



**Situation Analysis of Children in the Cook Islands**



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## **Situation Analysis of Children in the Cook Islands**



# Table of Contents

<b>Executive Summary .....</b>	<b>4</b>
<b>Acronyms .....</b>	<b>8</b>
<b>1. Introduction.....</b>	<b>10</b>
1.1. Purpose and scope.....	10
1.2. Conceptual framework.....	11
1.3. Methods and limitations .....	13
1.4. Governance and validation .....	14
<b>2. Context.....</b>	<b>15</b>
2.1. Geography and demographics .....	16
2.2. Main disaster and climate risks .....	18
2.3. Government and political context.....	18
2.4. Socio-economic context .....	19
2.5. Legislative and policy framework.....	23
2.6. Child rights monitoring.....	24
<b>3. Health and Nutrition .....</b>	<b>26</b>
3.1. Child mortality.....	27
3.2. Child health, immunization and communicable diseases.....	29
3.3. Maternal health .....	31
3.4. Violence against women and girls.....	32
3.5. Adolescent health .....	32
3.5.1. Fertility and contraceptive use .....	32
3.5.2. HIV/AIDS and sexually transmitted infections.....	33
3.5.3. Substance abuse.....	34
3.5.4. Mental health.....	36
3.6. Nutrition .....	36
3.6.1. Child stunting and wasting.....	37
3.6.2. Anaemia.....	37
3.6.3. Low birth weight and underweight.....	38
3.6.4. Obesity .....	38
3.6.5. Breastfeeding.....	39
3.7. Key barriers and bottlenecks .....	40
3.7.1. Climate and disaster risks.....	40
3.7.2. Health financing .....	40
3.7.3. Health workforce.....	41
3.7.4. Service delivery.....	41
<b>4. Water, Sanitation and Hygiene .....</b>	<b>43</b>
4.1. Access to improved water sources.....	44

4.2. Access to improved sanitation facilities .....	48
4.3. Hygiene practices.....	51
4.4. WASH in schools, menstrual hygiene management and children with disabilities....	52
4.5. Barriers and bottlenecks.....	53
4.5.1. Financing.....	53
4.5.2. Human resources.....	53
4.5.3. Climate and disaster risks .....	53
<b>5. Education.....</b>	<b>55</b>
5.1. Early childhood education.....	60
5.1.1. Access .....	60
5.1.2. Quality.....	61
5.1.3. Barriers and Bottlenecks .....	61
5.2. Primary and secondary education .....	62
5.2.1. Access .....	62
5.2.2. Quality.....	65
5.2.3. Bottlenecks and barriers.....	67
5.3. Tertiary and vocational education .....	68
5.3.1. Barriers and bottlenecks .....	69
<b>6. Child Protection .....</b>	<b>71</b>
6.1. Child protection risks and vulnerabilities .....	74
6.1.1. Nature and extent of violence, abuse, neglect and exploitation of children ...	74
6.1.2. Community Knowledge, Attitudes and Practices.....	78
6.1.3. Drivers of violence, abuse, neglect and exploitation of children .....	78
6.2. The child protection system .....	79
6.2.1. The legal and policy framework for child protection .....	79
6.2.2. Child Protection structures, services and resourcing.....	82
6.2.3. Mechanisms for inter-agency coordination, information management and accountability .....	85
6.3. Other child protection issues .....	86
6.3.1. Birth registration .....	86
6.3.2. Children with disabilities .....	86
6.3.3. Climate change and natural disasters .....	88
<b>7. Social Protection .....</b>	<b>89</b>
7.1. Profile of child and family poverty and vulnerability .....	91
7.2. Bottlenecks and barriers .....	92
<b>8. Conclusions .....</b>	<b>97</b>
8.1. Climate change and disaster risks .....	97
8.2. Financial and human resources .....	98
8.3. Geography.....	98
8.4. Equity .....	98
8.5. Legal and policy framework .....	99
8.6. Cultural norms and approaches.....	99

# Executive Summary

## Introduction

This report aims to present a comprehensive assessment and analysis of the situation of children in the Cook Islands. It provides an evidence base to inform decision-making across sectors that are relevant to children and women, and, in particular, it is intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children and women.

The Cook Islands is a self-governing territory in free association with New Zealand (NZ). It is fully responsible for internal affairs, with NZ retaining responsibility for foreign affairs and defence. It consists of 15 islands and atolls spread over an area of just under 2 million km<sup>2</sup> in the Polynesian region of the Pacific Ocean. Most of the population lives on the southern islands. A 2011 Census recorded a resident population of 14,974 people, with 29 per cent under the age of 15 years. Like many other Pacific Island Countries, the geography of the Cook Islands exposes it to cyclones and makes it vulnerable to climate change.

This report covers the child outcome areas of health (including nutrition), water, sanitation and hygiene (WASH), education, child protection (including child justice) and social protection. By assessing and analysing the situation for children and women in relation to these outcomes and in relation to relevant Sustainable Development Goals (SDGs), this report seeks to highlight trends, barriers and bottlenecks in the realisation of children's and women's rights in the Cook Islands.

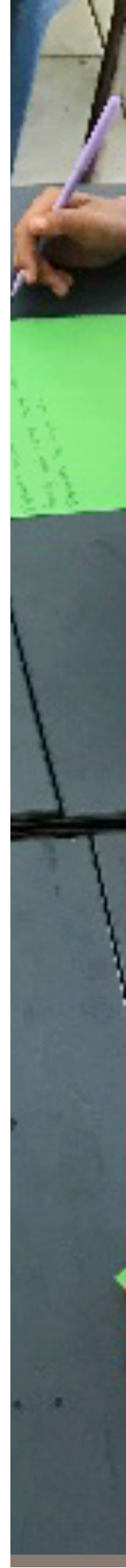
## Key barriers and bottlenecks

The following key barriers and bottlenecks were identified from the full situation analysis of women and children in the Cook Islands.

**Climate change and disaster risks:** The Cook Islands face an increasing risk of extreme weather and natural disasters, as well as increases in climate change-related weather conditions. This has considerable impact on all sectors in relation to the realisation of children's and women's rights. Disaster and climate risks affect access to and quality of education, health, WASH and other government services due to damaged schools, buildings and infrastructure, challenges in access and diverted resources.

**Financial and human resources:** The Cook Islands is an upper-middle income country, but it faces some resource constraints in relation to child rights. For example, as donor involvement is set to decrease and costs of travel increase, health services may be affected. Further, it is reported that current financing of the WASH sector is not sufficient to ensure that the Cook Islands sufficiently and continuously meets international water and sanitation targets, especially in remote rural areas.

**Geography:** The geography of the Cook Islands influences the realisation of the rights of women and children, with the population in remote islands finding it harder to access services, including education and health services.





**Legal and policy framework:** One of the main barriers in the child protection sector is the lack of a child protection legal framework, resulting in the lack of an effective child protection system. The report also found a corresponding lack of specialised bodies and institutions to support child-friendly justice. Gaps were also found in the legal framework, so children face the risk of corporal punishment in the home, becoming involved in the production of pornography, and other illicit activities. Further, the legal and policy framework contains specific gaps in its protection of girls with disabilities and the protection of boys from sexual offences.

**Cultural norms and approaches:** Cultural attitudes and traditions were found to prevent or impede the realisation of children's rights in several sectors. Community attitudes towards violence against children and corporal punishment pose particular challenges. Reliance on and preference for informal justice leads to underreporting of cases, and the use of informal justice processes is likely to mean that child rights safeguards are not upheld during proceedings.



## Snapshot of outcome areas

<p><b>Health</b></p>	<p>Child mortality rates in the Cook Islands have been declining over recent decades. The country is on track to meet international child mortality reduction targets and has already achieved some of the lowest child mortality rates in the Pacific region. Aggregate figures, however, hide disparities within the country, with remote outer islands having significantly higher rates of under-5 deaths compared to Rarotonga, the country's main island. Good progress has been made in fighting vaccine-preventable diseases, with universal immunization coverage for 10 of the 12 recommended vaccines. No maternal deaths have been recorded since at least 1995 – a success that has been attributed to the 100 per cent skilled birth attendance coverage. Estimated antenatal coverage for at least one visit also stands at 100 per cent and all births take place in a health facility. Adolescent fertility is relatively high, with 51 births per 1,000 women aged 15-19. Contraceptive prevalence stands at around 31 per cent of the population, which is below the regional average and not in line with international development targets. Compared with other Pacific Island Countries and Territories (PICTs), the Cook Islands have a low number of reported Human Immunodeficiency Virus (HIV) infections; however, sexually transmitted infection rates are very high, which indicates that the underlying behavioural risks for HIV transmission are high. Data also suggests that adolescent mental health is an area of concern: the leading causes of death in young people (besides transport accidents) were in the preventable category of intentional self-harm and suicide.</p>
<p><b>Nutrition</b></p>	<p>Up-to-date data on childhood wasting and stunting in the Cook Islands are not available, representing a significant data gap. The anaemia prevalence rate in pregnant women is a very high 55 per cent: a serious public health concern. Anaemia prevalence in pre-school children stands at 25 per cent. Obesity and associated non-communicable diseases (NCDs) are significant public health concerns: 2015 data suggest that obesity affects a large proportion of school children, with 31 per cent of students aged 13-15 being obese: the highest rates in the PICTs. Up-to-date national estimates of exclusive breastfeeding prevalence and initiation are not available.</p>
<p><b>WASH</b></p>	<p>Improved water and improved sanitation coverage in the Cook Islands are universal, at 100 and 98 per cent, respectively. However, water supply on the main island of Rarotonga experiences shortages during drought conditions, which appear to be occurring more frequently and could be a concern in the future. Open defecation is only practiced by 1 per cent of the population.</p>



<p><b>Education</b></p>	<p>Enrolment in early childhood education (ECE) has increased in the Cook Islands over the last few years, with the net enrolment rate (NER) now standing at 97 per cent. Ministry of Education (MoE) efforts in relation to the primary sector are reflected in the achievement of universal enrolment in primary education. However, junior secondary school enrolment rates are somewhat lower, with a NER of 89 per cent, with senior secondary school enrolment figures lower still at 62 per cent. Senior secondary school retention rates also decrease the higher the grade. In 2012, the Convention on the Rights of the Child Committee specifically highlighted disparities in education services and quality between the Inner and Outer Islands in the Cook Islands.</p>
<p><b>Child protection</b></p>	<p>Gaps exist in relation to quantitative data on corporal punishment in the Cook Islands. However, qualitative evidence suggests that physical punishment is widely practiced and culturally acceptable as a means of discipline. The current legal framework leaves children vulnerable to violence, including through the permission of physical discipline in the home under the Crimes Act. Further, gaps in the legal framework may leave children vulnerable to being exploited in pornography or being used in illicit activities. The Government has however been engaging in a review of the Crimes Act since 2010, aimed at strengthening provisions around the criminalisation of both child prostitution and pornography. Reports suggest that culture and tradition may act as barriers in relation to child protection, including community preferences for customary intervention rather than reporting cases to the formal justice system.</p>
<p><b>Social protection</b></p>	<p>Up-to-date data on poverty rates in the Cook Islands are unavailable. However, data from 2005/6 suggest that 28.4 per cent of the population were living below the basic needs poverty line. The same data also reveal gender and geographic disparities, with female-headed households and those in Rarotonga most vulnerable to deprivation. Data are, however, lacking in relation to how rates of poverty and deprivation vary by age and other characteristics. The Cook Islands have a highly developed social protection system in comparison to many other PICTS, and is one of only two PICTS that target social assistance payments to children. The Asian Development Bank (ADB) Social Protection Indicator for the Cook Islands is one of the highest in the region, as reported in 2016. Yet, some gaps in the system have been identified, including the lack of needs-based targeting of social welfare payments. Further, the cost of the system, which has increased significantly over time, has called its long-term viability into question.</p>

# Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ADB</b>	Asian Development Bank
<b>ART</b>	Antiretroviral Therapy
<b>CEDAW</b>	Convention on the Elimination of Violence Against Women
<b>CESCR</b>	Committee on Economic, Social and Cultural Rights
<b>CRC</b>	Convention on the Rights of the Child
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>DHS</b>	Demographic and Health Survey
<b>EAPRO</b>	East Asia and Pacific Regional Office
<b>ECE</b>	Early Childhood Education
<b>EFA</b>	Education for All
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>GC</b>	General Comment of a human rights treaty body
<b>GDP</b>	Gross Domestic Product
<b>GER</b>	Gross Enrolment Ratio
<b>GLAAS</b>	UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water
<b>GPI</b>	Gender Parity Index
<b>GSHS</b>	Global School-based Health Survey
<b>HIES</b>	Household Income and Expenditure Survey
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>MDG</b>	Millennium Development Goal
<b>MHM</b>	Menstrual Hygiene Management
<b>MMR</b>	Maternal Mortality Ratio
<b>MoE</b>	Ministry of Education
<b>MoH</b>	Ministry of Health
<b>NCD</b>	Non-Communicable Disease
<b>NCEA</b>	National Certificate of Educational Achievement
<b>NER</b>	Net Enrolment Rate
<b>NGO</b>	Non-governmental Organization
<b>NMDI</b>	National Millennium Development Indicator
<b>NZ</b>	New Zealand
<b>NZD</b>	New Zealand Dollar
<b>ODA</b>	Official Development Assistance
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>PICTs</b>	The 14 Pacific Island Countries and Territories that are the subject of the Situation Analyses
<b>PNG</b>	Papua New Guinea
<b>SDG</b>	Sustainable Development Goal
<b>SitAn</b>	Situation Analysis
<b>SOWC</b>	State of the World's Children
<b>SP</b>	UNICEF Strategic Programme

- SPC** Pacific Community
- SPI** Social Protection Indicator
- STEPS** STEPwise Approach to Chronic Disease Risk Factor Surveillance
- STIs** Sexually Transmitted Infections
- TB** Tuberculosis
- U5MR** Under-5 child Mortality Rate
- UN** United Nations
- UNDP** United Nations Development Programme
- UNESCO** United Nations Educational, Scientific and Cultural Organization
- UNFPA** United Nations Population Fund
- UNICEF** United Nations Children's Fund
- UNICEF SitAn Procedural Manual** UNICEF 'Guidance on Conducting a Situation Analysis of Children's and Women's Rights' (March 2012)
- USD** United States Dollar
- VAWG** Violence Against Women and Girls
- WASH** Water, Sanitation and Hygiene
- WHO** World Health Organization
- WinS** WASH in Schools



# 1.

## Introduction

### 1.1. Purpose and scope

This report aims to present a comprehensive assessment and analysis of the situation of children in the Cook Islands. It intends to present an evidence base to inform decision-making across sectors that are relevant to children, and to be instrumental in ensuring the protection and realisation of children's rights. In particular, it intends to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children in the Cook Islands.

In accordance with the approach outlined in the United Nations Children's Fund (UNICEF) Procedural Manual on 'Conducting a Situational Analysis of Children's and Women's Rights' ('UNICEF SitAn Procedural Manual'), the specific aims of this Situation Analysis (SitAn) are:

- To improve understanding among all stakeholders of the current situation of children's rights in the Pacific, and the causes of shortfalls and inequity, as the basis for developing recommendations for stakeholders to strengthen children's rights.
- To inform the development of UNICEF programming and support national planning and development processes, including influencing policies, strategies, budgets and national laws to contribute towards establishing an enabling environment for children that adheres to human rights principles, particularly regarding universality, non-discrimination, participation and accountability.
- To contribute to national research on disadvantaged children and leverage UNICEF's convening power to foster and support knowledge generation with stakeholders.

- To strengthen the knowledge base to enable assessment of the contribution of development partners, including UNICEF and the UN, in support of national development goals.<sup>1</sup>

This SitAn report focuses on the situation of children (persons aged under 18), adolescents (aged 10-19) and youth (aged 15-24).<sup>2</sup> In addition, an assessment and analysis of the situation relating to women is included, to the extent that it relates to outcomes for children (for example, regarding maternal health).

## 1.2. Conceptual framework

The conceptual framework is grounded in the relationship between child outcomes and the immediate, underlying and structural determinants of those outcomes, and is adapted from the conceptual framework presented in UNICEF SitAn Procedural Manual. A rights-based approach was adopted for conceptualising **child outcomes**, which are presented in this SitAn according to rights categories contained in the UN Convention on the Rights of the Child (CRC). These categories also correspond to UNICEF's Strategic Programme (SP) Outcome Areas. Child outcomes are therefore grouped into: Health/nutrition; WASH ('survival rights'); Education ('development rights'); Child protection; and Social protection ('protection rights').

The aim of the **child outcomes assessment** component of this SitAn was to identify trends and patterns in the realisation of children's rights and key international development targets, and any gaps, shortfalls and inequity in the realisation of these rights and targets. The assessment employed an equity approach, and highlighted trends and patterns in outcomes for groups of children, identifying and assessing disparity in outcomes according to key identity characteristics and background circumstances (e.g., gender, geographic location, socio-economic status, age and disability).

A number of analytical techniques were employed in order to **analyse** immediate, underlying and structural causes of child outcomes. These included:

- **Bottlenecks and barriers analysis:** A structured analysis of the bottlenecks and barriers that children/groups of children face in the realisation of their rights, with reference to the critical conditions/determinants<sup>3</sup> (quality; demand; supply and enabling environment) needed to realise equitable outcomes for children).

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1 UNICEF. March 2012. *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*. pp. 5-6. at <http://www.unicefemergencies.com/downloads/eresource/docs/Rights%20based%20equity%20focused%20Situation%20Analysis%20guidance.pdf> [30.01.17].

2 These are the age brackets used by UN bodies and agencies for statistical purposes without prejudice to other definitions of 'adolescence' and 'youth' adopted by Member States.

3 Based on the 10 critical determinants outlined in Table 3 on page 20 of UNICEF's Sitan Procedural Manual.

The analysis is also informed by:

- **Role-pattern analysis:** The identification of stakeholders responsible for/best placed to address any shortfalls/inequity in child rights outcomes.
- **Capacity analysis:** To understand the capacity constraints (e.g., knowledge; information; skills; will/motivation; authority; financial or material resources) on stakeholders who are responsible for/best placed to addressing the shortfalls/inequity.

The analysis did not engage in a comprehensive causality analysis, but immediate and underlying causes of trends, shortfalls and inequities are considered throughout.

The analysis was deliberately risk-informed and took an equity approach. An **equity approach** seeks to understand and address the root causes of inequality so that all children, particularly those that suffer the worst deprivations in society, have access to the resources and services necessary for their survival, growth and development.<sup>4</sup> In line with this approach, the analysis included an examination of gender disparities and their causes, including: a consideration of the relationships between different genders; relative access to resources and services; gender roles; and the constraints faced by children according to their gender.

A **risk-informed analysis** requires an analysis of disaster and climate risks (namely, hazards; areas of exposure to the hazard; and vulnerability and capacity of stakeholders to reduce, mitigate and manage the impact of the hazard on the attainment of children's rights). This is particularly relevant to the Pacific Island Countries and Territories (PICTS) where climate change and other disaster risks exist. A risk-informed analysis includes an assessment of gender and the vulnerability of particular groups of children to disaster and climate risks.

- A rights-based framework was developed for measuring child outcomes and analysing role-patterns, barriers and bottlenecks. This incorporates the relevant rights standards and development targets (in particular, the Sustainable Development Goals [SDGs]) in each of the child outcome areas. See Table 1.1.

**Table 1.1: Assessment and analysis framework by outcome area**

Outcome area	Assessment and analysis framework
<b>Health and nutrition</b>	<ul style="list-style-type: none"> <li>- CRC (particularly the rights to life, survival and development and to health)</li> <li>- SDGs (particularly SDG 3 on ensuring healthy lives and promoting well-being)</li> <li>- Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)</li> <li>- WHO Global Nutrition Targets (child stunting; anaemia; low birthweight; obesity/overweight; and breastfeeding)</li> </ul>



<b>WASH</b>	<ul style="list-style-type: none"> <li>- CRC (Article 24)</li> <li>- SDGs (particularly SDG 6 on ensuring availability and sustainable management of water and sanitation for all)</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- CRC (Articles 28 and 29)</li> <li>- Article 13 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)</li> <li>- SDGs (particularly SDG 4 on ensuring inclusive and quality education for all and promoting lifelong learning)</li> <li>- Comprehensive School Safety Framework<sup>1</sup></li> </ul>
<b>Child protection</b>	<ul style="list-style-type: none"> <li>- CRC (Articles 8, 9, 19, 20, 28(2), 37, 39 and 40)</li> <li>- SDGs (particularly SDGs 5, 8, 11 and 16)</li> </ul>
<b>Social protection</b>	<ul style="list-style-type: none"> <li>- CRC (Articles 26 and 27)</li> <li>- ICESCR rights to social security (Article 9) and adequate standard of living (Article 11)</li> <li>- SDG target 1 (end poverty in all its forms everywhere)</li> </ul>

### 1.3. Methods and limitations

This SitAn includes a comprehensive review, synthesis and examination of data from a variety of sources. The assessment of child outcomes relied primarily on existing datasets from household surveys, administrative data from government ministries and non-governmental organizations (NGOs) and other published reports.<sup>5</sup> Key datasets were compiled from the UNICEF Statistics database (available at: <https://data.unicef.org/>) and the Pacific Community's (SPC) National Minimum Development Indicators (NMDI) database (available at: <https://www.spc.int/nmdi/>).<sup>6</sup> The compilation of the 2016 State of the World's Children (SOWC) report was utilised as the latest available reliable data (available at: <https://www.unicef.org/sowc2016/>). SPC's NMDI database also compiles data produced through national sources.<sup>7</sup> Other institutional databases from the World Bank, UNICEF/WHO Joint Monitoring Programme, WHO and United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute of Statistics were used where relevant.

