying from AIDS-related causes to fewer than 500 000 globally by 2020 - AIDS mortality and
3. eliminate HIV-related stigma and discrimination by 2020 - Discriminatory attitudes towards people living with HIV

The key focus of the Cook Islands in its response to HIV and AIDS is based on prevention, ensuring that all women, men and key population groups are tested for HIV, and making sure that once diagnosed patients have full access to Anti-Retroviral Therapy. This also aligns well 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 living in the Cook Islands”

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

On a final note, I would like to acknowledge the support of various government ministries, non-government organisations, ministry of health staff and individuals who have contributed to the compilation and completion of this report.

Kia Rangatira



Honourable Nandi Glassie

Minister of Health

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 - Obstetrics and Gynaecology
 - Health Promotion Unit
 - Funding & Planning Directorate
2. Ministry of Justice
3. Cook Islands Family Welfare Association (CIFWA)
4. Punanga Tauturu Incorporated. (PTI)
5. Te Tiare Association (TTA)
6. Cook Islands Red Cross Society
7. Cook Islands Police
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9. Ministry of Education
10. Gabriela Ionascu, Strategic Information Adviser, UNAIDS Pacific Office

List of Acronyms and Abbreviations

AIDS	Acquired Immune-Deficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
CEDAW	Convention on the Elimination Discrimination against Women
CHS	Community Health Services
CIFWA	Cook Islands Family Welfare Association
CIINSP-SRH	Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health
CRC	Convention on the Rights of a Child
FSW	Female Sex Workers
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IBBS	Integrated Bio Behavioural Surveillance
LGBTI	Lesbian Gay Bisexual Transsexual Intersexual
M&E	Monitoring and Evaluation
MOH	Te Marae Ora Cook Island Ministry of Health
MSM	Men who have Sex with Men
NCW	National Council of Women
NGO	Non-Government Organisation
NHSTC	Cook Islands National HIV, STI and TB Committee
PMTCT	Prevention of Mother to Child Transmission
PTI	Punanga Tauturu Incorporated
STI	Sexually Transmitted Infection
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 of New South Wales

