



2014

Global AIDS Progress Report

COOK ISLANDS

01 January – 31 December 2014



Acknowledgements

We would like to thank the following departments and organisations for your contribution to this report.

National HIV STI Committee

Ministry of Health

- Laboratory Services
- Pharmacy Services
- Health Promotion Unit
- Obstetrics and Gynaecology
- HIV Care Team
- National Tuberculosis Program
- Statistics Department
- Funding and Planning

Ministry of Finance and Economic Management Statistics Office

Cook Islands Family Welfare Association

CIFWA Youth

Cook Islands Red Cross Society

Te Tiare Association



Statement by the Cook Islands Ministry of Health on the official submission

30 March 2015

Kia Orana

We are pleased to introduce the initial Global AIDS Progress Report from the Cook Islands.

This is the first submission for Cook Islands and efforts have been made to ensure accurate and current content have been provided.

This document outlines the progress and achievements made towards the HIV response in the Cook Islands and highlight the on-going partnerships between civil society organisations and government.

Te Marae Ora is committed to the global ‘getting to zero targets’ zero new infections, zero discrimination and zero AIDS related deaths and the global commitments of achieving universal access to HIV prevention, treatment care and support.

Thus, the National Response’ primary focus is on prevention and ensuring that all pregnant women are tested for HIV, and ensuring access to ART. This aligns wellwith the Ministry of Health’s mission statement“toprovide accessible, affordable health care 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”.

The reporting process provided an opportunity to assess the data mechanisms and storage processes in place and in particular data collected during surveillance studies.

This report will serve as a baseline for Cook Islands and Te Marae Ora is committed to improving the quality of future reports with improved monitoring and evaluation mechanisms in place.

Elizabeth Iro

Secretary of Health / NHSTC Chair
Ministry of Health Cook Islands

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List of Accronyms and Abbreviations

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

HIV SITUATION IN THE COOK ISLANDS

The Cook Islands are classified as a low HIV burden country and efforts have been focussed predominantly on prevention and reducing sexually transmitted infections.

HIV became a notifiable infection in the Cook Islands in 2004. As of 31 December 2014 the Cook Islands has reported a total of 3 HIV cases. These were recorded in 1997, 2003 and 2010.

Table 1: Cook Islands distribution of HIV

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

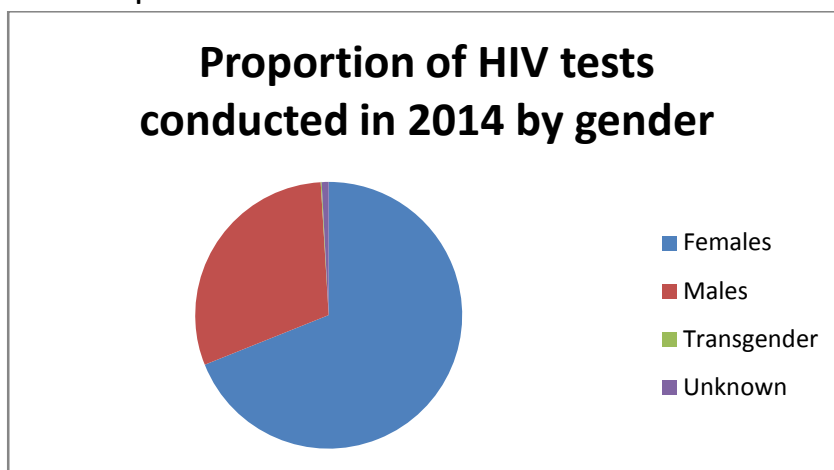
It is suspected that infection in all 3 cases occurred outside of the Cooks. The only case that was diagnosed in the Cook Islands was in late 2010.

Transmission of these three cases is thought to be via sexual contact. None of these cases currently live in the Cook Islands.

In 2010/2011, 2,490 HIV tests were conducted with only one positive case identified;

In 2014 824 HIV tests were conducted with no positive cases identified.