The analytical techniques used for the analysis phase required a synthesis and analysis of secondary data and literature, including small-scale studies and reports. It also included a mapping and analysis of relevant laws, policies, and Government/SP Outcome Area strategies.

One of the limitations of the methodology is gaps in recent, quality data in relation to some of the areas covered by the analysis. These gaps are noted throughout the report. The analysis of causes and determinants of rights shortfalls relied heavily on existing published reports and, therefore, some areas in the analysis have not been the subject of robust and recent research. Again, gaps are highlighted as necessary.

<sup>5</sup> These datasets were reviewed and verified by UNICEF.

<sup>6</sup> Data from national sources and other reputable sources are compiled and checked for consistency before being registered in the UNICEF Statistics database and used for the annual State of the World's Children Report.

<sup>7</sup> The database is updated as new data become available.

A further limitation was the tight timeframe and limited duration according to which this SitAn has been produced. This required the authors to determine priority areas of focus and to exclude some matters from the analysis. This also led to limitations to the extent of, for example, the causality analysis (which is considered but does not include a problem tree), and the role pattern and capacity gap analyses, which inspire the presentation of the information but have not necessarily been formally performed for all duty-bearers.

## **1.4. Governance and validation**

The development and drafting of this SitAn has been guided by a UNICEF Steering Committee (comprising Andrew Colin Parker; Gerda Binder; Iosefo Volau; Laisani Petersen; Lemuel Fyodor Villamar; Maria Carmelita Francois; Settasak Akanimart; Stanley Gwavuya [Vice Chair], Stephanie Kleschnitzki; Uma Palaniappan; Vathinee Jitjaturunt [Chair] and Waqairapoa Tikoisuva), which supported the assessment and analysis process by providing comment, feedback and additional data and validating the contents of this report. This governance and validation provided by the Steering Committee was particularly important given the limitations to data gathering and sourcing set out above.

# 2.

## Context

**Map 2.1: Map of the Cook Islands**



Source: World Atlas<sup>8</sup>



## 2.1. Geography and demographics

The Cook Islands consist of 15 islands and atolls spread over an area of around 2 million km<sup>2</sup> in the Polynesian region of the Pacific Ocean, with a total land surface area of 236 km<sup>2</sup>.<sup>9</sup> The islands are split into two groups, North and South, with most of the population living on the southern islands.<sup>10</sup>

The 2011 Cook Islands Census recorded a population of 17,794 (50.5 per cent female and 49.5 per cent male): a decrease from the 19,342 recorded in 2006. The resident population was recorded as 14,974 (50.0 per cent female and 50.0 per cent male), with a median age of 29 (28 for females and 30 for males).<sup>11</sup> The results of the December 2016 census were not available at the time of writing,<sup>12</sup> but WHO reported that the 2015 population was 21,000.<sup>13</sup>

Of the resident population, 29 per cent were younger than 15, 58 per cent aged between 15 and 59 and the remaining 13 per cent were over 60.<sup>14</sup> A more detailed breakdown of the population can be seen in Figure 2.1. The census shows a decrease in population of the 15-29 age groups in comparison to the 2006 10-24 cohort, who would now be a part of the 15-29 group. Whether this decrease is statistically significant is not known. The authors of the Census suggest that this decrease was a sign of outward-migration, possibly due to the pursuit of further education and employment opportunities.<sup>15</sup>

The capital of the Cook Islands, Avarua, is located on the most populous and largest (67.1km<sup>2</sup>) island of Rarotonga, which has a total population of 13,095, around 5,000 of whom live in the capital. The remaining southern islands have a total population of 3,586 and the northern islands are recorded to have a population of 1,113.<sup>16</sup> Approximately a quarter of the population living on Rarotonga are below the age of 19 and 67.4 per cent of all Cook Islands children below the age of 19 live there.<sup>17</sup>

The main ethnic group of the residential population is Cook Island Maori at 81.3 per cent, followed by Part Cook Island Maori at 6.7 per cent.<sup>18</sup> The remaining ethnic groups can be seen in Figure 2.2. The official languages of the Cook Islands are English, Maori and Pukapukan.<sup>19</sup> The Cook Islands Christian Church was recorded to be the dominant religious domination of the residents, at 49.1 per cent, followed by Roman Catholicism at 17 per cent. Other Christian denominations include

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9 Geography of the Cook Islands – Where We Are. <http://www.ck/geog.htm>.

10 Ibid.

11 Cook Islands, Ministry of Finance and Economic Management. Census 2016. <http://www.mfem.gov.ck/census>.

12 Ibid.

13 Cook Islands. <http://www.who.int/countries/cok/en/>.

14 Census 2016. Op. cit.

15 Cook Islands, Ministry of Finance and Economic Management. Census 2011. <http://www.mfem.gov.ck/statistics/census-and-surveys/census/143-census-2011>.

16 Census 2016. Op. cit.

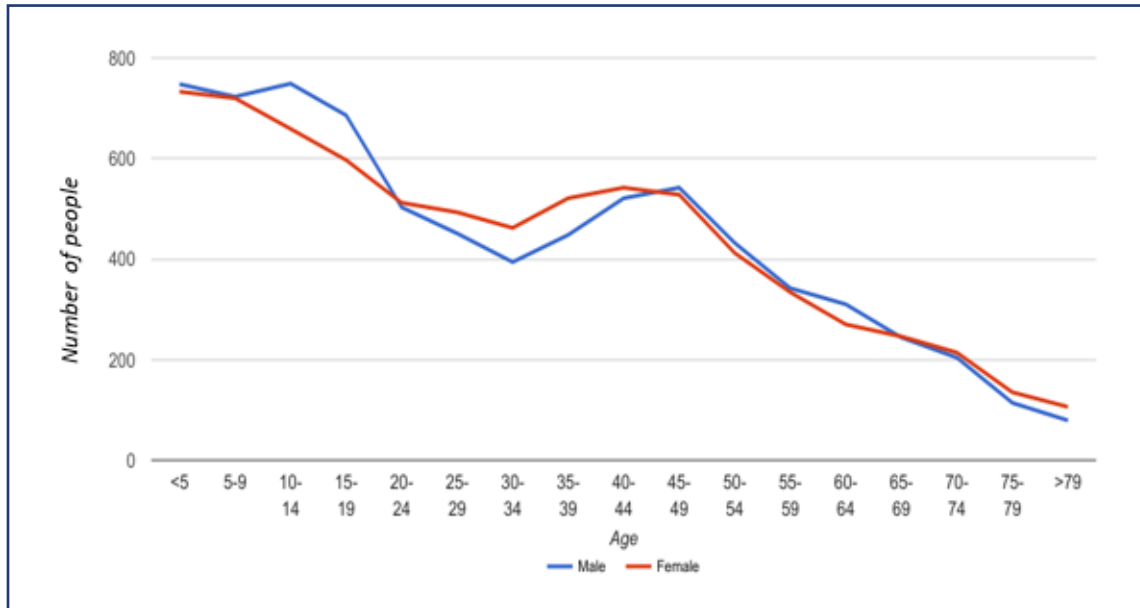
17 Census 2011. Op. cit.

18 Ibid.

19 The People of Cook Islands. <http://www.ck/people.htm>.

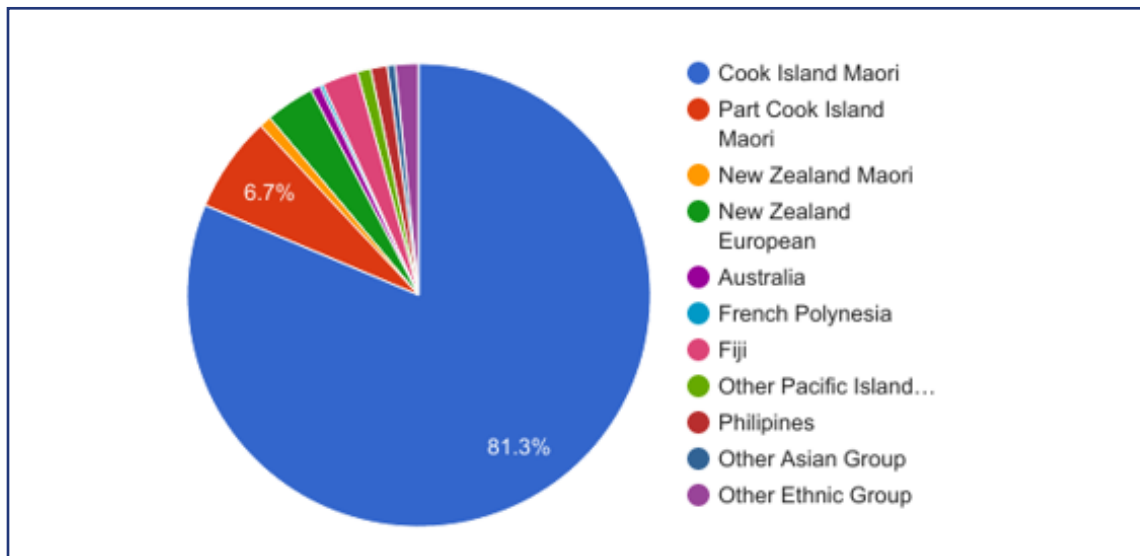
Seventh Day Adventist (7.9 per cent), Church of Latter Days Saints (4.4 per cent), Assemblies of God (3.7 per cent), and Apostolic Church (2.1 per cent).

**Figure 2.1: Population by age group and gender (2011)**



Source: Census, 2011<sup>20</sup>

**Figure 2.2: Ethnicity in the Cook Islands (2011)**



Source: Census, 2011<sup>21</sup>

20 Ibid.

21 Census 2011. Op. cit.

## 2.2. Main disaster and climate risks

In common with many other PICTS, the Cook Islands are often exposed to cyclones and are more vulnerable to the effects of climate change. The most recent incident, Cyclone Pat, occurred in February 2010,<sup>22</sup> passing over the southern island of Aitutaki (total 2011 population of 2,038<sup>23</sup>), affecting 2,202 people<sup>24</sup> and causing serious infrastructural damage, including to hospitals and electricity supply. Fortunately, there were no casualties.<sup>25</sup>

The Cook Islands disaster-risk management policy is guided by the National Action Plan for Disaster Risk Management (2009-2015),<sup>26</sup> and the Government has strongly emphasised disaster-preparedness, particularly since five cyclones hit the islands in 2005, causing NZD20 million in damages. The Government established Emergency Management Cook Islands as the key coordination agency, which sits under the Office of the Prime Minister. Furthermore, in 2007, the Government passed a new Disaster Risk Management Act, as well as a National Disaster Management Plan, and Council. Preparations are underway for a 'Preventative Infrastructure Master Plan', which will identify and prioritize infrastructure needs for the next 20 years.

## 2.3. Government and political context

In 1965, the Cook Islands became a self-governing territory in free association with New Zealand (NZ) and is fully responsible for internal affairs, with NZ retaining responsibility for foreign affairs and defence. The Cook Islands follow the Westminster system of government, with 24 elected members of Parliament, four of whom are women.<sup>27</sup> The current Prime Minister, Henry Tuakeu Puna, is the leader of the Cook Islands Party, with the Democratic Party being the other major political party.<sup>28</sup> However, June 2016 saw political turmoil in the Cook Islands, when the opposition coalition attempted to oust the Prime Minister under accusations of treason. This left the nation in a state of confusion with regard to who was leading the nation.<sup>29</sup>

Attempts by the Cook Islands to have a seat at the UN have been suppressed by the NZ, as it would result in a loss of NZ citizenship, and the right to work freely in NZ.<sup>30</sup> This differs to the

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22 Cook Islands. <http://www.unocha.org/pacific/country-profiles/cook-islands>.

23 Census 2011. Op. cit.

24 CRED Database.

25 World Meteorological Organization, RA V Tropical Cyclone Committee for the South Pacific and South-East Indian Ocean. 2010. <http://www.wmo.int/pages/prog/www/tcp/documents/RAVTCC-13FinalReport.pdf>.

26 Cook Islands, National Action Plan for Disaster Risk Management (2009-2015). [http://www.preventionweb.net/files/21869\\_17857finalnapdocument200920155b15d1.pdf](http://www.preventionweb.net/files/21869_17857finalnapdocument200920155b15d1.pdf).

27 Pacific Women in Politics - Cook Islands. <http://www.pacwip.org/future-elections/cook-is/>.

28 'A unique status in International Politics'. [http://ec.europa.eu/development/body/publications/courier/courier200/pdf/en\\_037.pdf](http://ec.europa.eu/development/body/publications/courier/courier200/pdf/en_037.pdf).

29 'Controversy over who leads Cook Islands', *stuff*, 21 June 2016. <http://www.stuff.co.nz/world/south-pacific/81303571/Controversy-over-who-leads-Cook-Islands>.

30 'Cook Islands push for independence from NZ', *stuff*, 31 May 2015. <http://www.stuff.co.nz/world/south-pacific/68986939/Cook-Islands-push-for-independence-from-NZ>.



situation of other PICTS such as Samoa and Tonga, which also have close links to NZ, but face quotas. Eligible citizens aged 18-45 are able to register under a ballot to be considered for the grant of residence in NZ each year.

The Cook Islands National Youth Council has been active since 2007, and was established with funding from UNESCO through the Youth and Sports Division of the Ministry of Internal Affairs. The northern and southern islands each have a Vice President and sub-committees for each age group (15-24, 25-29, 30-34) and each has at least one 'Outer Island Based' member. The Cook Islands National Youth Council falls under the umbrella of the Pacific Youth Council alongside Tuvalu, Nauru, Tonga, Solomon Islands and Niue, and pushes for the empowerment of young people to become active citizens and leaders.<sup>31</sup>

## 2.4. Socio-economic context

*The Cook Islands's current National Development Plan, the National Sustainable Development Plan 2016-2020, has as its vision "To enjoy the highest quality of life consistent with the aspirations of our people, and in harmony with our culture and environment", and sets out 16 goals for the period 2016-2020, focusing on welfare, economic opportunities, food security, water and sanitation, infrastructure, energy and transport, health, education, gender equality, heritage and history, population, climate change and natural disasters, water resource management, land use, waste and sanitation and peace and justice.*<sup>32</sup>

The Cook Islands are classified as a high middle-income economy and the NZ Dollar is the official currency. In 2014, the Cook Islands was recorded to have a Gross Domestic Product (GDP) per capita of USD15,002.<sup>33</sup> According to the Asian Development Bank (ADB) the economy of the Cook Islands grew by 4.8 per cent in the Fiscal Year of 2015. This was a result of increased activity in agriculture, commerce, tourism and transport.<sup>34</sup> The Cook Islands economy is largely dependent on tourism, which contributes around 60 per cent to 70 per cent of GDP.<sup>35</sup> Visitor arrivals were reported to have increased by 11 per cent in 2016, partly due to new transport links established between Rarotonga and Auckland in March of the same year. The GDP growth forecasts for the Cook Islands for the Fiscal Years 2016 and 2017 were 4.2 per cent and 4 per cent, respectively.<sup>36</sup>

31 Cook Island National Youth Council. <http://www.pacificyouthcouncil.org/cook-islands.php>.

32 Cook Islands National Sustainable Development Plan 2016-2020. [http://mfem.gov.ck/images/documents/CEO\\_docs/Other%20Documents/National-Sustainable-Development-Plan\\_2016-2020.pdf](http://mfem.gov.ck/images/documents/CEO_docs/Other%20Documents/National-Sustainable-Development-Plan_2016-2020.pdf) [31.7.17]. p. 13.

33 UN data. Country profile, Cook Islands. [http://data.un.org/CountryProfile.aspx?crName=Cook Islands](http://data.un.org/CountryProfile.aspx?crName=Cook%20Islands).

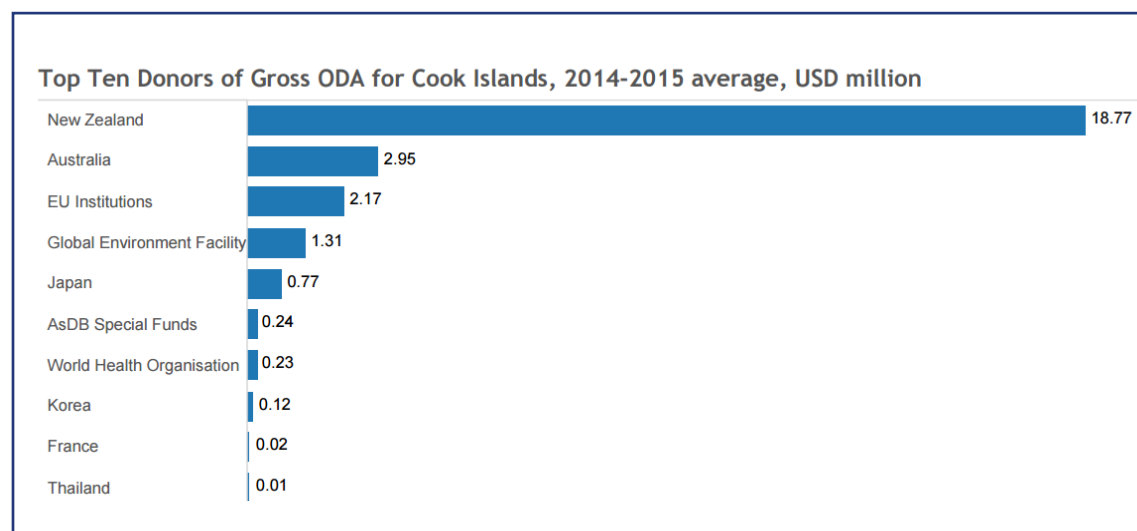
34 ADB. Cook Islands: Economy. 1 February 2017. <https://www.adb.org/countries/cook-islands/economy>.

35 Global Partnership for Effective Development Co-operation. October 2016. Monitoring Profile, Cook Islands. [http://www.mfem.gov.ck/images/documents/DCD\\_Docs/Development-Resources/GPEDC/GPEDC\\_Monitoring\\_Profile\\_-\\_Cook\\_Islands\\_Oct2016.pdf](http://www.mfem.gov.ck/images/documents/DCD_Docs/Development-Resources/GPEDC/GPEDC_Monitoring_Profile_-_Cook_Islands_Oct2016.pdf).

36 ADB. Cook Islands: Economy. 1 February 2017. Op. cit.

Other contributions to the Cook Islands economy come from marine resources, particularly fish and pearls, and agriculture. The 2015 Cook Islands National Infrastructure Investment Plan highlights the potential of using the expansive area of ocean to extract seabed minerals. However, it notes that this potential may not be realised in the short-term. The document also brings to light the vulnerability of the Cook Islands, like many other PICTS, to natural disasters such as cyclones and storm surges and the impact this may have on the economy.<sup>37</sup>

**Figure 2.3: Donors of Official Development Assistance**



Source: OECD, Aid at a glance charts, 2014-2015<sup>38</sup>

Figure 2.3 shows that, in 2014-15, the Cook Islands received USD18.77 million of its Official Development Assistance (ODA) from NZ, its largest donor, followed by Australia with USD2.95 million.<sup>39</sup> Figure 2.4 outlines the sectors into which the bilateral ODA received by the Cook Islands was spent, with a total of 65 per cent going to both economic and social infrastructure and services.<sup>40</sup>

The Cook Islands Development Partners Policy of September 2015 stated that the country is set to graduate to a high-income status; however, the document states the country's intention to remain eligible for the receipt of ODA and other forms of international support. It also highlights the isolated nature of the Cook Islands and its vulnerability to the impacts of climate change and natural disasters, which threaten sustainable development.<sup>41</sup>

37 Cook Islands National Infrastructure Investment Plan, 2015. [http://www.mfem.gov.ck/images/MFEM\\_Documents/DCD\\_Docs/Infrastructure/The\\_Cook\\_Islands\\_-\\_NIIP\\_2015\\_Report.pdf](http://www.mfem.gov.ck/images/MFEM_Documents/DCD_Docs/Infrastructure/The_Cook_Islands_-_NIIP_2015_Report.pdf).

38 OECD. Top Ten Donors of Gross ODA for Cook Islands. <http://www.oecd.org/countries/cookislands/aid-at-a-glance.htm>.

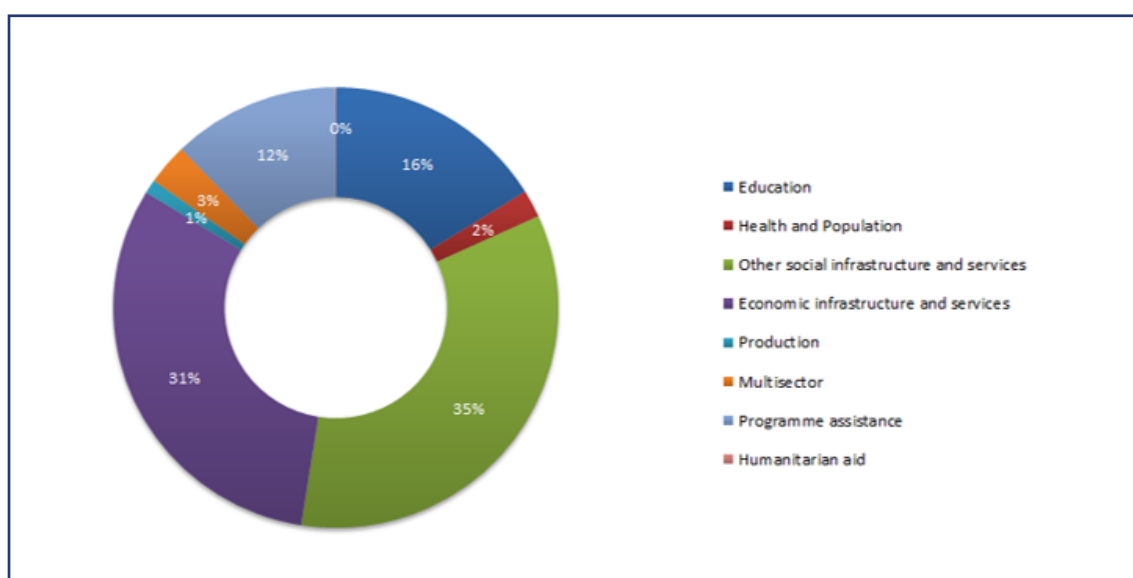
39 Ibid.