VCCT Voluntary Confidential Counselling and Testing

VAW Violence against Women

VIA Visual Inspection with Acetic Acid or Vinegar

WHO World Health Organisation

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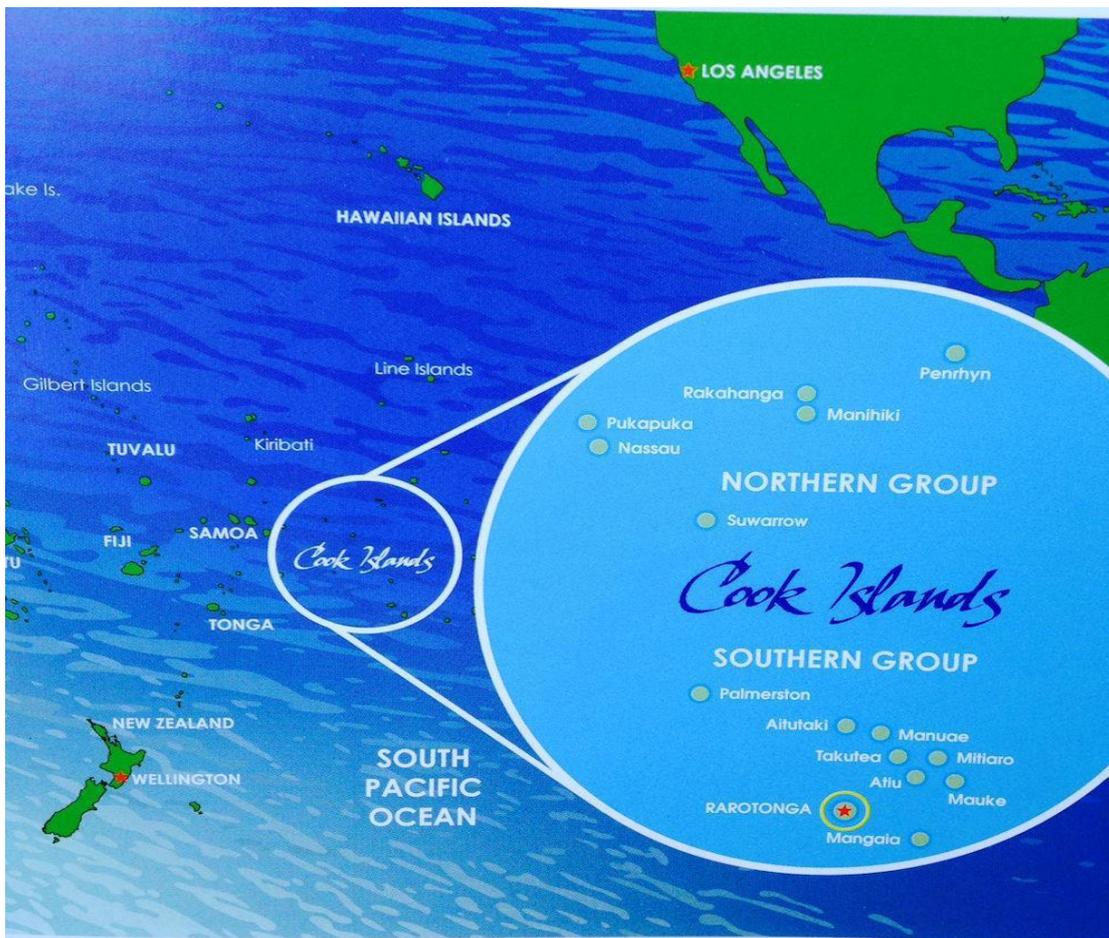
I. HIV Status at a Glance

The Cook Islands is a very small Pacific island country, both in terms of geography and population with a total of 17,794 people. Cook Islands consists of 15 islands and atolls spread over 2 million km² of the Pacific Ocean. It is defined as all the islands between 156 - 167 ° West and 8 - 23 ° South. The islands are geographically divided into two groups, commonly referred to as the Northern and Southern Group islands. The Southern Group comprises nine islands including Rarotonga, the largest and most populated island which is also the main administration capital. The Northern Group consists of six low-lying coral atolls. The two groups of islands portray marked differences in their social, cultural and economic activities. The Northern Group islands remain relatively isolated from the Southern Group islands.

The resident population of the Cook Islands was estimated at 14,974 in 2011 (Cook Islands census 2011). There has been a population shift

from the outer islands to the main population centres in Rarotonga and Aitutaki with 85% (13,097) living there. Life expectancy at birth is 72.8 years.

Infant mortality rate is 4.8 deaths per 1,000 live births. The economy is largely dependent on tourism with a majority of tourists coming from New Zealand.



HIV Situation

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 disease in the Cook Islands in 2004. As of 31 December 2016 the Cook Islands has reported a total of 3 HIV cases. These were recorded in 1997, 2003, and 2010. It is suspected that infection in all 3 cases occurred outside of the Cook Islands. None of these cases currently live in the Cook Islands. In 2014/2015, a total of 1,635 HIV tests were conducted with no positive case detected.

In 2012, the results of an integrated bio-behavioural surveillance (IBBS) study among 674 young people (44% male, 56% female; median age 18) showed significant HIV/STI risk behaviours: 40 percent of the respondents reported first sex before the age of 15; 77 percent had been sexually active, and 44 percent of those sexually active said they felt they did not have control over the level and kinds of sexual activity they had. Only 42 percent reported the use of a condom at first sexual encounter; and among those that had multiple sex partners, only 15 percent used a condom every time.