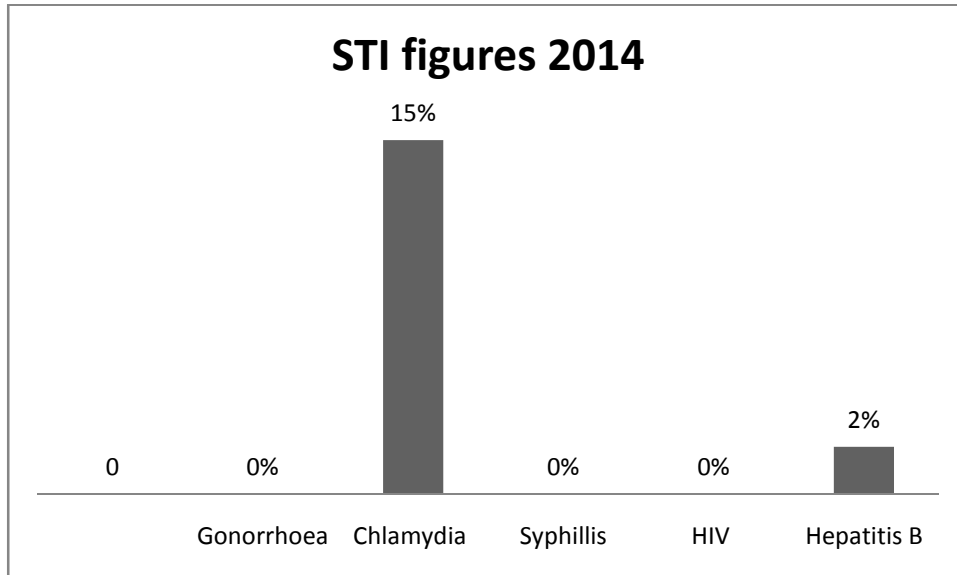
Chart 1: Proportion of HIV tests conducted in 2014



Sexually transmitted infections (STIs) are common in the Cook Islands. The Second Generation Surveillance (SGS) conducted in 2006 showed a 22% prevalence rate of Chlamydia; 46% of these

cases were between the ages of 15 to 29 years. After a robust intervention campaign, a repeatsurvey in 2012 showed a decrease in prevalence of 50%. The current challenge is to reduce further the prevalence of STIs in the Cook Islands, particularly in light of reduced donor funding for HIV/STI intervention.

Chart 2: Percentage of detected sexually transmitted infections in 2014



In 2011 an epidemiological treatment campaign focussed on reducing Chlamydia rates through presumptive treatment for everyone in the target group by the administration of 1 stat dose of 1gram Azithromycin. This initiative was supported by WHO, SPC and the Regional Pharmacy and resulted in a reduction in Chlamydia rates among ANC population by 50%.

Post campaign efforts to control the reduced rate and reduce Chlamydia rates even further have included; further targeted presumptive treatment, vigorous media campaigning, condom distribution and awareness. Current trends appear to be increasing once again which indicate that behaviour among this risk group is unchanged.

The National Response to HIV and STI is guided by the Integrated National Strategic Plan for Sexual Reproductive Health 2014-2015 INSP -SRH. This strategy had been developed by the Ministry of Health and the National HIV STI and TB Committee NHSTC. Formerly the National AIDS Committee, this committee was formalised in 2010 and is the National Country Coordinating Mechanism. The NHSTC is made up of key stakeholders CSO, Govt and KAPS that are involved in the HIV and STI response in the country.

An extensive process went into developing the INSP-SRH and support was provided with Technical Assistance from SPC and the Burnet Institute and lead by the HIV working group in country.