40 Ibid.

41 Government of the Cook Islands. Cook Islands Development Partners Policy. September 2015. [http://www.mfem.gov.ck/images/documents/DCD\\_Docs/DCD%20Home%20page/2015\\_Cook-Islands\\_Development-Partners-Policy.pdf](http://www.mfem.gov.ck/images/documents/DCD_Docs/DCD%20Home%20page/2015_Cook-Islands_Development-Partners-Policy.pdf).

According to the 2011 census, 71 per cent of residents aged 15 years and older were economically active. The inactive group (29 per cent) included full-time students, individuals who were retired, and those engaged in full-time home duties. A breakdown of economic activity by gender can be seen in the graph provided by the census<sup>42</sup> in Figure 2.5. The census also shows that the biggest occupational group of the employed residents was the category of 'Service Workers, Shop and Sales Workers' at 21 per cent, followed by 'Elementary Occupations' at 16 per cent.<sup>43</sup>

**Figure 2.4: Bilateral ODA received by sector for the Cook Islands (2014-2015 average)**



Source: OECD, Aid at a glance charts, 2014-2015<sup>44</sup>

Some 46.6 per cent of employed residents were female and 53.4 per cent were male, with a higher percentage of women recorded as working within the 'Trade, Restaurants and Accommodation' industry and the 'Finance and Business Services' industry. A higher number of males were recorded as working in the 'Construction' and 'Agriculture and Fishing' industry, reflecting a gender dimension to employment. A total of 616 (53.7 per cent male, 46.3 per cent female) individuals declared themselves to be unemployed, which was defined as those who were available for and actively seeking work.<sup>45</sup>

As of 2015, the Cook Islands was on track to achieve all seven Millennium Development Goals (MDGs). As such, the country has been successful in eradicating extreme poverty and hunger (MDG 1) and improving maternal health (MDG 5). Furthermore, significant progress

42 Census 2011. Op. cit.

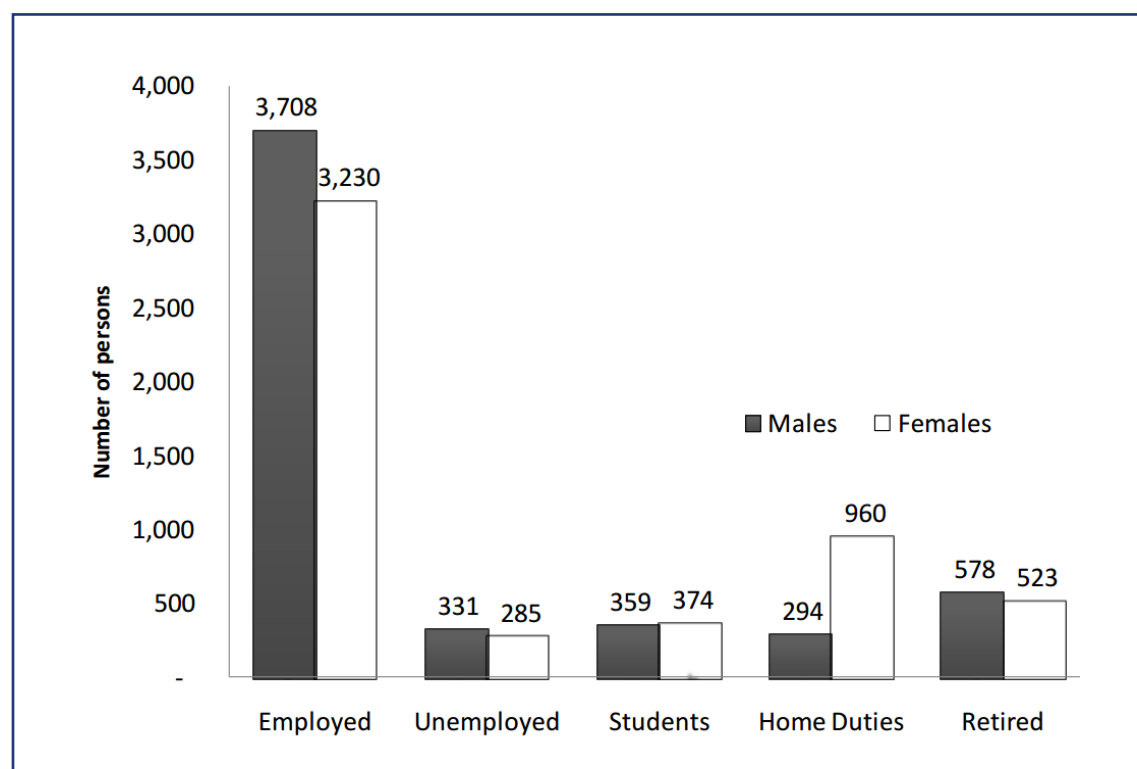
43 Ibid.

44 Ibid.

45 Ibid.

has been made in achieving universal primary education (MDG 2), promoting gender equality and empowering women (MDG 3), developing a global partnership for development (MDG 8) and improving governance (MDG 9). The Cook Islands was also recorded as 'potentially' likely to achieve MDG 7 to ensure environmental sustainability. Information on progress in reducing child mortality (MDG 4) and combating HIV/AIDS, malaria and other diseases (MDG 6) was unavailable.<sup>46</sup>

**Figure 2.5: Economic activity, residents aged 15 and older**



Source: Cook Islands Census, 2011<sup>47</sup>

While the Cook Islands performed well in achieving all seven MDGs in 2015,<sup>48</sup> one of the challenges impacting on its economic development is out-migration. The disparity in not only opportunities, but also in income between Rarotonga and the Outer Islands, as well as the high cost of living in the Cook Islands are seen as key reasons for emigration. To improve social and economic development, it has been suggested that the Government must improve the quality of life of the residents of the Cook Islands and provide incentives for those living abroad to return home.<sup>49</sup>

46 The Cook Islands: National Report for the 2014 Small Islands Developing States (SIDS) Conference and post 2015 Sustainable Development Goals (SDGs). p. 53. [https://sustainabledevelopment.un.org/content/documents/1074217Cook%20Is%20\\_%20Final%20NATIONAL%20SIDS%20Report.pdf](https://sustainabledevelopment.un.org/content/documents/1074217Cook%20Is%20_%20Final%20NATIONAL%20SIDS%20Report.pdf).

47 Ibid.

48 MDGs, Cook Islands: [https://sustainabledevelopment.un.org/content/documents/1074217Cook%20Is%20\\_%20Final%20NATIONAL%20SIDS%20Report.pdf](https://sustainabledevelopment.un.org/content/documents/1074217Cook%20Is%20_%20Final%20NATIONAL%20SIDS%20Report.pdf).

49 Ibid.

Information on poverty rates in Cook Islands is somewhat dated, as the most recent Household Income and Expenditure Survey (HIES) was carried out in 2005/2006. According to the survey, 28.4 per cent of the population were living below the basic needs poverty line.<sup>50</sup> Unusually, poverty rates were highest on the main island of Raratonga (30.5 per cent), rather than in the Outer Islands (23.6 per cent in the Southern Islands and 7.6 per cent in the Northern Islands).<sup>51</sup> Conversely, the proportion of regional populations without an income was higher in the Southern Islands (20 per cent) and the Northern Islands (27 per cent), compared to Raratonga at 12 per cent.<sup>52</sup> Poverty also has a gendered dimension in the Cook Islands. According to the 2005/2006 HIES, 3 out of 10 of the lowest spending households in Raratonga, and 1 in 4 in the Southern Island Group were female-headed.<sup>53</sup>

The Cook Islands has a relatively reasonably high level of economic inequality. The Gini coefficient as calculated from the 2005/2006 HIES was 0.38.<sup>54</sup> Unfortunately, a more recent HIES is not available, making it difficult to assess how inequality has changed in recent years.

## 2.5. Legislative and policy framework

The Judiciary in the Cook Islands is an independent body that is responsible for the interpretation and application of laws made by Parliament. The three courts with jurisdiction in the Cook Islands are the High Court, the Court of Appeal and the Sovereign in Council. The High Court is a court of record and is made up of four divisions: Criminal; Civil; Land; and Children. The Court of Appeal is a superior court of record created in 1981, with most sittings conducted in NZ. The Sovereign in Council gives a right of appeal from decisions of the Court of Appeal to Her Majesty the Queen, as stated by Article 59 of the Cook Islands constitution.<sup>55</sup>

Although human rights were not contained in the initial 1965 Constitution, they were inserted as a part of the Constitution Amendment (No 9) Act 1980-81. This amendment, Article 64, declares numerous fundamental human rights and freedoms, “*without discrimination by reason of race, national origin, color, religion, opinion, belief, or sex*.” They include the right to life, liberty and person, of equality before the law and the right to own property. Article 64 also declares the right to freedom of thought, conscience and religion, of speech and expression, and of peaceful assembly and association.<sup>56</sup>

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50 HIES, 2005/2006.

51 Ibid.

52 Government of the Cook Islands. 2010. National Millennium Development Goals Report.

53 UNDP. 2014. *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change*, p. 76.

54 This measurement is generally thought to represent an unreasonable level of inequality (with 0.30 to 0.35 generally accepted as being ‘reasonable’): UNDP, *State of Human Development in the Pacific*. Ibid.

55 Ministry of Justice, Courts. <http://www.justice.gov.ck/index.php/criminal-civil/23-courts>.

56 Government of the Cook Islands. Fundamental Human Rights and Freedoms. <http://www.ck/govt.htm#jud>.



In May 2009, the Cook Islands ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD).<sup>57</sup> However, individuals with disabilities have complained about accessibility issues, for example the disregard shown to allocated disabled parking. A new policy (the Cook Islands Policy on Disability Inclusive Development 2014-2019) aims to assist progress on disability. The policy outlines objectives and priority areas, including awareness and advocacy and women and girls with disabilities. The difficulty of those with disabilities who reside on the Outer Islands is also highlighted in the document, as their remoteness limits access to public services and employment. The new policy is aligned with CRPD, as well as the Asia Pacific Disability Incheon Strategy and the Pacific Regional Strategy on Disability. It also aims to use the ‘twin-track’ approach and include individuals with disabilities in mainstream services and services targeted to their needs.<sup>58</sup>

The Cook Islands ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in August 2006.<sup>59</sup> The National Policy on Gender Equality and Women’s Empowerment and Strategic Plan 2011–2016 for Cook Islands states the policy mission of establishing and reinforcing mechanisms to eliminate gender inequality and for addressing the needs of the women of the Cook Islands to ensure they fully enjoy their human rights. The document addresses the workload of women and the scope of work they are limited to.<sup>60</sup>

The CRC was ratified by the Cook Islands in June 1997.<sup>61</sup> However, in 2012, the Child’s Rights International Network stated that there had been persistent violations of children’s rights in Cook Islands.<sup>62</sup> The CRC Committee expressed concerns regarding the prevalence of violence against children, especially in the home where corporal punishment is legal. It was also stated that domestic violence against children did not receive adequate attention from the police and that children themselves are not aware of reporting procedures, so cases are not reported.<sup>63</sup> This finding has also been reported by Punanga Tauturu Inc, indicating a strong prominence of domestic violence against children in the Cook Islands, stemming “mainly from the dominant culture of shame and silence and also the pressure to prevent children from filing complaints.”<sup>64</sup>

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57 United Nations Human Rights. Ratification Status for Cook Islands. [http://tbinternet.ohchr.org/\\_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=40&Lang=en](http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=40&Lang=en).

58 Cook Islands Disability Inclusive Development Policy and Action Plan 2014 – 2019. <http://www.intaff.gov.ck/wp-content/uploads/2015/09/Cook-Islands-Disability-Inclusive-Development-Policy-Action-Plan-2014-2019.pdf>.

59 United Nations Human Rights. Ratification Status for Cook Islands. Op. cit.

60 Cook Islands National Policy on Gender Equality and Women’s Empowerment & Strategic Plan of Action, 2011 – 2016. [http://www.mfem.gov.ck/images/documents/DCD\\_Docs/Development-Resources/CKI\\_Gender\\_Equality\\_Strategic\\_Plan\\_of\\_Action\\_2011-2016.pdf](http://www.mfem.gov.ck/images/documents/DCD_Docs/Development-Resources/CKI_Gender_Equality_Strategic_Plan_of_Action_2011-2016.pdf).

61 United Nations Human Rights. Ratification Status for Cook Islands. Op. cit.

62 Child Rights International Network. Cook Islands: Persistent Violations of Children’s Rights. <https://www.crin.org/en/library/publications/cook-islands-persistent-violations-childrens-rights>.

63 Ibid.

64 United Nations Human Rights. 2016. Human Rights in the Pacific: A situational analysis. <http://rrrt.spc.int/publications-media/publications/item/732-human-rights-situational-analysis>.

## 2.6. Child rights monitoring

The Cook Islands has acceded to the CRC (1997) and CEDAW, and has ratified CPRD (2009). It is behind in its reporting obligations to the UN Committee on the Rights of the Child and CEDAW.

**Table 2.1: Cook Islands' treaty-body reporting requirements**

	Status	Past reports	Next report due
<b>CRC</b>	6 June 1997 (A)	Initial report: submitted 5 November 2010	Second and third reports overdue
<b>CEDAW</b>	11 Aug 1996 (A)	Initial report: submitted 18 September 2006	Second periodic report due 10 Sept 2011
<b>CRPD</b>	2 Jun 2010 (S)	-	-

# 3.

## Health and Nutrition

The situation analysis of child and maternal health in Cook Islands is framed around the CRC (particularly the rights to life, survival and development and to health) and the SDGs, in particular SDG 3 on ensuring healthy lives and promoting well-being. The following assessment and analysis covers the following broad areas: child mortality; child health; immunization/communicable diseases; maternal health; violence against women; and adolescent health. Furthermore, the situation of child and maternal nutrition in Cook Islands is analysed regarding the six thematic areas described in the WHO Global Nutrition Targets: childhood stunting; anaemia; low birth weight; obesity/over-weight; breastfeeding; and wasting/acute malnutrition. The specific international development targets pertaining to each thematic area are set out in detail in the respective sub-sections.

### Key health and nutrition-related SDGs

SDG	Target	Indicator
2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	Prevalence of stunting (height for age $<-2$ standard deviations from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
		Prevalence of malnutrition (weight for height $>+2$ or $<-2$ standard deviations from the median of the WHO Child Growth Standards) among children under 5 years of age, by type
3.1	By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births	Maternal mortality ratio
		Proportion of births attended by skilled health personnel

<b>3.2</b>	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Under-5 mortality rate
		Neonatal mortality rate
<b>3.3</b>	By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
		Tuberculosis incidence per 1,000 population
		Malaria incidence per 1,000 population
<b>3.7</b>	By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
		Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group

The analysis of causes of shortcomings and bottlenecks in relation to child and maternal health in the Cook Islands takes a 'health systems approach'. A country's health system includes "all organisations, people and actions whose primary intent is to promote, restore or maintain health."<sup>65</sup> According to WHO/UNICEF guidance, the following six building blocks make up a country's health system: 1) leadership and governance; 2) health-care financing; 3) health workforce; 4) information and research; 5) medical products and technologies; and 6) service delivery.<sup>66</sup> The analysis of underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition in the Cook Islands takes these six building blocks into account. Furthermore, cross-references to other relevant parts of the SitAn (e.g., WASH and Child Protection) are made where necessary, given that the causes of shortcomings in health systems are often multifaceted and interlinked with other areas.

### 3.1. Child mortality

Neonatal mortality (0-28 days), infant mortality (under 1 year), and under-5 mortality in the Cook Islands have been declining since the early 1990s. The country is on track to meet the international development goals related to child mortality and has achieved some of the lowest child mortality

65 [https://www.unicef.org/supply/files/GLC2\\_160615\\_WHO\\_building\\_blocks\\_and\\_HSS.pdf](https://www.unicef.org/supply/files/GLC2_160615_WHO_building_blocks_and_HSS.pdf) [02.03.17]

66 Ibid.

rates in the Pacific region. Note that child mortality rates are very unstable in small populations (such as the Cook Islands) and that one or two deaths per year can lead to misleading jumps in the mortality rate.<sup>67</sup>

According to the latest estimates summarised in the 2016 SOWC dataset, the under-5 child mortality rate (U5MR) in the Cook Islands stood at 8 deaths per 1,000 live births as of 2015, which represents a 67 per cent reduction since 1990.<sup>68</sup> Note that the U5MR remains somewhat higher for boys (9/1,000) than for girls (7/1,000). The 8/1,000 average U5MR means that the Cook Islands have already reached SDG 3.2 on under-5 child mortality: the reduction of U5MR to at least 25/1,000 by 2030. As of 2015, the Cook Islands also performed in line with the 66 per cent U5MR reduction target set out in MDG 4 (for the period 1990-2015), achieving a 67 per cent reduction since 1990.

The infant mortality rate was estimated at 7/1,000 as of 2015, which represents a 66 per cent reduction from 21/1,000 in 1990.<sup>69</sup> The SDGs and MDGs do not include an explicit target linked to infant mortality, but instead focus on under-5 mortality and neonatal mortality. Neonatal mortality in the Cook Islands is estimated at 4 deaths per 1,000 live births.<sup>70</sup> This means that the country has already met the SDG 3.2 target for neonatal mortality, which aims for a rate of at least as low as 12/1,000 by 2030.

While the Cook Islands' overall performance in relation to the reduction of child mortality is impressive, the aggregate figures hide significant disparity within the country. For example, the 2012 WHO health service delivery profile suggests that the remote Outer Islands have significantly higher rates of death in the under-5 age group compared with Rarotonga, the country's main island.<sup>71</sup>

There is very little data on the immediate and underlying causes of child mortality in the Cook Islands, which may be related to the small number of under-5 deaths overall. A 2015 report on vital statistics suggests that there were only eight deaths of children aged under 5 over the period 2009-2013. These small numbers make it very difficult to accurately report cause-specific mortality rates, as a few cases can significantly alter the causes of death 'hierarchy'. The 2015 vital statistics report indicates that five deaths were due to perinatal conditions, two to external causes, and one to diseases of the circulatory system.<sup>72</sup>

UNICEF causes-of-death estimates suggest that most deaths in under-5 children in the Cook Islands, as of 2015, were due to congenital diseases (29 per cent of all deaths of under-5 children), followed by preterm complications (28 per cent), unspecified 'other causes' (16 per cent),

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67 UNICEF. 2004. A situation analysis of children, youth and women. p.24. [https://www.unicef.org/pacificislands/COOK\\_ISLANDS\\_Sitan.pdf](https://www.unicef.org/pacificislands/COOK_ISLANDS_Sitan.pdf) [10.04.17].

68 SOWC 2016.

69 SOWC 2015.

70 Ibid.

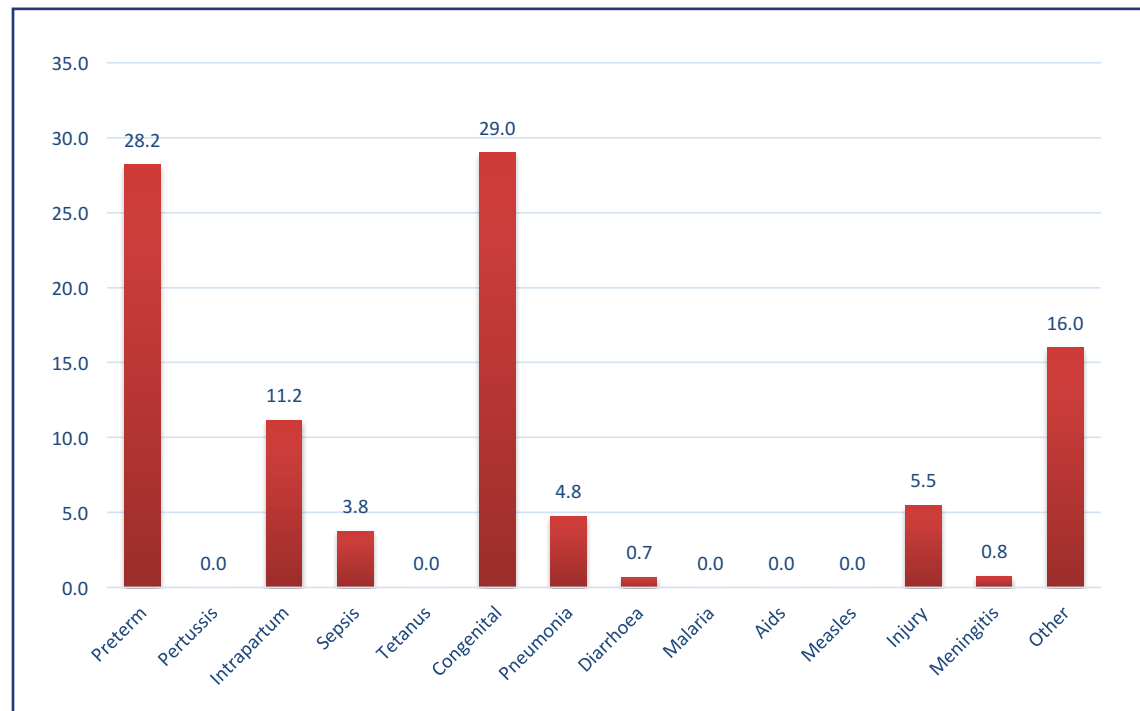
71 WHO/MoH. 2012. Cook Islands health service delivery profile. [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_cook\\_islands.pdf](http://www.wpro.who.int/health_services/service_delivery_profile_cook_islands.pdf) [10.04.17].