While Cook Islands has no known sex workers, 8 percent of respondents had paid for sex or provided goods; while 10 percent had received cash or goods in exchange for sex. Furthermore, 13 percent recalled having ever been diagnosed with an STI; while 17 percent had symptoms of an STI in the last one month and only 31 percent of these participants had sought treatment. The survey results showed high alcohol consumption with 73 percent of youth consuming alcohol in the last year. Low levels of illicit drug use with 19 respondents reporting use of injecting drugs. A majority of 68 percent reported being heterosexual; 3.4 percent homosexual and 11 percent not sure; 3 percent bisexual and 2 percent transgender.

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

LIST OF REPORTED INDICATORS

Indicators for Commitment 6 and 7 will be reported starting with 2018

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	Ministry of Health Information Unit	
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	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.3b Percentage of men who have sex with men who are living with HIV	0	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.3d HIV prevalence among transgender people	0	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.3e Percentage of prisoners/inmates/detainees who are living with HIV	0	VCCT Laboratory Report 2016	
3.4a Percentage of sex workers who know their HIV status	50	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI	

		Risk Vulnerability among Key Populations	
3.4b Percentage of men who have sex with men who know their HIV status	22	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.4d Percentage of transgender people who know their HIV status	22	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.5a Percentage of sex workers living with HIV receiving antiretroviral therapy in the past 12 months	0	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.5b Percentage of men who have sex with men living with HIV receiving antiretroviral therapy in the past 12 months	0	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.5d Percentage of transgender people living with HIV receiving antiretroviral therapy in the past 12 months	0	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.5e Percentage of prisoners living with HIV receiving antiretroviral therapy in the past 12 months	0	VCCT Laboratory Report	No HIV detected for Prison Inmates
3.6a Percentage of sex workers reporting using a condom with their most recent client	50	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	

3.6b Percentage of men reporting using a condom the last time they had anal sex with a male partner	52	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
3.6d Percentage of transgender people reporting using a condom during their most recent sexual intercourse or anal sex	52	Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations	
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	1	Health Promotion Unit	
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	94	Health Administrative data	
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,	NA		No data available

fear or experienced violence, and/or fear or experienced police harassment or arrest			
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	32	Cook Islands Family Health Safety Survey Report 2014	
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	28.6	Annual Health Bulletin 2015	Page 59.
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 - Annex			
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 – Annex			
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		1 out of the 2 TB patients was tested for HIV with negative result
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		
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	13	TB register (TB Focal Point)	13 clients not enrolled in HIV care because they are all tested HIV negative
10.4 Number of men reporting urethral discharge in the past 12 months	5	Provisional	
10.5 Rate of laboratory-diagnosed gonorrhoea among men in countries with laboratory capacity for diagnosis	6	STI Surveillance report 2016	
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

II. Overview of the AIDS epidemic

Status of HIV in Cook Islands

HIV prevalence in the Cook Islands is very low. To date, only 3 HIV cases have been reported up to the end of 2016: two males (1997, and 2010) and one female (2003). Of the 3 cases, 1 was diagnosed in the Cook Islands in late 2010. It is suspected that all 3 infections occurred outside the Cook Islands. Transmission of these cases is thought to be via sexual contact. None of these cases currently live in the Cook Islands.

Table 1. HIV Positive Cases by Gender and Age

Year	Sex			Age group					Total
	Male	Female	Unknown	< 15	15 – 19	20 – 24	25 – 49	50 >	
1997	1								1
2003		1					1		1
2010	1						1		1
2011									
2012									
Total									3

In the January 2010 – December 2016 period, 4,816 (1,494 males and 3,322 females) (27.1% of the total population over 5.5 years) were tested for HIV, with only one positive case detected in 2010 and in 2014-16, 2,479 tests were conducted with no positive cases detected.