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

Priority Area 1: Leadership and policies

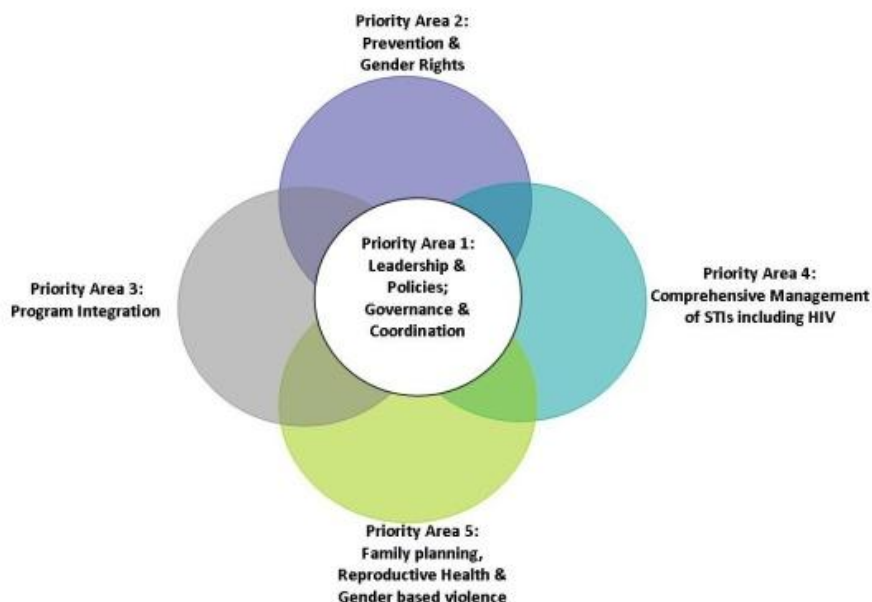
Priority Area 2: Prevention and gender rights

Priority Area 3: Program integration

Priority Area 4: Comprehensive management of STIs

Priority Area 5: Family planning and reproductive health

Chart 3: INSP-SRH Guiding principals



Indicator Overview Table

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

	1.16 HIV Testing in 15+ (from programme records)			
	1.17 Sexually Transmitted Infections (STIs)			
	1.17.1 Percentage of women accessing antenatal care (ANC) services who were tested for syphilis at first ANC visit	100%		ANC attendees are encouraged to test for HIV Syphilis and Hepatitis B
	1.17.2 Percentage of antenatal care attendees who were positive for syphilis	0%		No Antenatal women positive for Syphilis in this period.
	1.17.3 Percentage of antenatal care attendees positive for syphilis who received treatment	0%		No Antenatal women positive for Syphilis in this period.
	1.17.4 Percentage of sex workers with active syphilis	0		No testing done on Sex workers as there are no identified sex workers.
	1.17.5 Percentage of men who have sex with men (MSM) with active syphilis	0	STI report	Of those MSM identified through VCCT services none have tested positive for Syphilis.
	1.17.6 Number of adults reported with syphilis (primary/secondary and latent) during the reporting period	4	STI report	
	1.17.7 Number of reported congenital syphilis cases (live births and stillbirth) during the reporting period	0		No babies born with congenital syphilis.
	1.17.8 Number of men reported with gonorrhoea during the reporting period	6		
	1.17.9 Number of men reported with urethral discharge during the reporting period	7		
1.17.10 Number of adults reported with genital ulcer disease during the reporting period	0		No reported cases of genital ulcers in this period.	
Target 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015	2.1 People who inject drugs: Number of needles/IDU		SGS behavioural survey among youth in the Cook Islands	13% of survey respondents reported using injecting drugs in the previous 12months
	2.2. People who inject drugs: Condom Use	NA		There are no interventions targeting IDU
	2.3 People who inject drugs: Safe Injecting Practices	NA		
	2.4 People who inject drugs: HIV Testing	NA		
	2.5 People who inject drugs: HIV Prevalence	NA		