72 Tearoa Iorangi, Anne Tangimetua, and the Pacific Community (SPC). The Cook Islands Vital Statistics Report 1999-2013. Rarotonga, Cook Islands: Ministry of Health; Nov 2015. [http://sdd.spc.int/images/documents/Pacific\\_CRVS/Country%20Materials/Vital%20Statistics%20Analysis%20Reports/Cook%20Islands%201999-2013%20CRVS%20Report.pdf](http://sdd.spc.int/images/documents/Pacific_CRVS/Country%20Materials/Vital%20Statistics%20Analysis%20Reports/Cook%20Islands%201999-2013%20CRVS%20Report.pdf) [10.04.17].



intrapartum complications (11 per cent), injury (5.5 per cent), and pneumonia (4.8 per cent) (see Figure 3.1).<sup>73</sup>

**Figure 3.1: Causes of death (percentage of all deaths in under-5 children)**



Source: UNICEF, 2016

### 3.2. Child health, immunization and communicable diseases

There is a lack of quantitative data on some of the key child health indicators for the Cook Islands. For example, there are no national estimates of the proportion of under-5 children with suspected pneumonia taken to a health provider or receiving antibiotics.<sup>74</sup> Furthermore, there is currently no quantitative data on the proportion of children aged under 5 with diarrhoea receiving oral rehydration salts.<sup>75</sup>

Neither is there quantitative data on the proportion of children with fever receiving antimalarial treatment, the availability of insecticide-treated nets, or the proportion of children sleeping under nets. The gaps in the data in relation to malaria may not be too problematic, given that there is currently no risk of malaria transmission in the Cook Islands.<sup>76</sup>

73 UNICEF 2015 data: <https://data.unicef.org/topic/child-survival/under-five-mortality/> [05.06.17].

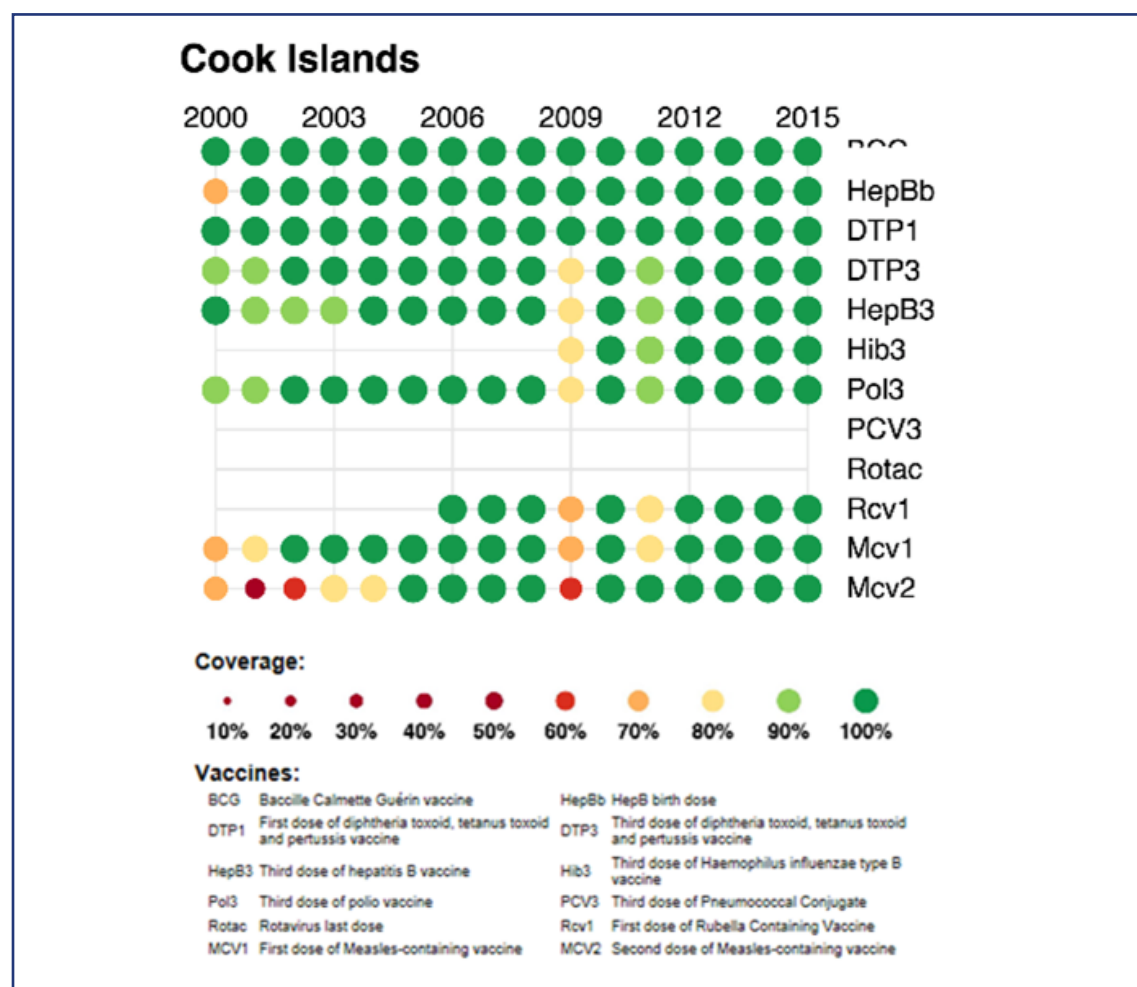
74 SOWC 2016.

75 Government of the Cook Islands and UNICEF. 2004. A Situational Analysis of Children, Youth and Women. <https://data.unicef.org/country/fji/> [02.03.17].

76 US Centres for Disease Control. <https://wwwnc.cdc.gov/travel/destinations/traveler/none/cook-islands> [02.03.17].

Good progress has been made in fighting vaccine-preventable diseases. Immunization is carried out in the country's health centres and, for school age children, through the schools.<sup>77</sup> Estimates provided by the WHO Global Health Observatory<sup>78</sup> suggest that the Cook Islands have achieved universal (99 per cent) immunization coverage for 10 of 12 recommended vaccines over the last 15 years (see Figure 3.2).<sup>79</sup>

**Figure 3.2 Immunization coverage in the Cook Islands (percentage of target population)**



Source: WHO, 2017<sup>80</sup>

77 UNICEF. 2004. Situation Analysis of children, youth and women in Cook Islands. Op. cit.

78 These WHO estimates are based on data officially reported to WHO and UNICEF by UN Member States, as well as data reported in the published and grey literature. WHO immunization coverage data are reviewed and the estimates updated annually. [http://apps.who.int/immunization\\_monitoring/globalsummary/coverages?c=SLB](http://apps.who.int/immunization_monitoring/globalsummary/coverages?c=SLB) [02.03.17].

79 The WHO Global Health Observatory. Immunization coverage country punch cards. Available at: <http://apps.who.int/gho/data/node.wrapper.immunization-cov?x-country=WSM> [10.04.17].

80 WHO Global Health Observatory. 2017. Immunization Punch Charts. <http://apps.who.int/gho/data/node.wrapper.immunization-cov> [25.05.17]. Note that the target population differs depending on the specific vaccine. For more information see: <https://data.unicef.org/topic/child-health/immunization/> [25.05.17].

The threat of vaccine-preventable diseases is minimal in the Cook Islands, and those that do occur are usually the result of imported cases.<sup>81</sup> Data gaps exist for immunization coverage in the Cook Islands for the following universally recommended vaccines: the third dose of pneumococcal conjugate (which may indicate that Cook Islands authorities have difficulties tracking and fully immunizing children); and the last dose of Rotavirus vaccination.<sup>82</sup>

SDG target 3.3 encourages all countries to eradicate tuberculosis (TB) by 2030.<sup>83</sup> TB prevalence in the Cook Islands was estimated at 18 cases per 100,000 population, as of 2013, which is at the low end of the prevalence range within the PICTS group. Within this group, only Tokelau has a lower estimated TB rate.<sup>84</sup>

### 3.3. Maternal health

According to SDG 3.1, countries should aim to reduce the maternal mortality ratio (MMR) to less than 70 per 100,000 live births. While the World Bank and UN Population Division do not report a MMR for the Cook Islands,<sup>85</sup> WHO suggests that the country has recorded no maternal deaths at least since 1995.<sup>86</sup> This indicates that the Cook Islands have already reached SDG target 3.1 in relation to maternal mortality.

The 2014 WHO Country Cooperation Strategy note argues that the achievement of zero maternal deaths in the Cook Islands is the direct result of 100 per cent coverage of birth attendance by skilled health professionals.<sup>87</sup>

Under Article 24(2)(d) of the CRC and CRC GC No.15 paras 51-57, the Cook Islands have an obligation to ensure appropriate pre- and post-natal health care for mothers. Estimated antenatal coverage for at least one visit stands at 100 per cent, which indicates universal coverage.<sup>88</sup> The data also suggest that nearly all pregnant women give birth in a health facility (institutional delivery in 100 per cent of cases).<sup>89</sup> Therefore, pre- and post-natal health-care coverage for mothers in

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81 WHO/MoH. 2012. Cook Islands health service delivery profile. [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_cook\\_islands.pdf](http://www.wpro.who.int/health_services/service_delivery_profile_cook_islands.pdf) [10.04.17].

82 Ibid.

83 See <https://sustainabledevelopment.un.org/sdg3> [10.04.17].

84 NMDI data. [https://www.spc.int/nmdi/communicable\\_diseases](https://www.spc.int/nmdi/communicable_diseases) [10.04.17].

85 See <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [03.03.17]. The World Bank and the United Nations Population Division produce internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, and are therefore preferable. Note that these UN estimates do not necessarily match with the MRR recorded in the SOWC 2016, which is based on data reported by national authorities.

86 See WHO/MoH. 2012. Cook Islands health service delivery profile. Op. cit. p.8.; and WHO Country Cooperation Strategy at a glance. 2014. Available at: [http://apps.who.int/iris/bitstream/10665/137155/1/ccsbrief\\_cok\\_en.pdf](http://apps.who.int/iris/bitstream/10665/137155/1/ccsbrief_cok_en.pdf) [11.04.17].

87 WHO Country Cooperation Strategy at a glance. Op. cit.

88 SOWC 2016.

89 Ibid.

the Cook Islands appear to meet international standards. SOWC data suggest that Cook Islands indicators for maternal health place it above regional averages.<sup>90</sup>

There are no quantitative data on antenatal coverage for at least four visits, and data is still lacking for the frequency (or proportion) of Caesarean sections carried out in the Cook Islands. Also missing are data on disparities between urban and rural areas in relation to births attended by a skilled health professional.<sup>91</sup>

### 3.4. Violence against women and girls

Violence against women and girls (VAWG) is a key public health concern. The little reliable data on violence against women and girls in the Cook Islands,<sup>92</sup> suggests that it is a significant problem (see Chapter 6).

### 3.5. Adolescent health

According to a recent analysis of the 2011 Population and Housing Census data, the overall population of the Cook Islands has been decreasing over the last 20 years, with a net migration rate of -2 per cent to -5 per cent per year. The downward trend in population figures appears to be particularly pronounced in the adolescent population: the proportion of 15-24 year olds in the total population has fallen from more than 20 per cent in the early 1990s to only 15 per cent in 2011.<sup>93</sup>

#### 3.5.1. Fertility and contraceptive use

According to the 2011 census, it is fairly common for women in Cook Islands to have children at a relatively young age. In 2011, around 18 per cent aged 19 indicated that they had given birth to at least one child, and more than half (55 per cent) of women had done so by the age of 22.<sup>94</sup>

There are no estimates of the adolescent fertility rate (for ages 15-19) in the Cook Islands.<sup>95</sup> However, the 2011 census data suggests that it is relatively high, with 51 births per 1,000 women

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90 Ibid.

91 Ibid.

92 See UNICEF. 2014. Violence against Children in East Asia and the Pacific A Regional Review and Synthesis of Findings. p.5. [https://www.unicef.org/eapro/Violence\\_against\\_Children\\_East\\_Asia\\_and\\_Pacific.pdf](https://www.unicef.org/eapro/Violence_against_Children_East_Asia_and_Pacific.pdf) [11.04.17]; and UN Women. Undated. <http://asiapacific.unwomen.org/en/countries/fiji/co/cook-islands#ancbelow1> [11.04.17].

93 UNFPA. 2015. Young people of the Cook Islands. Analysis of the 2011 Population and Housing Census, February 2015. [http://www.mfem.gov.ck/images/New\\_Stats\\_Website/12.Other\\_Content/Youth/Youth-Monograph-Report--Young-people-of-the-Cook-Islands\\_reduced.pdf](http://www.mfem.gov.ck/images/New_Stats_Website/12.Other_Content/Youth/Youth-Monograph-Report--Young-people-of-the-Cook-Islands_reduced.pdf) [10.04.17].

94 Ibid.

95 See <http://data.worldbank.org/indicator/SPADO.TFRT> [10.04.17].

aged 15-19, compared to the East Asia and Pacific regional average of 22/1,000.<sup>96</sup> The 2011 census data on adolescent fertility also highlights discrepancies between the main island of Rarotonga and the Outer Islands (Pa Enea), with early childbearing significantly more prevalent in Rarotonga than the Pa Enea.<sup>97</sup> Teenage pregnancies can have long-lasting negative impacts on young women's educational and economic prospects and those of their children: children of teenage mothers tend to have poorer health and education outcomes.<sup>98</sup>

Previous research has shown that early marriage reduces the likelihood of married women having equal decision-making power in relation to family planning and contraceptive use.<sup>99</sup> On a positive note, early marriage of women does not appear to be a major issue in the Cook Islands. For example, 2011 census data suggest that women and men typically get married at around the same age, and that the average age at first marriage is around 32 years for both genders.<sup>100</sup> This is higher than most other countries in the PICTS group, where the age at first marriage tends to be in the early 20s.<sup>101</sup>

Estimated contraceptive prevalence<sup>102</sup> in the Cook Islands stands at around 31 per cent of the population, which is significantly lower than the regional average of 64 per cent for East Asia and the Pacific and the MDG target of 56 per cent.<sup>103</sup> This low contraceptive prevalence represents a major public health concern for the country.

The Cook Islands Family Welfare Association and the Ministry of Health (MoH) are the main providers of contraceptives and general family planning services.<sup>104</sup> Given the limited data available, it is difficult to identify the main factors driving the low prevalence. However, the limited available evidence on health service-seeking behaviour amongst adolescents suggests that dominant social norms stigmatising sexuality may play an important role.

### 3.5.2. HIV/AIDS and sexually transmitted infections

The Cook Islands are categorized as a low HIV-burden country.<sup>105</sup> Compared with other PICTS, it has a low number of reported HIV infections. The 2015 Global Aids Progress Report from the Cook Islands reported a total of four HIV cases, as of 2015, and three of which cases were found

96 World Bank data. <http://data.worldbank.org/indicator/SPADO.TFRT> [07.03.17]; and UNFPA. 2015. Young people of the Cook Islands. Analysis of the 2011 Population and Housing Census, February 2015. p. 21.

97 UNFPA. 2015. Young people of the Cook Islands. Op. cit. p. 23.

98 Cook Islands Global AIDS Response progress report 2016, p.20.

99 See PLAN International. 2015. 'Getting the Evidence: Asia Child Marriage Initiative'. <https://plan-international.org/publications/getting-evidence-asia-child-marriage-initiative> [29.03.17].

100 UNFPA. 2015. Young people of the Cook Islands. Op. cit.

101 SOWC 2016.

102 The contraceptive prevalence is typically defined as the percentage of women of reproductive age who use (or whose partners use) a contraceptive method at a given point in time. Women 'of reproductive age' is usually defined as women aged 15 to 49. See e.g. <http://indicators.report/indicators/i-29/> [21.03.17].

103 SOWC 2015; the regional average excludes China.

104 See e.g. Cook Islands. Integrated National Strategic Plan for Sexual and Reproductive Health 2014-2018.

105 MoH. 2015. Global AIDS Progress Report from the Cook Islands. Note that the link to the 2016 progress report leads to the 2015 report. See <http://www.aidsdatahub.org/cook-islands-global-aids-response-progress-report-2016-ministry-health-cook-islands-2016> [11.04.17].



in men. The four cases were recorded in 1997, 2003, 2010 and 2015.<sup>106</sup> As a result of the small overall number of cases, there are no UN estimates for HIV incidence (in children and women), mother-to-child transmission rates, Antiretroviral Therapy (ART) treatment coverage or HIV-related deaths in the Cook Islands.<sup>107</sup>

Sexually transmitted infection (STI) rates are very high in the Cook Islands, which may indicate that the underlying behavioural risks for HIV transmission are high. This raises concerns about potential increases in HIV cases. A 2012 MoH study suggests that 13 per cent of respondents aged 15-24 had been diagnosed with STIs and that 17 per cent reported having STI symptoms in the previous month. Worryingly, less than a third (31 per cent) of respondents with STI symptoms reported seeking treatment.<sup>108</sup> The low rate of health service- and treatment-seeking amongst adolescents with STI symptoms appears to be related to dominant social norms that stigmatise adolescent sexuality and create barriers to accessing health services. According to the 2012 MoH study, respondents identified embarrassment (40 per cent of respondents) and the health clinic being 'too public' (20 per cent of respondents) as the two main reasons for not seeking help at a health clinic.<sup>109</sup>

Chlamydia rates, in particular, are worryingly high in the Cook Islands, and rates in the youth population are the highest in the PICTS region.<sup>110</sup> A 2006 Second Generation Surveillance study revealed that the Chlamydia rate in the general population was 22 per cent, and that nearly half of all cases (46 per cent) were found in individuals aged between 15 and 29.<sup>111</sup> In response to these high rates, a national campaign was implemented in 2011, which involved the targeted presumptive treatment of high-risk groups with Azithromycin, a media campaign to raise awareness, and a condom distribution campaign.<sup>112</sup> A repeat survey in 2012 revealed a decrease in prevalence of 50 per cent in women tested during ante-natal consultations, which suggests that the 2011 health campaign was to some extent successful in reversing the epidemic.<sup>113</sup> However, the Global Aids Progress Report 2015 suggests that this positive development is in jeopardy, as external donors are reducing funding for STI interventions in the Cook Islands.<sup>114</sup>

### 3.5.3. Substance abuse

According to SDG target 3.5, the Cook Islands should strengthen the prevention and treatment of substance abuse, including narcotic drugs and alcohol. There is limited quantitative data on substance abuse amongst adolescents. The most important data source in this respect is the Global School-based Health Survey (GSHS), implemented in the Cook Islands in 2015, using a

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106 MoH. 2015. Global AIDS Progress Report from the Cook Islands. Op. cit.

107 SOWC 2016 and <https://data.unicef.org/country/cok/> [11.04.17].

108 Ministry of Health. 2012. Behavioural Surveillance Survey among youth in the Cook Islands. As cited in UNFPA. 2015. Young people of the Cook Islands. Analysis of the 2011 Population and Housing Census. p. 23.

109 Ibid.

110 See NMD data [http://www.spc.int/nmdi/sexual\\_health](http://www.spc.int/nmdi/sexual_health) [10.04.17].

111 As cited in MoH. 2015. Global AIDS Progress Report from the Cook Islands. p. 6.

112 Ibid.

113 Ibid.

114 Ibid.

nationally representative sample of 701 pupils aged 13 to 17 (in School Years 8-13).<sup>115</sup> The 2011 population and housing census also contains nationally representative data on reported smoking and alcohol use amongst the youth population, but only includes information on individuals aged 15 years and above.<sup>116</sup>

The legal drinking age in the Cook Islands is 18 years.<sup>117</sup> Yet, despite this legal restriction, the available data suggests that alcohol consumption is very common amongst the under-age (under-18) population. According to the GSHS data, slightly fewer than two in three pupils (62 per cent) aged 13-17 reported to have consumed alcohol before the age of 14. Some 34 per cent of surveyed pupils aged 13-17 indicated that they had consumed alcohol on at least one day during the 30 days before the survey was implemented. Note that these figures are likely to underestimate the true prevalence of alcohol consumption amongst under-aged respondents, as the legal prohibition will have prevented some respondents from accurately reporting their behaviour.

Alcohol consumption appears to be higher amongst boys (37 per cent) than girls (33 per cent), according to the GSHS data.<sup>118</sup> These gender disparities are confirmed in the 2011 Census data.<sup>119</sup>

Alcohol consumption is an underlying risk factor associated with the Cook Islands' leading cause of death in young people, which is transport accidents.<sup>120</sup> According to MoH administrative data, between 2006 and 2012, almost half (49 per cent) of the 243 patients admitted as a result of alcohol-related transport accidents were aged 15-24. As of 2012, alcohol-related accidents accounted for more than 60 per cent of all transport accidents in the Cook Islands.<sup>121</sup>

Tobacco use is also quite common in the youth population. Around 22 per cent of pupils aged 13-17 surveyed in the 2015 GSHS indicated that they had used tobacco products on at least one day during the previous 30 days, with boys more likely to report having used tobacco (24 per cent) than girls (19 per cent).<sup>122</sup> Tobacco use is the only risk factor common to all four main non-communicable diseases (NCDs)<sup>123</sup> and exacerbates virtually all NCDs.<sup>124</sup>

According to the GSHS data, 10 per cent of surveyed pupils indicated that they had previously consumed marijuana, with boys more likely to report consuming marijuana (12 per cent) than girls (8 per cent).<sup>125</sup> While these gender differentials in relation to substance abuse may reflect real differences in behaviour between boys and girls, it is important to note that survey findings

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115 2015 GSHS. [https://www.cdc.gov/gshs/countries/westpacific/cook\\_islands.htm](https://www.cdc.gov/gshs/countries/westpacific/cook_islands.htm) [12.04.17].