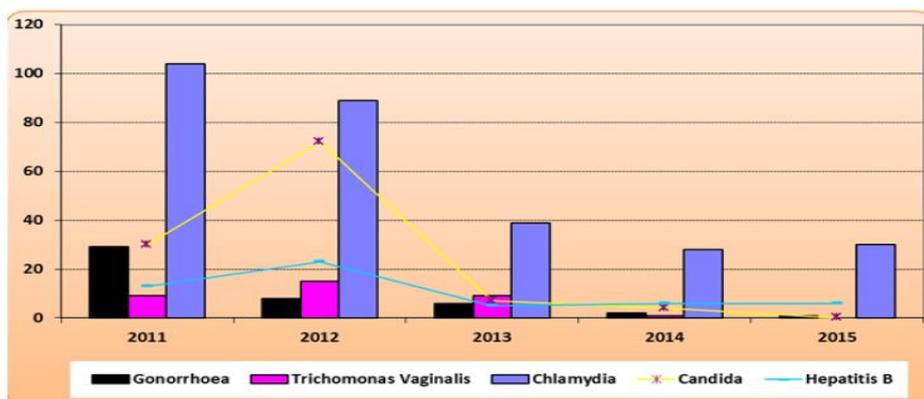
HIV cases remain undetected. Nevertheless, with no cases found among 80 percent of all pregnant women tested, the HIV prevalence rate is likely to remain extremely low in the Cook Islands.

Status of STI epidemic

Sexually transmitted infections (STIs) are common in the Cook Islands. The second generation surveillance study conducted in 2006 showed a 22% prevalence rate of chlamydia; 46% of these cases were in people between the ages of 15 and 29 years. After a robust intervention campaign, a repeat survey in 2012 showed a 50% decrease in prevalence. (Cook Islands Ministry of Health 2014)

According to the 2015 Cook Islands National Health Information Bulletin, sexually transmitted infections has continued to decline in the last eight years (2008 – 2015) from 312 in 2008 to 38 in 2015. Chlamydia continues to be the most prevalent type of STI throughout the years making over half of the total diagnosed.

Figure 1: Positive new cases by disease, Cook Islands



STD	2008	2009	2010	2011	2012	2013	2014	2015
Gonorrhoea	72	56	23	29	8	6	2	1
HIV	0	0	0	0	0	0	0	0
Syphilis	1	2	2	2	7	0	0	1
Candida	39	70	35	30	72	7	4	0
Non Specific Urethritis	0	22	32	20	55	6	0	0
Trichomonas Vaginalis	16	13	18	9	15	9	1	0
Chlamydia	170	161	117	104	89	39	28	30
Hepatitis B	14	6	23	13	23	5	6	6

In 2016, a total of 2,903 STI tests were performed and 100 cases detected of which Chlamydia remains the most common STI with 85 cases.

Table 2: Number of STI tests and detected by disease type

STI Surveillance Total 2016			
Type STI		Tested	Detected
Gonorrhoea		428	6
Chlamydia		534	85
Syphilis		789	4
HIV		772	0
Trichomonaisis		380	5
Total		2903	100

Source: Rarotonga Hospital Laboratory

Status with TB

The Cook Islands has historical experience with TB, in the sense that during the periods prior to the 1960's, TB was prominent and the incidence and mortality rates were relatively high, especially for Rarotonga – given that data was not readily available reported from health centres in the Outer Islands 'Pa Enuu'. The Sanatorium (nicknamed the 'San') was erected on the western hillside of Rarotonga in the village of Arurangi, in order to isolate advanced and severe cases of TB. Later in the 1960's the Sanatorium was closed; development of the existing infrastructure and the site enabled the Rarotonga Hospital to be established, which today is general hospital of 70 beds, providing essential services in areas such as medical services, maternity services, paediatrics, accidents and emergency, laboratory services, pharmacy, ultrasound/radiology and general surgical services.

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

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.

Although TB is no longer common in the Cook Islands, about one or two cases of 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 he 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 followed the detection of the two TB cases and a total of 13 LGBTI cases were detected and also treated including two children under 5 years old. Twelve out of the 13 LTBI cases were foreigners living in the Cook Islands.