	2.6 People on opioid substitution therapy	NA		
	2.7 NSP and OST sites	NA		
Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths	3.1 Prevention of Mother-to-Child Transmission	NA	2014 STI report	ANC women are tested for HIV during pregnancy. To date there have been no HIV positive mothers
	3.1 a Prevention of mother-to-child transmission during breastfeeding	NA		NA
	3.2 Early Infant Diagnosis	NA		
	3.3 Mother-to-Child transmission rate (modelled)	NA		
	3.3 a Mother-to-child transmission of HIV (based on programme data)	NA		
	3.4 Pregnant women who were tested for HIV and received their results	100%		All pregnant women were tested for HIV and received their results in 2014
	3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months	0		No data available, data for this indicator is not currently being recorded.
	3.6 Percentage of HIV-infected pregnant women who had a CD4 test	0		No pregnant women tested positive for HIV in this period.
	3.7 Infants born to HIV-infected women receiving ARV prophylaxis for prevention of Mother-to-child-transmission	0		No infants born to HIV infected mothers in this period.
	3.9 Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth	0		No infants born to HIV infected mothers in this period.
	3.10 Distribution of feeding practices for infants born to HIV-infected women at DTP3 visit	0		Not Applicable
3.11 Number of pregnant women attending ANC at least once during the reporting period	100%		All pregnant women in 2014 attended ANC services at least once.	
Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015	4.1 ART coverage (adults and children)* , including Number of eligible adults and children who newly enrolled on antiretroviral therapy during the reporting period	NA		No reported HIV positive cases.
	4.2 HIV Treatment: 12 months retention	NA		
	4.2b HIV Treatment: 24 months retention	NA		
	4.2c HIV Treatment: 60 months retention	NA		

	4.3 Health facilities that offer antiretroviral therapy	1		The Rarotonga Hospital offers ART which is stored in the National Pharmacy. All tests are conducted in the National and only laboratory in the country based at Rarotonga Hospital.
	4.4 ART stockouts	0	Pharmacy stock out reports	No ART stockouts in this period
	4.5 Late HIV diagnoses	NA		
	4.6 HIV Care	NA		No Patients enrolled in HIV care during this period
	4.7 Viral load suppression	NA		
Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015	5.1. Co-Management of Tuberculosis and HIV Treatment	0		No cases of TB/ HIV co-infection in this period.
	5.2 Health care facilities providing ART for PLHIV with demonstrable infection control practices that include TB control	1		All Health centres practice TB control however medication for TB/HIV will be provided by the National Pharmacy
	5.3 Percentage of adults and children newly enrolled in HIV care (starting isoniazid preventive therapy (IPT))	NA		No new cases of HIV in this period
	5.4 Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	NA		No new cases of HIV in this period
Target 6. Close the resource gap	6.1 AIDS Spending - Domestic and international AIDS spending by categories and financing sources			Over 200 thousand NZD was spent in 2014 towards the National AIDS Response through International and local funds.
Target 7. Eliminating gender inequalities	7.1 Prevalence of Recent Intimate Partner Violence (IPV)	6.2%	Cook Islands Family Safety Study	Respondents reported being physically abused by an intimate partner in the last 12 months
Target 8. Eliminating stigma and discrimination	8.1 Discriminatory attitudes towards person living with HIV	54.5%	SGS youth survey 2012	

Target 9. Eliminate Travel restrictions	Travel restriction data collected by Human Rights and Law Division at UNAIDS HQ, no data collected needed	NA		
Target 10. Strengthening HIV integration	10.1 Orphans and non-orphans school attendance*	NA		Not Applicable
	10.2 Economic support for eligible households	NA		Not Applicable

II. Overview of the AIDS epidemic

NATIONAL RESPONSE TO THE AIDS EPIDEMIC IN THE COOK ISLANDS

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

Cook Islands low HIV burden is accompanied with low rates of injecting drug use and nil HIV in pregnant mothers, therefore the focus on much of prevention campaigns is on the sexual transmission of HIV and other STI. Cook Islands rates of STI and unplanned pregnancy along with the high rates of multiple sex partners, low condom use and age of first sexual debut(SGS2012) all indicate risky sexual behaviour.

Prevention campaigning has focussed on reduction of STIs, increasing awareness on HIV and STI, mobile HIV STI testing and comprehensive condom campaigning.

Cook Islands have put a lot of effort into strengthening HIV testing and VCCT services.

Five initial VCCT accredited sites were established in 2011; 2 sites located at CSOs Cook Islands Red Cross and Cook Islands Family Welfare Association, 1 site located at the Rarotonga community health clinic, 1 site located in the Antenatal Clinic at the Rarotonga Hospital and 1 site on the outer island of Aitutaki. Due to funding constraints the CSO site at Red Cross could not be maintained and closed in 2013.