116 UNFPA. 2015. Young people of the Cook Islands. Op. cit.

117 Ibid. p. 28.

118 Note though, that the 95 per cent confidence intervals overlap, so the difference is not statistically significant.

119 UNFPA. 2015. Young people of the Cook Islands. Op. cit. p. 28.

120 Ibid. p. 29.

121 Ibid.

122 Note that 95 per cent confidence intervals overlap.

123 The four main NCDs are: Diabetes, Cardiovascular disease, Cancer, Chronic respiratory disease. See World Bank. Pacific Possible: Health & non-communicable diseases. <http://pubdocs.worldbank.org/en/942781466064200339/pacific-possible-health.pdf> [21.03.17].

124 World Bank. Pacific Possible: Health & non-communicable diseases. Op. cit.

125 Note that 95 per cent confidence intervals overlap.

may also reflect differences in reporting between boys and girls, which may be influenced by (gendered) social norms that make substance abuse by boys and young men more acceptable.

### 3.5.4. Mental health

The Cook Islands information system does not allow the precise quantification of the prevalence of mental disorders (in the general population or among adolescents).<sup>126</sup> However, the existing data suggests that adolescent mental health is an area of concern.

According to a 2015 analysis of the 2011 census data, the leading causes of death in young people (besides transport accidents) were in the preventable category of intentional self-harm/suicide.<sup>127</sup> The 2015 GSHS survey also collected limited information about adolescent mental health. For example, around 13 per cent of all pupils aged 13-17 had attempted suicide during the 12 months before the survey was implemented. Male pupils were slightly less likely to report having attempted suicide (13 per cent) than female pupils (14 per cent).<sup>128</sup> Beyond the GSHS and the census data (which is limited to above 15-year-olds), there is little quantitative data on the mental health of adolescents and children. As a result, little is known about the mental health of youth outside the ages of 13-17, or the Cook Islands' out-of-school youth.

According to the Cook Islands National Health Strategy 2012-2016, the majority of youth suicides are the result of a relationship issue, either between peers or between youth and their parents. However, it is unclear on which data source this statement is based.<sup>129</sup>

A 2014 WHO report on mental health services in the Cook Islands suggests that out-migration of skilled health professionals to New Zealand and Australia is negatively impacting on the country's ability to improve mental health services.<sup>130</sup> However, the report also notes that the addition of mental health into the curriculum at the School of Nursing is a promising step towards increasing the capacity of the nursing workforce to address mental health issues.<sup>131</sup>

## 3.6. Nutrition

According to the WHO Global Targets, the Cook Islands should, by 2025, aim to: achieve a 40 per cent reduction in the number of children under-5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birth

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126 MoH. 2015. Mental health and well-being policy 2015. [www.health.gov.ck](http://www.health.gov.ck) [12.04.17].

127 UNFPA. 2015. Young people of the Cook Islands. Op. cit.

128 Note that 95 per cent confidence intervals overlap.

129 Cook Islands National Health Strategy 2012-2016. p. 10.

130 R. Fariu, Wichman V., Funk M., Mulliez Z. and Drew, N. 2014. WHO Profile on mental health in development (WHO proMIND): Cook Islands. World Health Organization, Geneva. [http://apps.who.int/iris/bitstream/10665/190410/1/9789241509602\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/190410/1/9789241509602_eng.pdf) [12.04.17].

131 Ibid.

weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.<sup>132</sup>

### WHO Global Nutrition Targets

	Targets	Indicators
1	By 2025, achieve a 40 per cent reduction in the number of children under-5 who are stunted	Prevalence of stunting (low height-for-age) in children under 5 years of age
2	By 2025, achieve a 50 per cent reduction of anaemia in women of reproductive age	Percentage of women of reproductive age (15-49 years of age) with anaemia
3	By 2025, achieve a 30 per cent reduction in low birth weight	Percentage of infants born with low birth weight (< 2,500 grams)
4	By 2025, ensure that there is no increase in childhood overweight	Prevalence of overweight (high weight-for-height) in children under 5 years of age
5	By 2025, increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent	Percentage of infants less than 6 months of age who are exclusively breast fed
6	By 2025, reduce and maintain childhood wasting to less than 5 per cent	Prevalence of wasting (low weight-for-height) in children under 5 years of age

#### 3.6.1. Child stunting and wasting

There are no up-to-date national estimates of child stunting (short height for age or 'chronic malnutrition') or child wasting (low weight for height or 'acute malnutrition') in the Cook Islands, which represents a significant data gap.<sup>133</sup>

#### 3.6.2. Anaemia

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths,<sup>134</sup> increasing the risk of blood loss at delivery and

132 <http://www.who.int/nutrition/global-target-2025/en/> [02.03.17].

133 SOWC 2016 and UNICEF Statistics: <https://data.unicef.org/country/cok/>

134 Black et al. 2008. Maternal and child undernutrition: global and regional exposures and health consequences.

postpartum haemorrhage.<sup>135</sup> The nutritional status of the mother during pregnancy and lactation can also impact on the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birth-weight babies, who are also at increased risk of dying.<sup>136</sup> De-worming and iron supplementation can be effective in reducing anaemia in pregnant women and children.<sup>137</sup>

According to WHO/Food and Agriculture Organization of the United Nations (FAO) estimates, the prevalence rate of anaemia in pregnant women stands at a very high 55 per cent, which makes anaemia a serious public health concern for the Cook Islands.<sup>138</sup> Anaemia prevalence amongst non-pregnant women of reproductive age and pre-school children is estimated at 18 per cent and 25 per cent, respectively (as of 2008).<sup>139</sup>

### 3.6.3. Low birth weight and underweight

There are no up-to-date estimates of low birth weight or underweight prevalence in children in the Cook Islands, which represents a significant data gap.<sup>140</sup>

### 3.6.4. Obesity

According to data from the Government's Vital Statistics Report 1999-2013, NCDs are the leading cause of death in those aged 15-49, accounting for more than half (54 per cent) of all deaths between 2009 and 2013. Cardiovascular diseases (34 per cent), cancer (11 per cent) and diabetes (7 per cent) make up a sizable percentage of adult deaths.<sup>141</sup> Morbidity in the Cook Islands is also dominated by NCDs, including circulatory system diseases, respiratory system and endocrine ailments, and nutritional and metabolic diseases.<sup>142</sup>

The key underlying risk factors behind many of these NCDs are related to obesity. The Cook Islands' STEPwise Approach to Chronic Disease Risk Factor Surveillance (STEPS) survey report showed that in 2003-2004, in the adult population aged 25-64 years, obesity prevalence was 61.4 per cent (the third highest in the PICTS group),<sup>143</sup> while the prevalence of hypertension,

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135 See e.g. K4Health. Anaemia Prevalence, Causes, and Consequences. <https://www.k4health.org/toolkits/anemia-prevention/anemia-causes-prevalence-impact>.

136 Ibid.

137 See e.g. WHO. 2011. The Global Prevalence of Anaemia in 2011. [http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960_eng.pdf) [31.05.17]. p.5.

138 WHO and FAO. 2015. Cook Islands – Food and Nutrition Security Profiles. [http://www.fao.org/fileadmin/templates/rap/files/nutrition\\_profiles/DI\\_Profile\\_-\\_Cook\\_Islands\\_-\\_280714.pdf](http://www.fao.org/fileadmin/templates/rap/files/nutrition_profiles/DI_Profile_-_Cook_Islands_-_280714.pdf) [12.04.10].

139 Food Fortification Initiative. Cook Islands Country Profile. [http://www.ffinetwork.org/country\\_profiles/country.php?record=47](http://www.ffinetwork.org/country_profiles/country.php?record=47).

140 SOWC 2016 and UNICEF Statistics: <https://data.unicef.org/country/cok/>.

141 Tearoa Iorangi, Anne Tangimetua, and the Pacific Community (SPC). Op. cit.

142 Cook Islands National Health Strategy 2012-2016. P9.

143 See NMDI data <https://www.spc.int/nmdi/ncds> [12.04.17].

diabetes and elevated blood cholesterol stood at 33.2 per cent, 23.6 per cent, and 75.2 per cent, respectively.<sup>144</sup>

In line with the high prevalence of obesity amongst the adult population, the 2015 GSHS data suggest that obesity is also affecting a large proportion of school children, with 35.5 per cent of students aged 13-17 obese, and no significant difference between genders.<sup>145</sup> A relatively outdated 2004 Situation Analysis of children, youth and women in the Cook Islands attributes the high rates of obesity amongst children to poor diets and the widespread consumption of 'junk food'. For example, it finds that many school tuckshops sell high-fat, energy-dense foods, including canned soda, hot dogs and doughnuts.<sup>146</sup>

### 3.6.5. Breastfeeding

WHO recommends that infants are exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health.<sup>147</sup> Up-to-date national estimates of exclusive breastfeeding prevalence and initiation are not available, which represents a significant data gap.<sup>148</sup> Also unavailable are up-to-date figures on children's introduction to solid, semi-solid or soft foods within 6-8 months of birth.<sup>149</sup> However, somewhat outdated WHO/FAO estimates from 2005-2009<sup>150</sup> suggest that exclusive breastfeeding stood at only 19 per cent in the Cook Islands, which is significantly below the regional average of 31 per cent for East Asia and the Pacific, as of 2015.<sup>151</sup>

The 2004 SitAn of children, youth and women identified traditional practices around child care as contributing to the low breastfeeding rates. In particular, it suggests that grandmothers have a strong influence on the feeding of infants, and appear to foster the tradition of feeding them with coconut water and pawpaw juice, especially when the grandmother takes over the baby's care. These substitutes are thought to be beneficial for babies when, in fact, they are not, as they reduce the amount of breast-milk that babies consume. According to the 2004 SitAn, many mothers do not understand that breast-milk alone is enough for new-born babies, and that it is the best food for them, at least for the first 6 months after birth.<sup>152</sup> This highlights the need to raise awareness amongst young mothers and their extended families about the benefits of exclusive breastfeeding.

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144 As cited in the WHO country cooperation strategy 2013-17, p. 38.

145 2015 GSHS. [https://www.cdc.gov/gshs/countries/westpacific/cook\\_islands.htm](https://www.cdc.gov/gshs/countries/westpacific/cook_islands.htm) [12.04.17].

146 UNICEF. 2004. Situation Analysis of children, youth and women in Cook Islands. Op. cit.

147 WHO [http://www.who.int/elena/titles/exclusive\\_breastfeeding/en/](http://www.who.int/elena/titles/exclusive_breastfeeding/en/) [13.04.17].

148 SOWC 2016 and UNICEF Statistics: <https://data.unicef.org/country/cok/>.

149 Ibid.

150 See WHO and FAO. 2015. Cook Islands - Food and Nutrition Security Profiles. Op. cit.

151 SOWC 2016.

152 UNICEF. 2004. Situation Analysis of children, youth and women in Cook Islands. Op. cit



### 3.7. Key barriers and bottlenecks

The Cook Islands' health profile is largely favourable, with data indicating adequate health coverage for children, adolescents and women across the country's 15 islands, and sufficient resources to meet the needs of the shrinking population.<sup>153</sup> However, there are a number of important barriers and bottlenecks to further progress, which are described below.

#### 3.7.1. Climate and disaster risks

Climate change and extreme weather increase the threat of both communicable and NCDs, and can exacerbate existing bottlenecks and create additional barriers for Cook Islanders wanting to access health care.<sup>154</sup> The 2012 WHO health service delivery profile suggests that the Cook Islands are prone to cyclones and natural disasters and that this has a negative impact on health service delivery, due to the frequent re-routing of money to disaster recovery programmes.<sup>155</sup>

According to a recent WHO assessment report, the key climate-sensitive health risks in the Cook Islands are a mix of communicable diseases and some of the health problems associated with an excess intake of a high-energy diet and an increasingly sedentary lifestyle. The report identified vector-borne diseases (dengue fever), waterborne diseases (causing diarrhoeal illness), fish-poisoning (ciguatera), heat-related illness, respiratory diseases, and NCDs as the key climate-sensitive health risks in the Cook Islands.<sup>156</sup>

The WHO's Country Cooperation Strategy for Cook Islands 2013-2017 anticipates that climate-related health problems will be borne disproportionately by certain vulnerable sectors of the population—the very poor, young children, the elderly, people with disabilities, people with pre-existing illnesses (e.g. NCDs) and individuals in certain occupations (e.g., farmers, fishermen and outdoor workers).<sup>157</sup>

#### 3.7.2. Health financing

While health financing in Cook Islands is adequate and per capita spending is above the regional average for the PICTS group,<sup>158</sup> high travel costs and declining external donor assistance represent bottlenecks.

According to the 2012 WHO health service delivery profile, health financing comes primarily from the Government (93 per cent in 2012), with minimal overseas donor assistance and some out-

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153 WHO Country Cooperation Strategy for Cook Islands 2013-2017, p. 38.

154 WHO Country Cooperation Strategy for Cook Islands 2013-2017. Ibid.

155 WHO and MoH. 2012. Cook Islands health service delivery profile. p.8. [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_cook\\_islands.pdf](http://www.wpro.who.int/health_services/service_delivery_profile_cook_islands.pdf) [10.04.17].

156 WHO (2015) Human health and climate change in Pacific island countries. [http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf) [13.03.17].

157 WHO Country Cooperation Strategy for Cook Islands 2013-2017. Op. cit. p. 12.

158 NMDI data. [https://www.spc.int/nmdi/health\\_systems](https://www.spc.int/nmdi/health_systems) [12.04.17].

of-pocket user fees. The total health budget for 2012 was approximately NZD \$11.3 million, with funds primarily used for hospital health services (58 per cent); Outer Islands health services (20 per cent); community health services (16 per cent); and funding and planning (6 per cent).<sup>159</sup>

Total government spending on health was estimated at around 4 per cent of GDP as of 2009, which is just below the WHO-recommended 5 per cent of GDP.<sup>160</sup> Estimates from 2014 suggest that government spending on health amounts to roughly 11 per cent of total government spending, which places the Cook Islands in the middle of the range of relative government health expenditure in the region.<sup>161</sup> The latest NMDI regional data suggest that the Cook Islands' *per capita* expenditure on health (USD685 in 2013-14) is above the average for the PICTS group (note that the Cook Islands' overall population is declining).<sup>162</sup>

The primary risk to the health budget identified by the 2012 health service delivery profile is the potentially high cost of travel for patients referred to New Zealand and from the Outer Islands.<sup>163</sup> It is also anticipated that external donor assistance for health financing will decline over the coming years, which will put additional pressure on the Government's health budget.<sup>164</sup>

### 3.7.3. Health workforce

As in many PICTS, nurses make up the largest group within the health workforce of Cook Islands. However, the ratio of nurses to population is relatively low. There are about 2.6 nurses per 1,000 individuals, compared to the PICTS regional average (including Papua New Guinea [PNG]) of 3.6 nurses per 1,000 individuals.<sup>165</sup> On a positive note, according to estimates from 2009, the Cook Islands have 1.1 physicians per 1,000 individuals, which is just above the PICTS average (including PNG) of 0.9 physicians per 1,000 individuals.<sup>166</sup>

Overall, the Cook Islands appear to have adequate health worker coverage. However, according to the 2012 WHO service delivery profile, the health system is vulnerable due to small overall numbers of clinical staff and the long lead-in time from undergraduate training to the completion of specialist training.<sup>167</sup>

### 3.7.4. Service delivery

Health services in the Cook Islands are delivered through one hospital with 127 beds, 9 out-patient clinics, 10 dental clinics, 6 health centres, 50 child welfare clinics, 4 private clinics, 2 private dental

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159 WHO and MoH. 2012. Cook Islands health service delivery profile. Op. cit.

160 NMDI data. Op. cit.

161 Ibid.

162 Ibid.

163 WHO/MoH. 2012. Cook Islands health service delivery profile. Op. cit. p. 4.

164 Ibid.

165 NMDI data. Available at: [https://www.spc.int/nmdi/health\\_systems](https://www.spc.int/nmdi/health_systems) [20.03.17].

166 Ibid.

167 WHO and MoH. 2012. Cook Islands health service delivery profile. Op. cit. p. 8.

clinics and 4 private pharmaceutical outlets.<sup>168</sup> Furthermore, all citizens are eligible for treatment in New Zealand through its publicly-funded healthcare system. Referrals take place where it is established that the patient would benefit from specialised secondary or tertiary healthcare services abroad.<sup>169</sup> According to WHO/MoH, referrals overseas did not vary significantly between 2005 and 2010, and fluctuated between 140 and 160 per year.<sup>170</sup>

A major challenge facing the health service delivery system is the high cost and administrative difficulty of delivering services to a population that is dispersed across many islands that have minimal infrastructure and transport links. According to the 2012 WHO health service delivery profile, problematic inequities exist between the main island of Rarotonga (and increasingly Aitutaki) and the Outer Islands.<sup>171</sup> For example, in 2011, the opening hours of health services on some Outer Islands were cut to 9am-1pm due to budget constraints, and four health positions in the Outer Islands (one dentist and three nurses) were not refilled.<sup>172</sup> In addition, it appears that out-migration from the Outer Islands further exacerbates the struggle to provide quality health services to fewer people in these remote areas of the country.<sup>173</sup>

The prohibitive financial and time costs, and the dangers associated with air and sea travel between islands also limit options for people in remote areas to seek help through skilled health service providers, often leaving them with traditional healers.<sup>174</sup>

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168 WHO Country Cooperation Strategy for Cook Islands 2013-2017. Op. cit. p. 38.

169 WHO and MoH. 2012. Cook Islands health service delivery profile. Op. cit.

170 Ibid.

171 Ibid.

172 Ibid.

173 WHO & Asia Pacific Observatory on Health Systems and Policy. 2015. Cook Islands Health Systems Review. <http://iris.wpro.who.int/handle/10665.1/11355> [30.03.17], p. 47.

174 WHO and MoH. 2012. Cook Islands health service delivery profile. Op. cit.

# 4.

## Water, Sanitation and Hygiene

Ensuring that all children have access to safe and affordable drinking water, as well as adequate sanitation and hygiene, is crucial for achieving a whole range of development goals related to health, nutrition and education. For example, a lack of basic sanitation, hygiene and safe drinking water has been shown to contribute to the spread of water-related diseases (including diarrhoea), which are in turn a significant cause of under-5 child mortality in the Pacific region.<sup>175</sup> Evidence also suggests that poor water, sanitation and hygiene (WASH) access is linked to growth stunting.<sup>176</sup> Furthermore, there is growing evidence that clean water and sanitation facilities (at home and in schools) can improve school attendance and even learning outcomes for boys and girls.<sup>177</sup> This chapter assesses and analyses the situation in the Cook Islands regarding children's access to improved water sources and sanitation facilities, as well as children's hygiene practices, using SDGs 1.4, 6.1 and 6.2 as benchmarks.

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress since 1990.<sup>178</sup> The JMP was previously responsible for tracking progress towards MDG 7c on WASH and, following the introduction of the 2030 SDGs, now tracks progress towards the SDG WASH targets.<sup>179</sup> The JMP uses a 'service ladder' system to benchmark and compare progress across countries, with each 'rung' on the ladder representing progress towards the SDG target.<sup>180</sup> The sections within this chapter utilize the relevant service ladders to assess the Cook Islands' progress towards meeting the SDG targets.

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175 WHO. 2016. Sanitation, Drinking-water and Health in Pacific Island Countries. [http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf) [05.06.17].

176 UNICEF. 2015. Looking back, moving forward. A snapshot of UNICEF's work for Pacific Island children 2015-16.

177 Ibid.

178 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva. p. 6.

179 Ibid.

180 Ibid. p. 2, 7.

## Key WASH-related SDGs

WASH sector goal <sup>11</sup>	SDG global target	SDG indicator
<b>Achieving universal access to basic services</b>	1.4 By 2030, ensure that all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as access to basic services...	1.4.1 Population living in households with access to basic services (including basic drinking water, sanitation and hygiene)
<b>Progress towards safely managed services</b>	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all  6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.1.1 Population using safely managed drinking water services.  6.2.1 Population using safely managed sanitation services, including a hand-washing facility with soap and water
<b>Ending open defecation</b>	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	

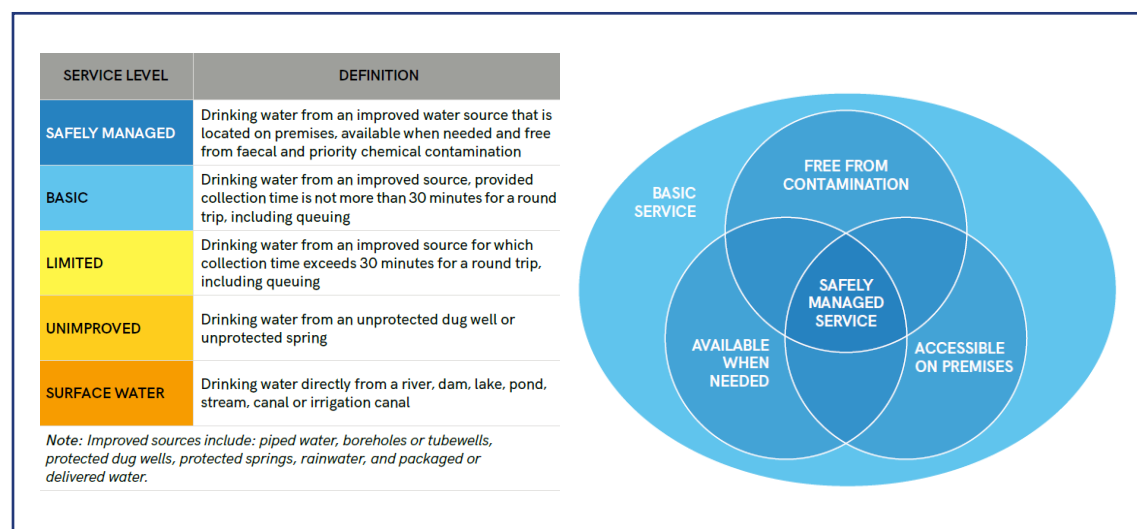
### 4.1. Access to improved water sources

In order for a country to meet the criteria for a **safely managed drinking water service (SDG 6.1)**, the population should use an improved water source that fulfils three criteria: the water source should be accessible on the premises; it should be available when needed; and it should be free from contamination.<sup>181</sup> If the improved source does not meet any one of these criteria, but a round trip to collect water takes 30 minutes or less, it will be classified as a **basic drinking water service (SDG 1.4)**, while if water collection from an improved source exceeds 30 minutes, it will be categorized as a **limited service**.<sup>182</sup> The immediate priority in many countries is to first ensure universal access to at least a basic level of service.<sup>183</sup>

<sup>181</sup> WHO and UNICEF. Progress on drinking water, sanitation and hygiene. Op. cit. p. 8.