To date, all LGBTI cases have completed their treatment regime including 1 of the 2 TB positive cases. In April 2017, the 2nd TB case will complete his treatment.

III. National Response to the AIDS Epidemic

The National Response to HIV/ STIs and TB is guided by the Cook Islands Integrated National Strategic Plan for Sexual Reproductive Health (CIINSP SRH) 2014-2018. The strategy was developed by a multi-sectoral group, facilitated by the Ministry of Health and National HIV/STI and TB Committee (NHSTC) The NHSTC is made up of key stakeholders such as NGOs, Government Agencies, Civil Society, Faith Based Organisations, Development & 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 Cook Islands have a low HIV burden and is complemented with reduced rates of STIs except chlamydia and no positive case detected in pregnant women. The focus of the national response to the AIDS epidemic is mainly based on prevention of the sexual transmission of HIV and other STIs and testing.

With new developments, attention is geared towards key population groups who are at risk of getting HIV. Te Tiare Association act as the NGO for the transgender community in the Cook Islands and is a member of the NHSTC.

Prevention Programs

For many years, prevention programs has focussed on reduction of STIs, increasing awareness on HIV and STIs through media campaigns, HIV/STI sessions conducted in schools, uniformed organisations, women's groups and youth groups as well as condom awareness and distribution.

Face to face sessions are conducted in schools as part of the Cook Islands Health and Wellbeing Curriculum. Sexuality education aims to assist 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.

With or without funding, opportunities to talk to young people in uniformed, youth and church organisations continue to increase knowledge and understanding about transmission and prevention of HIV/STIs & TB. Health staff who belong to these organisation are used as entry points to deliver health messages to young people and adults. .

Media awareness programs continue as a means of increasing people's knowledge and understanding about HIV and STIs, 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.

Due to lack of funding, mobile HIV/STI testing especially in the Outer Islands discontinued, however, HIV/STI tests amongst STI patients and suspects, TB suspects, prison inmates, ante natal women and at risk population continue. This may have had an impact on the decrease in the number of HIV/STI tests in 2016.

Condoms are readily available for free with 19 condom dispenser sites located around Rarotonga and some Outer Islands, however, condom use remains very low in the Cook Islands. The condom dispensers on Rarotonga are refilled weekly by Cook Islands Family Welfare and Cook Islands Red Cross and condoms are obtained from the Ministry of Health Pharmacy as the centre for the provision of condoms supplied by UNDP and UNFPA.

In 2016, the Cook Islands Family Welfare Association distributed 27, 118 male condoms with lubricants, Ministry of Health 13, 096 male condoms and Cook Islands Red Cross with 5,760 male condoms and lubricants. The reduction of the number of condoms distributed by Red Cross is due to their condom distribution log book being misplaced, so the number provided was from February - May 2016

Treatment, Care & Support

Treatment, care and support is an integral part of the services provided by the Ministry of Health with the presence of STIs and TB.

Treatment, contact tracing and follow up care is provided by health practitioners.

In the event an HIV positive case is diagnosed, it will be handled by the HIV Care Team Leader, who is a doctor. The Medical Officer is responsible for treatment and care of HIV patients. Training for some more health care workers will be required to up skill health practitioners' knowledge about ART treatment, management and care.

IV. 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.

Due to no HIV case living in the Cook Islands, there is no ART supply in the hospital pharmacy. 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 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 & TB developments, there is need to retrain key health practitioners on ART treatment, management, care and support.

V. 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 2016, a total of 524 women were tested for HIV and of that 265 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.

In the event, a pregnant woman becomes HIV positive, the Cook Islands Ministry of Health is committed to provide ART following WHO guidelines for PMTCT to ensure that infants and mothers receive HIV treatment.