A number of health practitioners have been trained to provide VCCT services, including, clinical nurses, doctors, public health nurses, program managers, health inspectors and youth volunteers. Although VCCT services have been established and heavily promoted, testing figures remain low and are mostly utilised by those presenting with STI symptoms.

To increase testing numbers, a mobile VCCT outreach campaign was developed. This campaign features a team of practitioners; a doctor, counsellors and a lab technician, travelling out to communities with less access such as the outer islands and at risk groups to provide education, counselling and on the spot testing. Once counselling is completed the client has blood extracted on the spot and it is tested for HIV, Hepatitis B and Syphilis. Results are typically ready in 10 minutes and are given to the client confidentially.

Condom promotion and distribution is a major component of the National Response to HIV and STI. Although condoms have been available for free for many years, the first Distribution campaign was in 2002 during the time of the Miss South Pacific Contest which was hosted by Cook Islands.

The response from the public was poor and people seemed embarrassed to take condoms. Since then with continued distribution and promotion, acceptance of condoms from the public has improved and PVC condom dispenser sites are now located around the Island and on multiple outer islands.



Picture 1: Condom and lube dispenser outside a local dairy

Since 2009 a number of locally designed condoms have been created and in 2014 a comprehensive condom campaign was conducted with main goals of educating young people on HIV /STI and use of condoms, research on ideal distribution locations/ methods and creating the new condom packs using feedback from young people in the Cook Islands. These three designs below were the final designs developed and produced for Cook Islands. The new condom packs were launched at the World AIDS Day celebration which was in collaboration with the Akavaine (Transgender) dance competition.

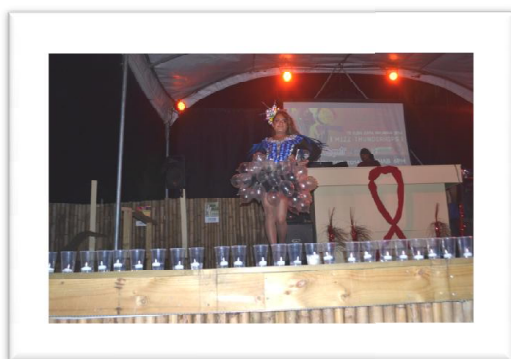


Picture 2: New Cook Islands branded condom designs 2014

The Cook Islands transgender community belong to a CSO called Te Tiare Association. The Association has a seat on the NHSTC and is involved in the HIV working group. Many prevention programs are offered to this group and they have access to regional support such as PSDN Pacific Sexual Diversity Network.

Some past activities have included the stepping stones behaviour change program which was modified to suit transgender community and more recently the Condom Promotion campaign and launch which featured Te Tiare contestants wearing condom creations.

Regular HIV STI screening through mobile testing is offered to Te Tiare.



Picture 3: A Te Tiare member showcasing her condom outfit

Cook Islands is one of the few countries that have a 100% voluntary non remunerated blood donor program. Each blood transfusion that takes place in the country uses blood donors. These donors are all counselled before signing up to the program and every donation is screened for HIV, Hepatitis B and C and Syphilis. Each donor is also screened for NCD's such as diabetes and will be referred into the health system for follow up and treatment.

Recognising that education and knowledge on services need to be provided at a young age, the national HIV program partners work with schools and public health nurses to provide this information to youth. The CSO Cook Islands Family Welfare Association, target youth in programs such as a youth radio show promoting SRHR messages, and access to services and through social media.

STIs are tested in the National Laboratory; this includes specimens sent from the Outer Islands, the CSO clinic and private clinics. Diagnosis is provided by the clinician who has access to the Patient information system and can read results attached to each patients file. For VCCT, due to the confidential nature of this program, results are coded and therefore cannot be attached to the patients file and all results are sent to the practitioner.

Treatment, contact tracing and follow up care is completed by the practitioner.