<sup>182</sup> Ibid.

<sup>183</sup> Ibid. p. 10.

**Figure 4.1: JMP service ladder for improved water sources**

Source: JMP<sup>184</sup>

No estimate of the proportion of the population using safely managed drinking water services in the Cook Islands is possible because data are not available in relation to the proportion of the population using an improved source that is free from contamination (one of the three criteria).<sup>185</sup> According to 2017 JMP estimates relating to 2015, the Cook Islands has, however, obtained universal access to basic services, with 99.9 per cent of the population having access to an improved source within a 30-minute round trip.<sup>186</sup> Thus, the Cook Islands has met SDG target 1.4 in relation to basic drinking water. No disaggregated data are available for rural and urban areas, meaning it is not possible to determine potential disparities between urban and rural areas based on the most recent JMP data.<sup>187</sup> Figure 4.2 shows that the provision of drinking water services in the Cook Islands is among the highest of the PICTS.

Table 4.1 provides an indication of trends over time in terms of access to improved water supply in the Cook Islands. JMP estimates indicate that access to an improved source of water accessible within a 30 minute round trip has been universal in the country since at least 2000, the first year for which JMP 2017 estimates are available.<sup>188</sup> The table further provides that of the proportion of the population with access to an improved source of water, access through a piped source increased from 69.1 per cent to 74.9 per cent between 2000 and 2015. Further, the proportion of the population with access to an improved water source on the premises increased from 84.6 per cent to 87.3 per cent in the same period.

184 WHO and UNICEF. Progress on drinking water, sanitation and hygiene. Op. cit.

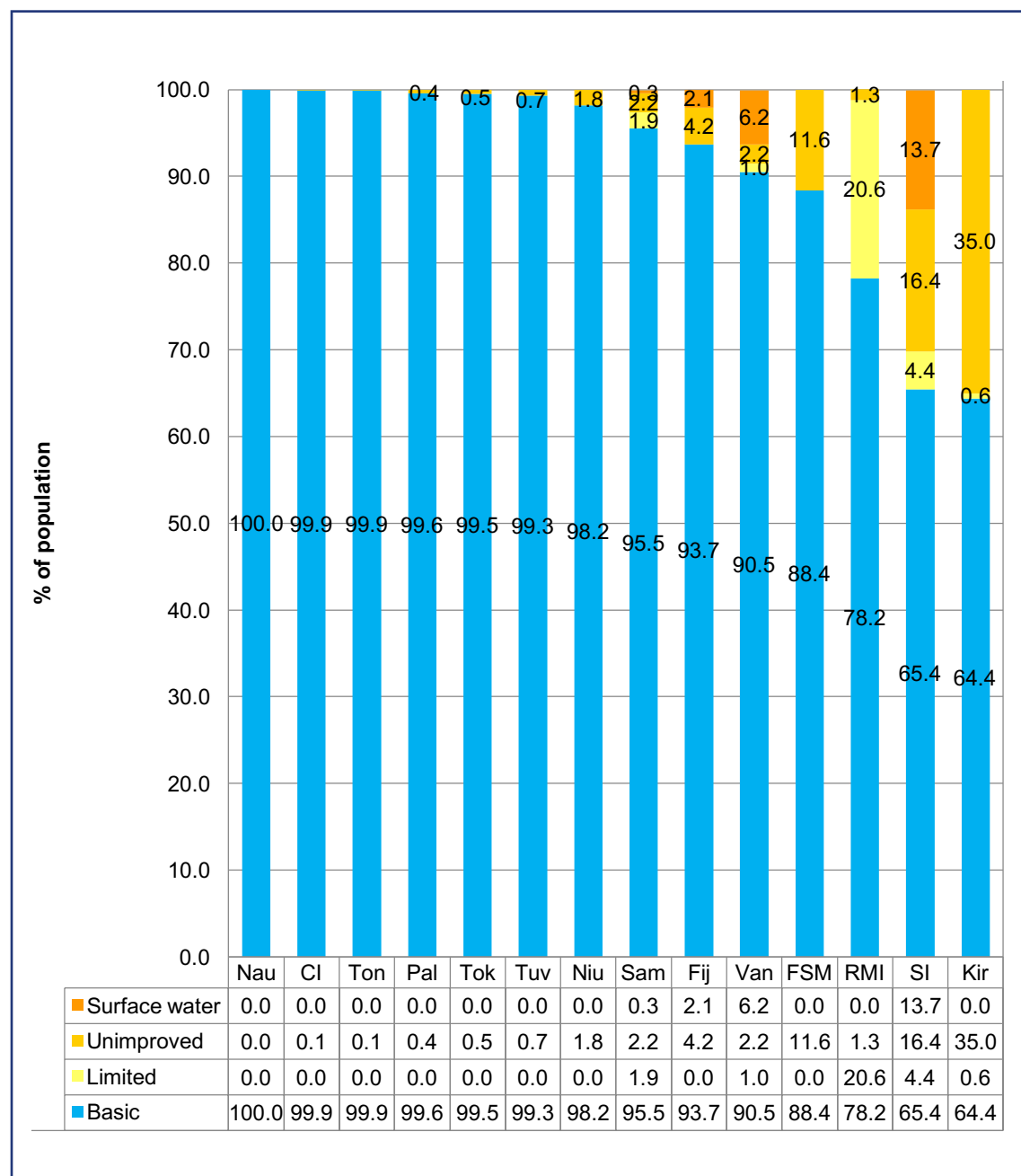
185 JMP data for Cook Islands. <https://washdata.org/data#!/cok> [02.08.17].

186 Ibid.

187 Ibid.

188 Ibid.

**Figure 4.2: Provision of drinking water services as per JMP service ladder, 2015 estimates**



Source: JMP<sup>189</sup>



**Table 4.1: Provision of drinking water services, 2017 estimates (%)**

Year	Improved water	Improved within 30 mins (basic)	Improved more than 30 mins (limited)	Unimproved water	Surface water	Population using improved sources that are:				
						Piped	Non-piped	Accessible on premises	Available when needed	Free from contamination
2000	99.9	99.9	-	0.1	0.0	69.1	30.8	84.6	99.9	-
2005	99.9	99.9	-	0.1	0.0	71.3	28.5	85.6	99.9	-
2010	99.9	99.9	-	0.1	0.0	73.6	26.3	86.7	99.9	-
2015	99.9	99.9	-	0.1	0.0	74.9	25.0	87.3	99.9	-

Source: JMP data for Cook Islands<sup>190</sup>

With the JMP service ladders first introduced in the 2017 study, earlier data cannot be used to estimate safe, basic and limited water services and cannot be compared to the most recent data, other than to derive broad conclusions on overall trends and patterns. JMP data prior to 2015 also used a slightly different definition of 'improved water' such that, up until 2017, bottled water was generally considered an 'unimproved' source,<sup>191</sup> but under the 2017 JMP methodology, bottled water is now considered an 'improved' source.<sup>192</sup> Further, data estimates until 2015 drew on 1,982 sources, while the 2017 JMP database has more than doubled to include 4,710 data inputs, 3,408 of which are used to produce estimates.<sup>193</sup> This means that the 2015 and 2017 datasets are not directly comparable. However, the 2015 data set remains informative in other ways. For example, the JMP 2017 Report includes estimates from 2000 only, while the 2015 Report contains data from 1990, providing an indication of longer-term trends in the Cook Islands in relation to the provision of improved water, though the definitional reservations set out above must be kept in mind. Estimates from 1990 for the Cook Islands indicate that access to improved water was already universal.<sup>194</sup>

190 Ibid.

191 Bottled water is considered 'improved' for drinking only when the household uses an improved source for cooking and personal hygiene.

192 UNICEF and World Health Organization (2015) Progress on Sanitation and Drinking Water – 2015 update and MDG assessment available at [http://www.who.int/water\\_sanitation\\_health/publications/jmp-2015-update/en/](http://www.who.int/water_sanitation_health/publications/jmp-2015-update/en/) p. 52.

193 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017, p. 50.

194 UNICEF and World Health Organization (2015) Progress on Sanitation and Drinking Water. Op. cit. p. 52.

Despite the good overall performance of the Cook Islands in relation to access to improved water sources, some problems remain. For example, a recent Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) report suggests that the water supply on the main island of Rarotonga experiences shortages during drought conditions, which appear to be occurring more frequently.<sup>195</sup>

## 4.2. Access to improved sanitation facilities

In order to meet SDG 6.2 relating to safely managed sanitation services, a country's population should use improved sanitation facilities that are not shared with other households, and the excreta produced should either be treated and disposed of in situ, stored temporarily and then emptied, transported and treated off-site, or transported through a sewer with wastewater and then treated off-site.<sup>196</sup> If excreta from improved sanitation facilities are not safely managed, people using such facilities are classed as having access to a 'basic sanitation service' (SDG 1.4), and, if using improved facilities that are shared with other households, they are classified as having a 'limited service'.<sup>197</sup> SDG target 6.2 specifically focuses on ending the practice of open defecation.<sup>198</sup> While this target aims to raise standard sanitation services for all over time, the immediate priority for many countries is to ensure universal access to at least a basic level of service.<sup>199</sup>

No estimate of the proportion of the population with access to a safely managed sanitation service is possible for the Cook Islands, since data on excreta disposal is unavailable.<sup>200</sup> According to 2017 estimates, as of 2015, 97.6 per cent of the population used improved sanitation facilities that were not shared with other households, providing access to basic sanitation at close to the universal rate.<sup>201</sup> It should, however, be noted that JMP estimates provide that, as of 2015, 2.4 per cent of the population still only had access to unimproved sanitation.<sup>202</sup> No disaggregated estimates were available to enable comparison between rural and urban locations, so disparities across locations could not be analysed.<sup>203</sup> As can be seen in Figure 4.4, Cook Islands is second only to Palau in terms of access to sanitation facilities for its population.

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195 See 2015 GLAAS report Cook Islands. Available at: [http://www.who.int/water\\_sanitation\\_health/glaas/2014/cookisland-15-oct.pdf?ua=1](http://www.who.int/water_sanitation_health/glaas/2014/cookisland-15-oct.pdf?ua=1) [12.04.17].

196 WHO and UNICEF. Progress on drinking water, sanitation and hygiene. Op. cit. p. 8.

197 Ibid. pp. 8-9.

198 Ibid.

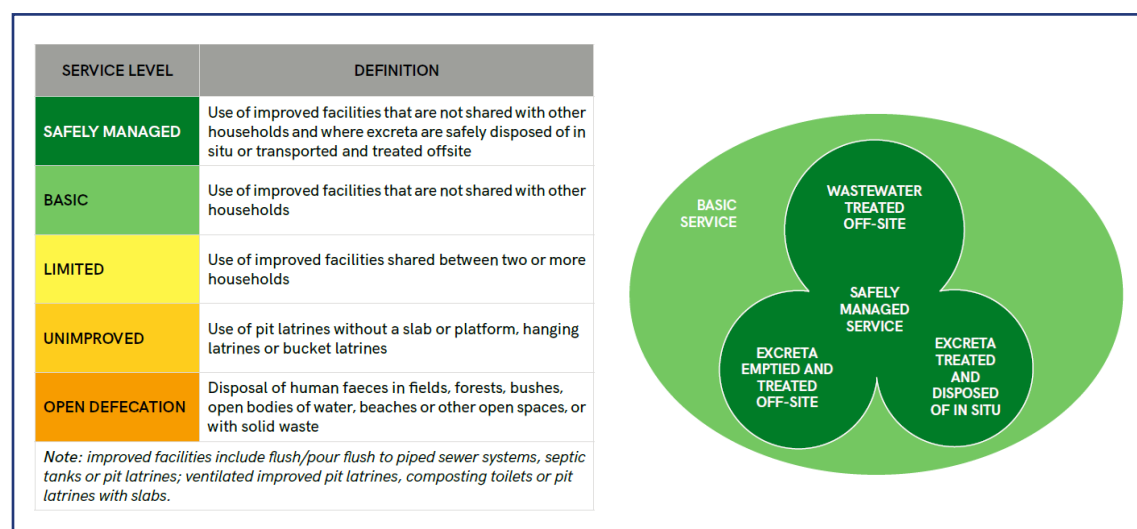
199 Ibid. p. 10.

200 JMP data for Cook Islands. Op. cit..

201 WHO and UNICEF. Progress on drinking water, sanitation and hygiene. Op. cit. p. 78.

202 Ibid.

203 Ibid.

**Figure 4.3: JMP service ladder for improved sanitation facilities**

Source: JMP<sup>204</sup>

Table 4.2 provides an indication of trends over time in terms of access to improved sanitation facilities in the Cook Islands. As of 2000, access to improved and not shared sanitation (i.e. 'basic services'), increased from 92.1 per cent to 97.6 per cent.

**Table 4.2: Provision of sanitation facilities, 2017 estimates**

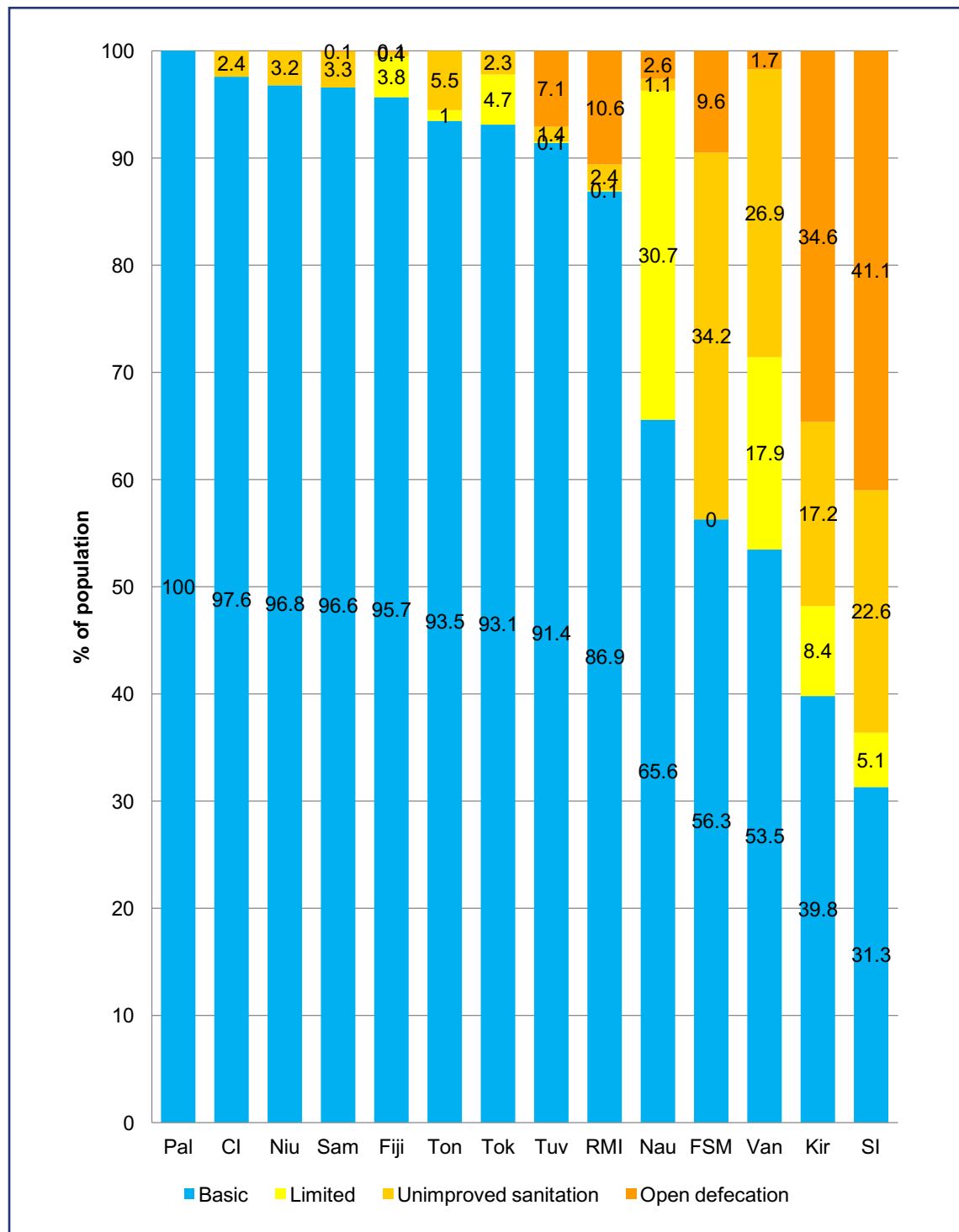
Year	Improved sanitation	Improved and not shared	Improved and shared (limited)	Unimproved sanitation	Open defecation	Population using an improved and not shared sanitation facility:						
						Latrines and other	Septic tank	Sewer connection	Disposed in situ	Emptied and treated	Wastewater treated	Safely managed sanitation
2000	92.1	92.1	0.0	7.3	0.6	-	-	-	-	-	-	-
2005	94.2	94.2	0.0	4.8	0.9	-	-	-	-	-	-	-
2010	96.4	96.4	0.0	2.5	1.1	-	-	-	-	-	-	-
2015	97.6	97.6	0.0	2.4	0.0	-	-	-	-	-	-	-

Source: JMP data for Cook Islands<sup>205</sup>

204 Ibid.

205 Ibid.

**Figure 4.4: Provision of sanitation facilities as per JMP service ladder, 2015**



Source: JMP<sup>206</sup>

According to SDG target 6.2, the Cook Islands should aim to end any practice of open defecation by 2030. Estimates from the 2017 JMP Report suggest that open defecation stood at 0 per cent in 2015, suggesting that the Cook Islands have met this important WASH-related international development target.<sup>207</sup>

### 4.3. Hygiene practices

According to SDG target 6.2, the Cook Islands should, by 2030, aim to provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (washing hands with soap after defecation and before handling food, and the safe disposal of children's faeces) is an effective way to prevent diarrhoea and other diseases, which in turn affect important development outcomes such as those related to child mortality and school attendance.<sup>208</sup>

The presence of a handwashing facility with soap and water on the premises has been identified as the priority indicator for global monitoring of hygiene under the SDGs.<sup>209</sup> Households that have a handwashing facility with soap and water available on the premises will meet the criteria for a basic hygiene facility (SDGs 1.4 and 6.2).<sup>210</sup> Households that have a facility but lack water or soap will be classified as having a limited facility, and distinguished from households that have no facility at all.<sup>211</sup>

The 2017 JMP Report includes no data on hygiene practices in the Cook Islands. The 2015 GSHS<sup>212</sup> thus represents the most important representative data source on hygiene practices amongst children in the country. According to the 2015 GSHS data, only around 12 per cent of surveyed pupils indicated that they cleaned or brushed their teeth *less* than one time per day during the previous 30 days, with girls (10 per cent) being somewhat less likely to report not brushing their teeth at least once a day compared to boys (14 per cent).<sup>213</sup>

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207 UNICEF Statistics. <https://data.unicef.org/country/cok/>[27.03.17].

208 See e.g. UN-Water Decade Programme on Advocacy and Communication Information Brief. [http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash\\_eng.pdf](http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash_eng.pdf) [27.03.17].

209 WHO and UNICEF. Progress on drinking water, sanitation and hygiene. Op. cit. pp. 8-9.

210 Ibid.

211 Ibid.

212 2015 GSHS [https://www.cdc.gov/gshs/countries/westpacific/cook\\_islands.htm](https://www.cdc.gov/gshs/countries/westpacific/cook_islands.htm) [12.04.17].

213 Reported 95 per cent confidence intervals overlap suggesting that the difference is not statistically significant.

**Figure 4.5: JMP service ladder for improved hygiene services**

SERVICE LEVEL	DEFINITION
<b>BASIC</b>	Availability of a handwashing facility on premises with soap and water
<b>LIMITED</b>	Availability of a handwashing facility on premises without soap and water
<b>NO FACILITY</b>	No handwashing facility on premises

*Note: Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.*

Source: JMP<sup>214</sup>

The GSHS data also suggest that only 4.6 per cent of pupils never or rarely washed their hands after using the toilet or latrine during the 30 days before the survey. Importantly, this data is self-reported, so it does not necessarily capture hygiene *practices*, and it is likely to overestimate the proportion of pupils washing their hands after toilet use, due to social desirability bias. Interestingly, the data reveal a statistically significant difference between boys and girls, with girls being more likely to report hand-washing after latrine use.<sup>215</sup> It is not clear whether these gender differentials are caused by demand-side constraints (e.g., social norms), supply-side constraints (e.g., lack of hand-washing facilities for boys), or reporting bias.