VI. 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.

In 2016, a VCCT program was carried out at the only prison in the country with a total of 32 prison inmates, all were tested for HIV, Syphilis, Chlamydia and Hepatitis B. Three (3) out of the 32 inmates were females and 1 female tested positive for Chlamydia and was treated after the results came out. There were no HIV and Syphilis cases detected. Three (3) males were tested positive for Hepatitis B and follow was done. HIV Information (pamphlets, posters & condoms) were also distributed to all inmates during the VCCT program

Circumcision of young 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 94 males were voluntarily circumcised in 2016 on Rarotonga as reported from the Operation Theatre register where circumcision takes place. Data was not available for the number of men aged 15 – 49 that were circumcised.

VII. 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 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.

The overall proportion of women who experienced physical and/or sexual violence by a partner or husband in the Cook Islands is 32.4%. The Southern Group respondents feature prominently 44.9% compared to Rarotonga (27.3%), and the Northern Group (23%).

(Please note that the age group for this report is 15 – 49 years, however, the study was conducted for women aged 15 – 64 years, hence the data will report for women aged 15 – 64 years).

Following the launch of “Te Ata o te Ngakau”, the National Council of Women (NCW) was instrumental in disseminating the results of the study both on Rarotonga and the Outer Islands incorporating it with other NCW programs.

With funding from other sources, the Gender and Development Division, Ministry of Internal Affairs developed IEC materials based on the results of the study to further educate the people in this country in an effort to reduce VAW.

VIII. 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.

Health education sessions on sexual reproductive health including HIV/STIs, teen pregnancy and family planning including condoms are conducted in schools by Cook Islands Family Welfare Association, Public Health Nurses and HIV/TB Focal Point at the discretion of the school principals

HIV and STI sessions are also delivered in uniform, youth and church organisations for young people aged 10 – 34 years. Church organisations accept usage of condoms and family planning for young people within their denomination except the Catholic Church.

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.

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.

IX. 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 and STIs is provided by Global Funds through the Pacific Islands Multi Country funding mechanism administered by UNDP. The only funding (NZ\$18,089.39) received for HIV/STIs was to scale up mobile testing in 2016. More funding allocated was to the TB program. The Cook Islands Ministry of Health does not have the capacity to take on the full costs of the national response to HIV and STIs. However, Ministry of Health 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 & STI Focal Point is partly paid by donor funds and Ministry of Health

CSO partners such as Cook Islands Family Welfare Association and Red Cross also provide in kind costs such as the nurse, office space, and vehicle in the response to HIV and STIs.

Extra funding (NZ\$12,600) was received from the World Health Organisation in 2016 for infection control training, translation into Maori language HIV/STI teaching materials and printing of materials.

X. 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 with a few Cook Islanders.

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.

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 two Outer Islands in 2016 including HIV and STI sessions with funding from Global Fund. Two TB M&E visits took place last year at Aitutaki and Mitiaro and 2 on Rarotonga to look at procedures carried out and seek ways of improving services provided for TB.

The Cook Islands Tuberculosis Guideline (adapted from the WHO TB guideline) is also distributed to all the health centres in the Cook Islands for guidance and future reference.

The Cook Islands has yet to establish linking treatment of TB and STIs with cervical cancer and Hepatitis B & C.

XI. The situation with human rights in relation to HIV

In the Cook Islands Integrated National Strategic Plan for Sexual 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.

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

VCCT and condoms are readily available for key population groups and funding from Global Funds has enabled such programs to be conducted with them and prison inmates. 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. 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.

XII. Best practices

Working in partnership with stakeholders with special mention of Cook Islands Family Welfare Association, Te Tiare Association and Cook Islands Red Cross has enabled the successful implementation of the national response to HIV and STI programs in Cook Islands. Sharing of all available resources with CSO partners to extend outreach programs to the Outer Islands proved to be effective since travel to the Outer Islands are very costly.

Integration of HIV/STI and TB programs with other funded health related programs such as NCDs, Rheumatic Heart Disease, to strengthen and enhance awareness of HIV/STIs & TB especially for programs taken to the Outer Islands.