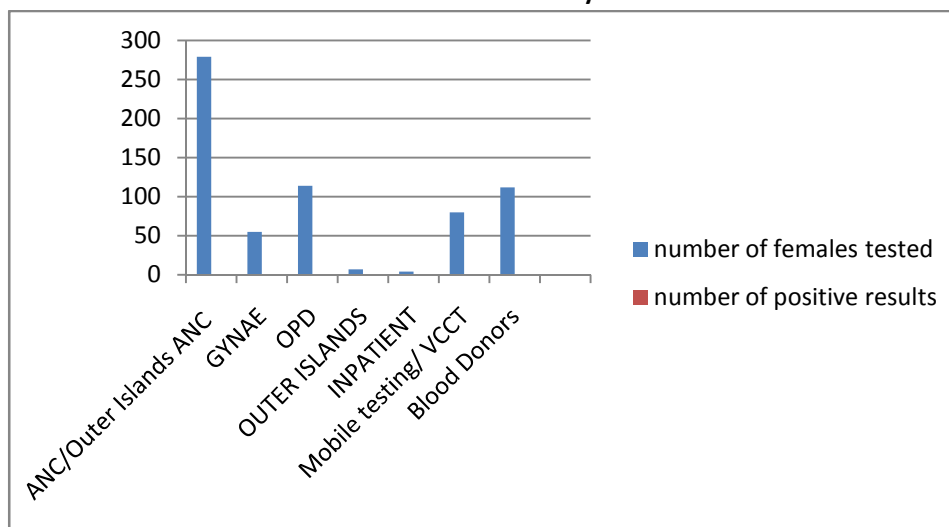
Any HIV positive cases will be handled by the HIV care team leader, known as the HIV doctor. This Medical officer is responsible for treatment and care of HIV patients.

Target 3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths

Cook Islands is committed to maintaining its zero rate of HIV infection among new born babies. The Ministry of Health recommends that all pregnant women are tested for HIV and other STIs. During Antenatal bookings pregnant women and their partners are counselled on the importance of being tested for HIV. To date Cook Islands has not had a pregnant woman test positive for HIV. In 2014 coverage of pregnant women tested for HIV was 100%

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

Chart 4: Number of Females tested for HIV in 2014 by site



Target 4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015

Antiretroviral treatment is crucial for extending the lives and quality of life for PLWA. Cook Islands see this as an integral component of HIV care. Due to the history of low number of reported cases of HIV in Cook Islands, ART supply is limited. Regular stock of PEP kits are kept at the pharmacy should the need arise. It is anticipated that in the event a local case of HIV is diagnosed and meets the ART criteria, drugs can be shipped over in a short time frame. Cook Islands have established an HIV care team consisting of key health practitioners and have been trained on ART. The HIV care team has close partnerships with NZ and the Region if advice on ART is needed.

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

In recent years Cook Islands have typically seen one new case of TB per year, the trend as outlined in the table below appears to be increasing slightly. Many of the TB positive cases of recent years have been imported cases or returning Cook Islanders. Contact tracing and screening of the patients close contacts is done immediately and follow up care including DOTS therapy is provided free. All TB patients are advised to take an HIV test however this test is not mandatory. No TB patient has tested positive for HIV.

In addition annual TB case management and recording training for Cook Islands medical practitioners (made available also to private practitioners) and health workers includes TB and HIV co-infection.

Table 2: Cook Islands tuberculosis cases

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

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

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

The National AIDS response continues to be heavily reliant on external donor funds. Cook Islands is not in the position to take on the full costs of the response to HIV and STI at this time.

Much of the Ministry of Health's commitment to HIV and STI are shown in workforce, from the public health sector, finance and planning, to laboratory and clinicians. Full operating costs are covered by the Ministry of Health including office/ clinic space, telephone, electricity and vehicle costs.

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

With external funding being greatly reduced, many interventions are expected to be scaled down and mainstreamed into existing services.

Table3: 2014 AIDS resource spending breakdown

SOURCE	2014 TOTAL
MOH HR costs	101,644.93
MOH operating costs	8844.31
MOH infrastructure	6185.28
International Donor Funds	91409.58
Local funds for activities	1258.40
Donor funds through CSO	4525.00
TOTAL	213,867.53

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

Te Marae Ora recognises that women and men face distinct health risks in their working and living environments and have different health needs. The promotion of gender sensitive research to inform the development and implementation of health strategies, policies and programs relating to CDs and NCDs and their determinants, violence against women and children, and natural disasters and health, has been and will continue to be essential in order to understand the gender differentials in the causes, manifestations and consequences of health issues. Creative research partnerships with academic institutions and international agencies will supplement existing resources within Te Marae Ora.