Unfortunately, the 2015 GSHS data only capture reported hygiene behaviour of school children aged 13 to 17, so very little is known about children in other age groups and children that do not attend school (out-of-school youth).

#### **4.4. WASH in schools, menstrual hygiene management and children with disabilities**

No data was obtainable on the situation of WASH in Schools (WinS) in the Cook Islands. This important data gap was highlighted in a recent UNICEF publication on WinS in the Pacific region.<sup>216</sup>

214 WHO and UNICEF. Progress on drinking water, sanitation and hygiene. Op. cit.

215 Ibid.

216 See page 3. [https://www.unicef.org/wash/schools/files/Solomon\\_Islands\\_-\\_Incorporating\\_MHM\\_into\\_national\\_WASH\\_in\\_schools\\_policies\\_and\\_guidelines.pdf](https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf) [13.04.17].

There also appears to be no information on menstrual hygiene management (MHM) programmes in the Cook Islands. Furthermore, data is lacking on access to WASH for persons living with disabilities and other disadvantaged groups in the Cook Islands. On a positive note, the 2015 GLAAS report suggests that government plans pertaining to WASH mention people living with disabilities and seniors as the two groups that are particularly disadvantaged in terms of access to WASH, even though it is not clear which government plans the report refers to and what action is proposed to address the needs of these disadvantaged groups.<sup>217</sup>

## 4.5. Barriers and bottlenecks

Even though data on WASH in the Cook Islands is very limited, the evidence suggests that there are several key structural barriers and bottlenecks that, if left unaddressed, could prevent further progress.

### 4.5.1. Financing

Inadequate financing is likely to be a key barrier to more rapid progress in relation to improving access to WASH in the Cook Islands. Unfortunately, it was not possible to obtain information on government allocations for WASH. The 2015 GLAAS report for the Cook Islands suggests that details of WASH spending are not available because funding is grouped within infrastructure and health budgets. However, the GLAAS report estimates that current WASH funding is inadequate in relation to *rural* drinking-water and sanitation.<sup>218</sup>

### 4.5.2. Human resources

The 2015 GLAAS assessment report for the Cook Islands also identifies several constraints in the WASH sector relating to human resources. These include limited financial resources for staff costs, a shortage of skilled workers in the WASH sector, limited availability of relevant training, and the out-migration of skilled workers. In particular, rural areas were identified as having problems attracting and retaining skilled workers in the WASH sector. The report indicates that there is currently no human resources strategy for WASH to address these bottlenecks.<sup>219</sup>

### 4.5.3. Climate and disaster risks

Natural disasters such as cyclones are a key risk facing the Cook Islands and other PICTS. A recent WHO assessment report concluded that some of the key climate-sensitive health risks in the

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217 2015 GLAAS report Cook Islands. Op. cit.

218 Ibid.

219 Ibid.



Cook Islands are vector-borne diseases (dengue fever), waterborne diseases (causing diarrhoeal illness), and fish poisoning (ciguatera), many of which are affected by water safety.<sup>220</sup> Water safety therefore needs to be treated as a top priority in preventing and/or mitigating climate-sensitive health risks. A recent WHO 'update and outlook' report also suggests that water stresses caused by climate change will primarily affect rural communities with low socio-economic status that are reliant on water resources for their livelihoods.<sup>221</sup> This highlights the unequal impact of disaster and climate risks on access to safe water supplies in the Cook Islands.<sup>222</sup>

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220 WHO. 2015. Human Health and Climate Change in Pacific Island Countries. Op. cit.

221 WHO. 2016. Sanitation, drinking-water and health in pacific island countries. [http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf) [13.03.17].

222 UNICEF. 4th MHM Virtual Conference 22-23 October 2015. Solomon Islands. Incorporating MHM into national WASH in schools policies and guidelines: MHM in WinS Study. [https://www.unicef.org/wash/schools/files/Solomon\\_Islands\\_-\\_Incorporating\\_MHM\\_into\\_national\\_WASH\\_in\\_schools\\_policies\\_and\\_guidelines.pdf](https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf) [13.03.17].

# 5.

## Education

### Key Education-related SDGs

SDGs	Targets	Indicators
4.1	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
		Participation rate in organized learning (one year before the official primary entry age), by sex
4.3	By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
4.4	By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill

<b>4.5</b>	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated
<b>4.6</b>	By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	Percentage of population in a given age group achieving at least a fixed level of proficiency in functional literacy and numeracy skills, by sex
<b>4.7</b>	By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development	Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in: (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment
<b>4.A</b>	Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)
<b>4.B</b>	By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries	Volume of ODA flows for scholarships by sector and type of study

4.C	By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States	Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country
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The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and Article 13 of ICESCR. According to the UN Committee on Economic, Social and Cultural Rights (CESCR), the right to education encompasses the following “interrelated and essential features”: availability; accessibility; acceptability; and adaptability.<sup>223</sup> The right to education is also contained in the SDGs, where it is recognised that “quality education is the foundation to improving people’s lives and sustainable development.” Goal 4 requires States to “ensure inclusive and quality education for all and promote lifelong learning.” The SDGs build upon the MDGs, including MDG 2 on universal primary education, and UNESCO’s EFA goals, which are referenced where relevant throughout this section.

In addition to these rights and targets, the UNISDR and GADRRRES Comprehensive School Safety Framework sets out three essential and interlinking pillars for effective disaster and risk management: safe learning facilities; school disaster management; and risk reduction and resilience education.<sup>224</sup> These pillars should also guide the development of the education system in the Cook Islands, which is vulnerable to disaster and risk (see section 2.2 for more details).

The Ministry of Education (MoE) Education Master Plan 2008-2023 (‘Education Master Plan’) has governed the strategic direction of education reform in the Cook Islands over recent years. Although the Education Master Plan did not make specific reference to EFA or the MDGs, it serves to address several of their goals,<sup>225</sup> focusing on three core areas: learning and teaching (including equitable access to quality learning); ensuring a high level of community involvement in determining quality education outcomes; and developing education infrastructure and providing appropriate legislation, research, guidelines and standards that support and enhance opportunities for learning. The National Sustainable Development Plan 2016-2020 also sets out the Cook Islands’ 2020 vision, including the achievement of inclusive, equitable and quality education and promotion of life-long learning opportunities.<sup>226</sup>

223 UN Committee on Economic, Social and Cultural Rights, General Comment No. 13 (1999), The Right to Education, 8 December 1999, E/C.12/1999/10 (CESCR GC No. 13 (1999)), para 6.

224 UNISDR and GADRRRES, January 2017. *A global framework in support of The Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and The Worldwide Initiative for Safe Schools*. [http://gadrrres.net/uploads/images/pages/CSS\\_Booklet\\_2017-updated.pdf](http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf) on 24 January 2017.

225 See, for example, MoE, *Cook Islands Education for All 2015 National Review*, pp 11-15 on how the Education Master Plan aimed to meet EFA Goals 1, 2, 3 and 6.

226 National Sustainable Development Plan 2016-2020; <https://www.adb.org/sites/default/files/linked-documents/cobp-coo-2017-2019-ld-01.pdf> on 12 June 2017.

There are 12 years of compulsory education in the Cook Islands, covering the ages of 5 to 16.<sup>227</sup> In 2016, there were 31 schools, consisting of one stand-alone early childhood education (ECE) centre, 11 primary schools (10 of which had an attached ECE centre), 14 area schools (all with an attached ECE centre), four secondary schools, and a tertiary institute.<sup>228</sup> The vast majority of schools were State schools; only five were church-run and three were independent private institutions.<sup>229</sup>

In 2012, the CRC Committee highlighted disparities in education services and quality between the Inner and Outer Islands: a barrier which the Government continues to face. The Committee considered that this challenge was due to the limited allocation of resources and geographical barriers between the islands.<sup>230</sup> Indeed, the Cook Islands faces economic and fiscal challenges in meeting its international obligations. The 2013 Public Expenditure Review of Education and Forum Compact Peer Review considered that the Cook Islands' education expenditure for that year (which was 3.4 per cent of its GDP and 11 per cent of the Government's appropriation budget) was disproportionately low compared to equivalent rates in developing and developed countries, and that gains made in the education sector were largely due to donor funding.<sup>231</sup> Encouragingly, however, the total education budget has increased from NZD 13.8 million in 2011/12 to NZD 18.9 million in 2015/16 (from 3 per cent to 4.4 per cent of GDP).<sup>232</sup> The MoE also considers that its move from 'project-based donor support' to a 'multi-year targeted budget support model' has added some flexibility and sustainability to education funding.<sup>233</sup> The Ministry's commitment to invest in education is reflected in its National Sustainable Development Plan 2016-2020, particularly indicator 8.5, 'increase investment in education'.

MoE policies demonstrate the Government's commitment to improving school infrastructure to ensure that learning environments are fit for purpose and conducive to learning.<sup>234</sup> However, poor infrastructure remains a barrier to quality education, and requires significant investment in order to keep pace with pedagogical developments.<sup>235</sup> Specific improvements to the infrastructure are required to ensure the integration of information technology facilities, improved telecommunications connectivity (particularly in isolated locations), full disability access, the removal of residual asbestos and cyclone-proofing, further to Pillar One (safe learning facilities) of the Comprehensive School Safety Framework.<sup>236</sup>

Disaster and climate risk are significant barriers that apply to all levels of education. Schools, particularly on the northern islands, are physically vulnerable to adverse weather and rising sea

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227 Education Act 2012 (CI), section 23(1); for the purposes of this report, we have referred to the English version of the Act. [http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/cook\\_islands\\_education\\_act\\_2012.pdf](http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/cook_islands_education_act_2012.pdf). accessed 3 April 2017.

228 MoE. Statistics Report 2016. p. 6.

229 Ibid.

230 Committee on the Rights of the Child, *Concluding Observations CRC/C/COK/CO/1*, 22 February 2012, paras 15, 25, 53-54.

231 Cited in MoE. *Cook Islands Education for All 2015 National Review*. p. 44.

232 MoE. Statistics Report 2016. p. 31.

233 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 10.

234 MoE. Statement of Intent 2015-2019.

235 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 44.

236 Ibid.

levels.<sup>237</sup> The destruction of homes and livelihoods by disasters and climate risks, particularly in the Outer Islands, also disrupts school attendance as children and their families move towards urban areas.<sup>238</sup> These risks may also cause significant disruption to online remote learning programmes that depend on good connectivity (discussed later in this report).

The Cook Islands is taking significant steps to address these risks. A disaster-preparedness policy for schools is outlined in the [Draft] Education Emergency Plan,<sup>239</sup> which was developed in line with the Disaster Risk Management Act of 2007. The purpose of the Plan is to guide the MoE and schools in planning and coordinating standard operating procedures for any emergency, including natural disasters, in order to minimize injury and loss of life. The Plan outlines the action to be taken before, during and after an emergency, for both MoE staff and schools. It also stipulates that all schools should have emergency policies and plans, audited by the Directorate of Audit, and quality assurances.<sup>240</sup> Unfortunately, data on the number of schools affected by natural disasters is unavailable, and therefore a reliable analysis of disaster-preparedness in schools is not possible. Importantly, as required under Pillar Three of the Comprehensive School Safety Framework, the Cook Islands Risk Management National Action Plan (2009-2015) sets out steps to incorporate disaster-risk management into national curricula to increase awareness amongst young people in this area. Education on environmental sustainability, conservation, and disaster and risk reduction and mitigation form part of the Curriculum Framework that applies to all State and private schools from ECE to secondary school level,<sup>241</sup> and is addressed primarily through science and social science teaching.<sup>242</sup> Elements of the 'UNESCO Sandwatch Programme'<sup>243</sup> have also reportedly been included in the curricula for these subject areas.<sup>244</sup> Further, the MoE reports that it has entered into several strategic partnerships to strengthen disaster and risk mitigation through education, including with the National Environment Service, a regional NGO and teachers, to develop resources to incorporate issues on biodiversity and conservation into student learning, and with the 'Emergency Management Cook Islands' agency to introduce students to the concept of disaster and risk mitigation.<sup>245</sup>

The different priorities of successive Governments have created policy challenges to education reform, including bipartisan support to the implementation of the Education Master Plan.<sup>246</sup> Donor funding is also driven by the priorities of donor Governments, raising further policy barriers to achieving synergy and sustained efforts towards education reform.<sup>247</sup>

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237 Ibid.

238 Ibid. p 44-45.

239 Cook Islands. Draft Education Emergency Plan. [http://pacificdisaster.net/pdnadmin/data/original/COK\\_Education\\_Emergency\\_Plan\\_draft.pdf](http://pacificdisaster.net/pdnadmin/data/original/COK_Education_Emergency_Plan_draft.pdf) [12.06.17].

240 Ibid.

241 MoE. *Cook Islands Curriculum Framework*. <http://www.education.gov.ck/wp-content/uploads/2014/08/cicf-english-02-final-.pdf> [07.04.17].

242 MoE. *Cook Islands Education for All 2015 National Review*. p. 23.

243 UNESCO describes this as an educational process through which school students, teachers and local communities work together in the field to monitor their coastal environments, identify and evaluate the threats, problems and conflicts facing them, and develop sustainable approaches to address them. For more information, see UNESCO's webpage. <http://www.unesco.org/new/en/natural-sciences/priority-areas/sids/sandwatch/> [07.04.17].

244 MoE. *Cook Islands Education for All 2015 National Review*. p. 23.

245 Ibid.

246 Ibid. p. 45.

247 Ibid.

## 5.1. Early childhood education

According to the SDGs, by 2030, States are required to ensure that “all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education.” EFA goal 1 also requires the expansion and improvement of comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

### 5.1.1. Access

In 2012, the CRC Committee considered that development opportunities were limited due in part to limited provision of early childhood care and education.<sup>248</sup> It is therefore encouraging that the Cook Islands has been taking steps to meet EFA goal 1 by, amongst other things, increasing enrolment in ECE centres.<sup>249</sup> The Education Act 2012 defined ECE as education for children under the age of 5 years.<sup>250</sup> Although it did not make ECE compulsory, the Education Act confirmed that a person resident in the Cook Islands is entitled to be enrolled and educated at a State school from the age of 3 and that the Government is obliged to pay the cost of providing instruction, administration and facilities for a person’s education, provided he/she is a Cook Islander, a permanent resident, or a child of a permanent resident.<sup>251</sup> Further, the National Sustainable Development Plan 2016-2020 aims to increase ECE enrolment.<sup>252</sup> In 2016, 12 per cent of the MoE’s total operational budget on schools was allocated to ECE.<sup>253</sup>

The new legislation has reportedly had a “short term impact” on the ECE gross enrolment ratio (GER), which decreased from 98 per cent in 2012 to 84 per cent in 2013.<sup>254</sup> This was reportedly due to an increase in eligibility that had not yet been fully utilized in local communities. However, by 2016, the GER had increased to 99 per cent,<sup>255</sup> indicating a significant increase in ECE enrolment. The ECE net enrolment rate (NER) in 2016 was slightly lower at 97 per cent,<sup>256</sup> indicating that there is still a small proportion of children aged 3-4 who are not enrolled in ECE, and that only a small proportion of children enrolled in ECE were over-age.

ECE enrolment is notably higher for girls. In 2016, the GER was 102 per cent for girls and 96 per cent for boys, whilst the NER was 100 per cent for girls and 94 per cent for boys.<sup>257</sup> Disaggregated enrolment rates for the Inner and Outer Islands are not available, although the National EFA Review for 2015 highlights that disparities exist, with ECE enrolment being particularly low in the smaller, more isolated communities.<sup>258</sup> The MoE has taken steps to address this challenge, including

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248 Committee on the Rights of the Child, *Concluding Observations CRC/C/COK/CO*. Op. cit. para 31.

249 MoE. *Education Master Plan 2008-2023*; MoE. *Cook Islands Education For All 2015 National Review*. p. 17.

250 Education Act 2012 (CI), section 4(1).

251 Ibid. section 22(1)-(2).

252 National Sustainable Development Plan 2016-2020, Indicator 8.2, p. 35.

253 MoE. *Statistics Report 2016*. p. 8.

254 MoE. *Cook Islands Education for All 2015 National Review*. p. 17.

255 MoE. *Statistics Report 2016*. p. 5.

256 Ibid.

257 Ibid.

258 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 17.



through its *Te Kakaia* programme. Under this programme, which is carried out in collaboration with local community ante natal clinics, an MoE-designated programme officer and MoE ECE Advisor, aims to support parents in developing positive parenting strategies by applying a 'toolbox' specific to each stage of a child's development, including for children aged between 0 and 6 years.<sup>259</sup> The MoE reports that the programme has been particularly useful for parents of children of ECE age, not only in remote areas but also in the mainland, as it has supported parents to develop their knowledge, role and enjoyment of their child's early learning years, and strengthened collaboration between teachers and parents, creating more conducive learning environments.<sup>260</sup>

### 5.1.2. Quality

Significant efforts have been made to strengthen the quality of ECE teaching over recent years, though there are no data on outcomes in order to assess development or improvement in practice. According to the 2015 MoE National Review, the MoE has introduced an ECE-specific teacher training and qualifications framework, and professional standards that all teachers must meet.<sup>261</sup> Teachers must now have a certificate in ECE to teach at this level. The percentage of ECE teachers with ECE certification increased between 2010 and 2013 by approximately 10 per cent to just over 75 per cent (although it fluctuated in the intermittent years).<sup>262</sup> In 2015, there remained eight teachers with primary teaching qualifications as opposed to ECE certification.<sup>263</sup> ECE teachers are also expected to have a degree in ECE education, which the MoE is reportedly supporting through the payment of university tuition fees and textbooks as well as coordinating summer school programmes with the university.<sup>264</sup> Further, from 1 July 2013, ECE teachers were given equal pay to primary and secondary school teachers,<sup>265</sup> which is an important step to incentivise and attract quality candidates to the profession.

The teacher-pupil ratio has fluctuated since 2012 when it was 1:14. In 2016, the ratio was 1:16.5,<sup>266</sup> which is slightly higher than the recommended international standard (1:15).<sup>267</sup>

### 5.1.3. Barriers and bottlenecks

Maintaining and developing the infrastructure of ECE centres, particularly in the face of disaster and climate risks, is a challenge.<sup>268</sup> There are also reported disparities in ECE facilities between the main island and Outer Islands,<sup>269</sup> which may be contributing to reported geographical disparities

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259 Ibid.

260 Ibid.

261 Ibid.

262 Ibid. p. 18.

263 Ibid.

264 Ibid. p. 17.

265 Ibid.

266 Cook Islands MoE Statistics Report, referenced on the website for the Pacific Regional Information System. <https://www.spc.int/nmdi/education>. 12 June 2017.

267 See e.g., World Bank Group, SABER ECD Report for Solomon Islands 2013. p. 19.

268 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 19.

269 Committee on the Rights of the Child, *Concluding Observations CRC/C/COK/CO/1*. Op. cit. para. 53.

in ECE participation, although further disaggregated data is needed to fully assess the situation. In 2012, the CRC Committee called upon the Cook Islands to allocate more resources to ensuring equitable access to ECE and providing sufficient early childhood development facilities, including preschools.<sup>270</sup> Without any data on ECE attendance and learning outcomes, and how the ECE budget is spent, it is not possible to assess the extent to which the Cook Islands has responded to this recommendation and addressed this apparent barrier.

The MoE has identified the need to further strengthen the specialist pedagogical understanding of school principals and senior management with respect to ECE.<sup>271</sup> Many ECE teachers are reportedly older individuals nearing retirement, highlighting a need to develop a cohort of new skilled ECE teachers.<sup>272</sup>

Finally, placing ECE on a compulsory footing would be likely to strengthen the legislative framework and be an important step towards promoting attendance.

## 5.2. Primary and secondary education

The EFA goals and SDGs include targets for primary and secondary education. According to SDG 4.1, by 2030, all girls and boys shall complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. SDGs, MDGs (2.A and 3.A) and EFA goals (Goal 5) require the elimination of gender disparity in primary and secondary education, and EFA Goal 2 requires that children in difficult circumstances and ethnic minorities have access to, and complete, free and compulsory primary education of good quality.

*In the Cook Islands, primary education consists of six years of compulsory schooling for children aged 5 to 10.<sup>273</sup> Secondary school consists of seven years of compulsory schooling for children aged 11 to 17.<sup>274</sup>*

### 5.2.1. Access

Ensuring equitable access to quality learning programmes at primary and secondary level is an MoE focus.<sup>275</sup> In 2016, the MoE spent the largest proportion of its operational budget (38 per cent) on primary education,<sup>276</sup> followed by junior secondary education (Years 7-10) (30 per cent),

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270 Ibid. paras 53 and 54.

271 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 18.