Making friends with the Media Industries also contributed to discounted advertising of HIV/STI and TB programs, and airing of extra radio and television advertisements and free newspaper articles when space is available.

XIII. 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 AIDS 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.

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 will be seeking shifting 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, funding is required for all means of communicating the message to the people, whether it be through holding seminars, workshops and training or the use of media to increasing the testing programs will definitely contribute to the successful implementation of the Cook Islands response to the AIDS epidemic.

Remedial Actions

1. Seek for alternative funding mechanisms to scale up national response to HIV/STIs and TB
2. Strengthen recording and reporting of all the required indicators for easy reference

3. Request funding for more research on specified indicators
4. Strengthen integration of HIV/STI & TB programs with other health related programs.
5. Strengthen working in partnership with key stakeholders and invite new partners especially the private sector.

XIV. Support from the country's development partners (if applicable)

The Cook Islands Ministry of Health appreciates the financial assistance from Global Fund and international and technical partners such as UNDP administering funds required by countries for the implementation of the HIV and TB programs including part payment of the Focal Point as well as implementation of activities as per the work plans from 2015 – 2017. Without funding, the Ministry of Health 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.

XV. Monitoring and evaluation environment

The Monitoring and Evaluation (M&E) Framework in the CIINSP- SRH provide guidance on progress toward the goals, objectives and activities set out in the Strategy. Both process and outcome measures are included in the framework. Each activity in the strategic plan is linked to a specific measure, timeframe and responsible person, agency or organisation. This M&E framework is indicative, and is linked to an overall monitoring plan that measures progress of the NSP and is maintained by Te Marae Ora in the Office of the HIV/STI & TB Focal Point. The HIV/STI & TB Focal Point or successors is responsible for monitoring the overall progress towards goals and objectives.

There is urgent need for Technical Assistance for M&E as well as capacity building including updating existing guidelines due to new developments in STIs including HIV and TB.

ANNEXES

Annex 1

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

MOH Minister of Health, Honourable Nandi Glassie,

MOH Manager Health Information Unit, Tearoa Iorangi

MOH Laboratory Scientist/Blood Bank Services/Immuno, Theresa Tatuava

MOH Pharmacy Officer, Glassie Matata

MOH Pharmacy Technician, Deborah Methers

MOH Manager Human Resource, Temarama Anguna

MOH Manager Policy & Planning, Valentino Wichman

MOH Senior Finance Officer, Mataitirangi Tuakana

MOH Senior Finance Officer, Vaine Ngatokorua

MOH Obstetrics/Gynae, HIV Care Team Leader, Dr Yin Yin May Aung

MOH Director of Community Health Service, Neti Tamarua

MOH HIV & TB Coordinator, Edwina Tangarua

MOH Health Promotion Communication Officer, Howard Tangimetua

MOE Secretary of Education, Gail Townsend

MoJ Senior Birth Death Marriage Clerk, Helen William

Cook Islands Police Superintendent, Akatauiria Matapo

CIFWA Executive Director, Rongo File

Te Tiare Association Secretary, Valentino Wichman

MINTAFF Senior Gender Advisor, Ruta Pokura

Cook Islands Red Cross, Patience Vainerere Maoate

Punanga Tauturu Inc, Rebeka Buchanan

BIBLIOGRAPHY (SOURCES)

Committee, N. H. (2014 - 2018). *Cook Islands Integrated National Strategic Plan for Sexual and reproductive Health*. Rarotonga: Ministry of Health.

Health, M. o. (2015). *Cook Islands National Health Information Bulletin*. Rarotonga: Ministry of Health.

Heather Worth, P. R. (2016). *Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations*. UNDP, UNSW, OSHM.

Islands, G. o. (2011). *Cook Islands Census*. Rarotonga: Government of the Cook Islands.

Ministry of Health, N. C. (2014). *Te Ata o te Ngakau*. Rarotonga: Ministry of Health.

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