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

After the first locally diagnosed case of HIV in late 2010, and HIV and the law training through PIAF and RRRT was conducted in country. The training participants were made up of key stakeholders, Government and community officials and members of parliament. It was decided during the training that a stand-alone HIV legislation was needed to protect HIV positive individuals from stigma and discrimination.

UNDP has provided funds for the drafting of the HIV legislation which has been developed in consultation with stakeholders. Upon presentation to cabinet, the HIV working group were advised that further community dialogue was needed before it can be approved.

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

Currently any person wishing to work in the Cook Islands must complete health immigration checks. One of the testing requirements is to have an HIV, Syphilis and TB test.

IV. Best practices

A strong commitment from stakeholders has ensured high level of programme implementation rate that is aligned to the National and Regional Strategic plans. Strengthening partnerships and combining use of available and limited resources are key elements that have contributed to the high Cook Islands National HIV programme response rates as well as having a wider outreach in the community. It is concerning that as funds become less available in country some of these positive results will be noticeable reduced also.

Political commitment has been another success for Cook Islands. The Minister of Health Hon. Nandi Glassie, has been a role model in the Country and at the Regional Level. By signing up to a media campaign which showcased Glassie being tested for HIV and encouraged others to do the same, raised the profile of confidential testing in the country and raised his profile within the region. Glassie is a supporter of Sexual Health Rights and recently launched the Pacific Sexual Diversity Network strategic plan and is the signatory for Cook Islands Government to the Moana Declaration outcome statement of Pacific Parliamentarians for Population and development. Minister Glassie has been the spokesperson for the Pacific Asia region on the Moana Declaration at the CPD UN meeting.



Picture 4: Minister of Health 'i got tested campaign'

V. Major challenges and remedial actions

Major Challenges in 2014 relate primarily towards funding issues. The transition between Global Funds no cost extension and the Global fund new funding model has been with many a challenge. Funds were reduced down to operational costs only and implementation of funded activities has been on hold. The new funding ceiling was announced and is remarkably lower than previous funding rounds and the inclusion of salary for coordinators positions has been advised against.

Five external HIV grants completed in 2014, 3 from CSO agencies and 1 a regional organisation based in Cook Islands that sole focus was people living with HIV. This was a huge challenge for the response as each grant ended at the same time and implementation along with personnel reduced.

These challenges demonstrate the realities Cook Islands will face once external funds are expended.

VII. Monitoring and evaluation environment

Monitoring and Evaluation have become a stronger focus on the HIV response in recent years. A number of M&E trainings have been conducted and M&E is now incorporated into the INSP –SRH. There is recognised need to improve data collection and classification in the patient information system.

ANNEXES

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

For Cook Islands first global aids progress report, wide consultation and collection of information was carried out by the National HIV STI coordinator. The data and information collected was then prepared for further review.

Consultation was conducted one on one and final review of the document was conducted by electronic process.

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

MOH Elizabeth Iro, Secretary of Health
MOH Nukutau Pokura, TB program, NHSTC Secretariat, CINYC
MOH Mata Taramai, Financial Officer
MOH Dr May Aung, Obstetrics/ Gynae, HIV Care team leader
MOH Theresa Tatuava, Laboratory Scientist
MOH Edwina Tangaroa, Health Promotion Manager
MOH Dr Rangiau Fariu, Director of Community Health Services
MOH Biribo Tekanene, Chief Pharmacist
MOH Tearoa Iorangi, Statistician
MOH Mataiti Pitomaki, VCCT clinic Aitutaki
CIFWA Rongo File, Executive Director
CIFWA Tangi Nganu, Clinical Nurse
CIFWA Naomi Manavaikai, Program Officer
CIRC Patience Vainerere, Blood Program Officer
Te Tiare Metua Vaiimene, President
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This document has been approved by Cook Islands Country Coordinating Mechanism NHSTC.

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