272 Ibid.

273 Education Act 2012 (CI), sections 4(1) and 23(1).

274 Ibid.

275 MoE. *Statistics Report 2016*. p. 11; Education Master Plan.

276 Ibid.

and senior secondary (Years 11-13) (20 per cent).<sup>277</sup> To alleviate the burden of education fees and improve access, the Education Act 2012 renders the State responsible for the costs of primary and secondary education instruction, administration and facilities in all government schools in respect of pupils who are Cook Islanders, a permanent resident, or a child of a permanent resident, and are resident in the Cook Islands.<sup>278</sup> Although the law leaves it open to the State to charge fees from international students, as the majority of international students are reportedly dependents of contract workers, the MoE has reportedly chosen to not exercise these powers.<sup>279</sup>

Other MoE strategies have included a grant scheme (including travel costs and allowance to a host family) to facilitate pupils moving to Rarotonga for senior secondary education if access to this level of education is unavailable on the child's home island.<sup>280</sup> Reports indicate that this grant is accessed annually by approximately 40 to 50 pupils.<sup>281</sup> Further, following the limited success of the 'correspondence school programme' in New Zealand,<sup>282</sup> the MoE is piloting a distance learning programme (*Te Kura Uira*) to enable teachers on the mainland to teach students on other islands through Skype. A support person on the pupil's home island also tracks the child's progress and provides pastoral support.<sup>283</sup> Further, the MoE has introduced 'satellite schools', where a bus transports older students from the premises of the small satellite school (normally a small ECE school) located in an isolated community to the appropriate school, which is more centrally located.<sup>284</sup>

The success of MoE efforts in relation to the primary sector is reflected in the Cook Islands' achievement of universal enrolment in primary education, placing it in a strong position to achieve SDG 4.1. In 2016, the primary NER was 100 per cent for both boys and girls.<sup>285</sup> The primary GER was slightly higher (108 per cent for boys and 105 per cent for girls),<sup>286</sup> indicating that there is notable proportion of students enrolled in primary education who are over-age.

However, junior secondary school enrolment rates are lower than the primary enrolment figures, with senior secondary school enrolment figures lower still, despite the MoE focus on engaging and retaining adolescents in senior secondary education (for example, by increasing the minimum leaving age from 15 to 16 years under the Education Act).<sup>287</sup> In 2016, the junior secondary NER was 89 per cent compared to a senior secondary NER of 62 per cent.<sup>288</sup> In 2016, the GERs for junior and senior secondary school (95 per cent and 69 per cent) were marginally higher than the

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277 Ibid. p. 5.

278 Education Act 2012 (CI), section 22(2).

279 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 20.

280 Ibid. p. 21.

281 Ibid.

282 Challenges included differing contexts of learning and the delays in delivering and collecting necessary materials to and from the pupils, leading to less success in performance and attendance than anticipated; MoE. *Cook Islands Education For All 2015 National Review*. Op. cit. p. 21.

283 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. pp. 10 and 21.

284 Ibid. p. 21.

285 MoE. *Statistics Report 2016*. p. 5.

286 Ibid.

287 Ibid. p. 20.

288 Ibid. p. 5.

NER,<sup>289</sup> indicating that a notable proportion of students in secondary education fall outside the official age group (and are, most likely, over-age). Senior secondary school retention rates also decrease the higher the grade. In 2016, the retention rate was 97 per cent for Years 10-11, but reduced significantly to 71 per cent for Years 11-12 and 70 per cent for Years 12-13.<sup>290</sup> Retention rates for Years 12-13 have improved since 2014 (54 per cent), but fluctuated for Years 10-11 and decreased for Years 11-12, indicating that ensuring senior secondary school enrolment remains a challenge.

There are gender disparities in secondary school enrolment. The Gender Parity Index (GPI) for secondary school was above 1 between 2010 and 2013 (figures beyond 2013 are not provided).<sup>291</sup> In 2016, the GPI was [1.004].<sup>292</sup> This disparity in favour of girls is largely due to the higher proportion of girls enrolled in senior secondary education.<sup>293</sup> In 2016, a slighter higher proportion of boys (NER 90 per cent) than girls (NER 88 per cent) in the official age group enrolled in junior secondary school.<sup>294</sup> However, the gender disparity is reversed at higher secondary level, where a significantly higher proportion of girls (69 per cent) than boys (56 per cent) in the official group are enrolled in school.<sup>295</sup> GER figures for girls and boys follow a similar pattern; in 2016, the GER at junior secondary level was 97 per cent for boys and 94 per cent for girls, whereas the GER at senior secondary level was 62 per cent for boys compared to 77 per cent for girls.<sup>296</sup>

The MoE has introduced programmes to improve male enrolment and retention at secondary level. These initiatives include the 'Dual Pathways Programme', which expanded the scope of vocational courses on offer.<sup>297</sup> Similarly, 'Lifeskills Programmes' have been offered in a range of vocational areas (craft; fabric and design; cooking and baking; oratory music composition; carpentry; first aid; conservation; automotives; and net-making), targeting pupils in the Outer Islands, particularly male adolescents.<sup>298</sup> The MoE intends that the Lifeskills Programme will enable the pupil to accumulate credits to form a vocational qualification, for example, through partnership with the Cook Islands Tertiary Training Institute (see section 5.3).<sup>299</sup> Schools are required to apply to the MoE for funding for their proposed Lifeskills Programme courses, tailored to the needs of the children in their locality.<sup>300</sup> In 2013, 42 Lifeskills Programmes were implemented.<sup>301</sup>

Attitudes and norms that pregnant pupils should leave school have reportedly shifted over the period of EFA,<sup>302</sup> which may be contributing to the high GPI. The shift may be partly due to the

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289 Ibid.

290 Ibid. p. 20.

291 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 35.

292 MoE. *Statistics Report 2016*. Op. cit. p. 17.

293 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 35.

294 MoE. *Statistics Report 2016*. Op. cit. p. 17.

295 Ibid. p. 5.

296 Ibid.

297 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 36.

298 Ibid. pp. 26-27.

299 Ibid.

300 Ibid.

301 Ibid. p. 27.

302 Ibid. p. 36.

Education Act 2012 clarifying that parents/guardians are not absolved from their responsibility to enrol their child in basic education on the basis of pregnancy.<sup>303</sup> Young mothers have also reportedly been able to take some time off from school and/or take reduced classes before returning to school full-time, giving them flexibility with their schooling arrangements. Counselling services are reportedly available in schools to support pupils and their families concerning pregnancy and care-giving.<sup>304</sup> Sexual and reproductive health education in schools has also been expanded to incorporate the emotional and social aspects of sex, relationships and adolescent development.<sup>305</sup> These initiatives appear to respond well to the CRC Committee's recommendation in 2012 to take measures to prevent pregnant teenagers from dropping out of school and to encourage their integration.<sup>306</sup>

Disaggregated NERs and GERs per island and between the Inner and Outer Islands are unavailable, limiting the ability to assess access to primary and secondary education across the country. However, between 2009 and 2013, total enrolment across primary and secondary decreased by 7.5 per cent in Rarotonga, and by 16.5 per cent in the northern group,<sup>307</sup> reinforcing anecdotal evidence of geographical disparities in access to education.

Disaggregated data on the enrolment rates of children with disabilities are not available. However, in 2012, the CRC Committee reported that approximately half of children with disabilities of compulsory school age attended school and that children with disabilities were not fully integrated into the education system due to a lack of facilities tailored to their needs.<sup>308</sup> Whilst the MoE has taken steps to move from the use of special schools to inclusive education, for example, through the use of specialist-trained 'teacher aides', without disaggregated data on the enrolment and education outcomes for children with disabilities, it is not possible to conduct a complete assessment of their situation.<sup>309</sup>

### 5.2.2. Quality

The primary school teacher-pupil ratio has remained fairly steady over recent years and was 1:17 in 2016.<sup>310</sup> However, this ratio differs between the regions, with the northern group of islands having the lowest ratio at approximately 1:11, followed by the southern group at 1:16, and Rarotonga having the highest ratio at approximately 1:19.<sup>311</sup> At secondary level, the teacher-pupil ratio slowly decreased between 2012 and 2016 from 1:15 to 1:13.<sup>312</sup> The secondary teacher-pupil ratio between the regions also fluctuates. In 2016, the ratio was 1:15 in Rarotonga, compared to

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303 Education Act 2012 (CI), section 24(3).

304 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 36.

305 Ibid.

306 Committee on the Rights of the Child, *Concluding Observations CRC/C/COK/CO/1*, Op. cit., para 54(e).

307 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 45.

308 Committee on the Rights of the Child, *Concluding Observations CRC/C/COK/CO/1*, Op. cit., para 43.

309 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. p. 21.

310 MoE. *Statistics Report 2016*. Op. cit. p. 13.

311 Ibid.

312 Ibid. p. 19.

1:10 in the southern group and 1:16 in the northern group.<sup>313</sup> With very little data on the impact of these ratios on the quality and efficiency of teaching, and without any data on average class size, it is not possible to make hard conclusions based on these statistics.

Other indicators indicate that ensuring quality education throughout the country continues to be a challenge.<sup>314</sup> There are geographical disparities in Year 3, with Rarotonga and the southern group of islands achieving 69 per cent and 70 per cent numeracy achievement in 2015, respectively, compared to 50 per cent in the northern group of islands.<sup>315</sup> The geographical disparities have not remained consistent in recent years. For example, in 2013, the northern group reached a high of 95 per cent numeracy achievement, compared to 77 per cent in Rarotonga and 68 per cent in the southern group.<sup>316</sup>

In terms of literacy, the Cook Islands exceeded its Year 4 pupil achievement targets for Maori between 2012 and 2015.<sup>317</sup> However, the targets for English were not achieved during this period, except for in 2015,<sup>318</sup> when the target was lowered.<sup>319</sup> The main reason for this is the adoption of Cook Islands Maori as the first language.<sup>320</sup> There are also significant and fluctuating geographical disparities in Year 4 Maori literacy achievement. For instance, in 2014, 88 per cent of pupils achieved the Maori literacy target, compared to a low 45 per cent in the southern group and an even lower 20 per cent in the northern islands.<sup>321</sup> This changed significantly in 2016, with 65 per cent of students in Rarotonga reaching the requisite target, compared to 74 per cent in the southern group and 71 per cent in the northern group.<sup>322</sup>

Data on senior secondary school performance suggest slow progress in achieving quality education at this level. MoE data of the national results of National Certificate of Educational Achievement (NCEA)<sup>323</sup> achievement by participation between 2012 and 2015 indicate consistent year-to-year progress *only* for NCEA Level 3 participants; in 2012, 71 per cent of participants achieved certification, compared to 85.7 per cent in 2015.<sup>324</sup> The achievement rate for NCEA Level 2 fluctuated during this period but resulted in an overall increase from 76 per cent in 2012 to 79.1 per cent in 2015.<sup>325</sup> The achievement rate for NCEA Level 1 decreased between 2013 and 2015, although there has been an overall increase since 2012 from 70.5 per cent to 83 per cent.<sup>326</sup>

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313 Ibid.

314 Ibid. p. 14.

315 Ibid.

316 Ibid.

317 Ibid. p. 15.

318 Ibid.

319 The decrease in the 2015 target reflects the first cohort of Year 4 pupils schooled under the Cook Islands Maori first language system; MoE. *Statistics Report 2016*. Op. cit. p. 15.

320 MoE. *Statistics Report 2016*. Op. cit. pp. 15-16.

321 Ibid. p. 16.

322 Ibid.

323 Cook Islands uses the tri-level New Zealand Qualification Authority system for senior secondary school qualifications, the NCEA.

324 MoE. *Statistics Report 2016*. Op. cit. p. 21.

325 Ibid.

326 These achievement figures differ to those based on *enrolment*, as pupils in senior secondary can attain an NCEA level that does not correspond to their academic year in school; MoE. *Statistics Report 2016*. Op. cit. p. 21.

Between 2012 and 2014, NCEA achievement rates generally fell short of the targets set in the Education Master Plan. However, there were noticeable improvements in achievement at all NCEA levels between 2014 and 2015, resulting in targets being met in that year.<sup>327</sup>

### 5.2.3. Bottlenecks and barriers

A key barrier to achieving and maintaining universal primary and secondary participation in education relates to the geographical dispersal of the islands. The MoE still faces the challenge of reaching pupils in isolated areas.<sup>328</sup> School enrolment on smaller islands raises challenges for the MoE in maintaining student access to a range of subjects at secondary level, which is also affected by the high turnover of teachers.<sup>329</sup> This challenge is exacerbated by broader disaster and climate risks, which result in population movement to urban areas, and exacerbate the issue of multi-grade classes at primary level in affected schools.<sup>330</sup> These risks present challenges to establishing conducive learning environments and to training teachers to facilitate student learning in these environments. The disaster and climate risks are also barriers to the use of distance/online learning that is being used to bridge geographical disparities in access to secondary education, which relies on reliable infrastructure and connectivity.

The decreasing retention rates throughout senior secondary education, and particularly lower enrolment rates for boys in senior secondary school, may also be partly explained by pupils moving on to the workplace or tertiary education after achieving initial qualifications.<sup>331</sup> Another reason may be the imposition of indirect costs (such as uniform fees), which creates hardship for disadvantaged families, particularly children in senior secondary school who are required to pay exam fees.<sup>332</sup> In 2012, the CRC Committee expressed concern at the inadequate number and value of scholarships offered to secondary school pupils, which were not sufficient to cover living expenses.<sup>333</sup> It recommends revising standards of allocation and the value of scholarships provided to secondary school pupils, with particular attention to applicants from the Outer Islands.<sup>334</sup> There is limited data on the steps the MoE has taken to address this recommendation.

In 2012, the CRC Committee noted with concern the lack of data on school drop-outs and absenteeism rates in secondary schools, including those related to pregnant teenagers.<sup>335</sup> It therefore recommended the collection of data on these indicators to help combat the drop-out of pregnant teenagers and integrate them in schools.<sup>336</sup> This data continues to be lacking. Although the GPI shows a disparity in favour of girls, a higher proportion of boys than girls are enrolled in junior secondary and without disaggregated data on drop-out and absenteeism, it is not possible

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327 MoE. *Statistics Report 2016*. *Ibid.* p. 22.

328 MoE. *Cook Islands Education for All 2015 National Review*. *Op. cit.* p. 24.

329 *Ibid.* pp. 21 and 45.

330 *Ibid.* pp. 44-45.

331 *Ibid.* p. 22.

332 *Ibid.*

333 Committee on the Rights of the Child, *Concluding Observations CRC/C/COK/CO/1*. *Op. cit.* para 53.

334 *Ibid.* para 54(g).

335 *Ibid.* para 53.

336 *Ibid.* para 54(e).



to conduct a comprehensive assessment and analysis of disparities of children's access to secondary education.

The CRC Committee has recommended that the Cook Islands strengthen its efforts to implement its Disability Strategy and the Disability Act 2008, to ensure that children with disabilities, particularly those in the Outer Islands, have equal access to education, and to implement inclusive education policy.<sup>337</sup> However, there is limited data and information on primary and secondary schooling for children with disabilities, so it is not possible to assess and analyse whether they have equal access to quality, inclusive education. This is a significant gap in the education framework.

There is limited data on the qualifications and training certifications of teachers, which are important indicators for measuring quality of education. However, the MoE has identified sustaining teacher professional development programmes and ensuring equity of access to these programmes for isolated teachers as a challenge,<sup>338</sup> which may be contributing to disparity in the quality of primary and secondary education.

### 5.3. Tertiary and vocational education

The Cook Islands Tertiary Training Institute is its main vocational training body, consisting of the Trades and Technology Faculty (offering courses in electrics, carpentry, automotive engineering, plumbing and small machine maintenance), a Hospitality Faculty (offering programmes in culinary arts, food and beverage and other related programmes) and a Hair and Beauty Centre.<sup>339</sup>

In 2012, the CRC Committee raised concerns about the disparity in educational services between children in the Inner and Outer Islands, particularly with regard to vocational training.<sup>340</sup> The Committee called on the Cook Islands to take necessary steps, including through cooperation with local civil society actors, to increase relevant and more productive vocational training with particular attention to secondary school children in the Outer Islands.<sup>341</sup>

The Cook Islands has been taking steps to address this concern. The Tertiary Training Institute is taking specific action to develop and retain the skills of young people on the more isolated Outer Islands.<sup>342</sup> Its courses are developed based on the needs and context of the island in question, and combine on-site training placements with online learning with the Institute's campus in Rarotonga. The courses include: the Certificate in Applied Trades and Skills, including automotive engineering, carpentry and electrical programmes; the Certificate of Achievement in Culture & Arts, including

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337 Ibid. para 44

338 MoE. Cook Islands Education for All 2015 National Review. Op. cit.

339 Ibid. p. 27.

340 Committee on the Rights of the Child, *Concluding Observations CRC/C/COK/CO/1*. Op. cit. para 53

341 Ibid. para 54(c).

342 MoE. Cook Islands Education for All 2015 National Review. Op. cit. p. 29.

traditional canoe building; the Certificate of Achievement in Computing and Enterprise Studies; and the Certificate in Employment & Training.<sup>343</sup>

The Tertiary Training Institute also provides ‘upskilling’ courses, aimed primarily at adults who have dropped out of education. Although these courses do not provide a specific qualification, they aim to help individuals develop their skills and act as a stepping-stone to formal vocational training.<sup>344</sup>

The University of the South Pacific’s Cook Islands’ Campus offers tertiary level education up to degree level, including via distance learning and summer and winter school programmes.<sup>345</sup> Cook Islanders holding New Zealand passports may also apply to any tertiary education institution in New Zealand and obtain support via the New Zealand student loan system.<sup>346</sup> Scholarships from the Government and donors support students in accessing the University of the South Pacific, as well as the Fiji National University and institutions in New Zealand.<sup>347</sup> The number of scholarships overall declined slightly between 2012-2016 from 30 to 29, with a low of 12 in 2013.<sup>348</sup> Scholarships awarded to females outnumber those awarded to males; in 2016, 22 were awarded to girls, compared to 7 awarded to boys.<sup>349</sup>

There is little data on enrolment in tertiary and vocational training courses in the Cook Islands. However, the MoE reports that there is generally equal enrolment of males and females across the hospitality, horticulture, sports and business sectors, but not in the Trades Academy, in which there is a significant disparity in favour of males.<sup>350</sup>

Similarly, there is very limited data on the quality and educational outcomes in tertiary and higher vocational education. The MoE reports that, whilst anecdotal evidence indicates that there is a high rate of literacy in the general adult population, NGOs have identified that a small population of the community, predominantly young males, requires further support in this area, although they have not elaborated on their circumstances or the drivers of this situation.

### 5.3.1. Barriers and bottlenecks

The physical distance between the islands continues to be a barrier in providing access to infrastructural support and supervision on the more isolated islands, and there remains a need to improve connections between learning and employment, particularly in the Outer Islands.<sup>351</sup> Ensuring the provision of information technology infrastructure and the capacity to support

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343 Ibid. p. 29.

344 Ibid. p. 33.

345 Ibid. p. 27.

346 Ibid.

347 Ibid.

348 MoE. *Statistics Report 2016*. Op. cit. p. 27.

349 Ibid.

350 MoE. *Cook Islands Education for All 2015 National Review*. Op. cit. pp. 36-37.

351 Ibid. pp. 28 and 29.

learning programmes is also a challenge due to these physical distances.<sup>352</sup> Note also the overall barriers, particularly those relating to disaster and risk, which exacerbate this barrier.

There is little data on the educational outcomes of adolescents in tertiary and vocational education programmes, including those who move abroad to study, which means that a comprehensive assessment of the quality of higher education is not possible. Further research and disaggregated data are required to assess and analyze the situation of adolescents in this area, particularly in response to the lower enrolment rates for boys at senior secondary level, and apparent gendered perceptions of certain career pathways.

The MoE also highlights a need to focus more on the provision of scholarships based on the human resources development needs of the country.<sup>353</sup>

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352 Ibid. p. 29.

353 Ibid.

# 6.

## Child Protection

The CRC, its two Optional Protocols and other key international human rights instruments outline the State's responsibility to protect children from all forms of violence, abuse, neglect and exploitation. Whilst the CRC recognises that parents have primary responsibility for the care and protection of their children, it also emphasises the role of governments in keeping children safe and assisting parents in their child rearing responsibilities. This includes obligations to support families to enable them to care for their children, to ensure appropriate alternative care for children who are without parental care, to provide for the physical and psychological recovery and social reintegration of children who have experienced violence, abuse or exploitation, and to ensure access to justice for children in contact with the law.

*The Convention on the Rights of the Child recognizes the following rights which are the most relevant to this chapter:*

*Article 7 – The right to identity and to be registered at birth*

*Article 19 – The right to protection from all forms of physical or mental violence, abuse or neglect, or exploitation*

*Article 23 – The rights and special needs of children with disabilities*

*Article 32 – The right to protection from economic exploitation*

*Article 33 – The right to protection from illicit use of narcotic drugs*

*Article 34 – The right to protection from all forms of sexual exploitation and sexual abuse*

*Article 35 – The right to protection from the abduction, sale and traffic in children*

*Article 36 – The right to protection from all other forms of exploitation*

*Article 37 – The right to protection from torture, cruel or inhuman treatment, capital punishment, and unlawful deprivation of liberty*

*Article 39 – The right to physical and psychological recovery and social integration*

*Article 40 – The rights of the child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity*

*State Parties' obligations to protect children are further guided by: the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography; the Optional Protocol on the Involvement of Children in Armed Conflict; Convention on the Rights of People with Disabilities; ILO Convention 138 on Minimum Age; ILO Convention 182 on the Worst forms of Child Labour; UN Guidelines for the Alternative Care of Children (2010); UN Standard Minimum Rules for the Administration of Juvenile Justice (1985); UN Guidelines for the Prevention of Juvenile Delinquency (1990); UN Rules for the Protection of Juveniles Deprived of their Liberty (1990); and UN Guidelines for Justice on Child Victims and Witnesses in Criminal Proceedings (2005).*

In addition to the CRC, the SDGs sets specific targets for child protection in relation to violence against women and girls (5.2); harmful traditional practices (5.3); child labour (8.7); provision of safe spaces (11.7); violence and violent deaths (16.1); abuse, exploitation, trafficking and all forms of violence against and torture of children (16.2); and birth registration (16.9). The SDGs also promote strengthened national institutions for violence prevention (16.a).

### Key child protection-related SDGs

SDG	Target	Indicators
5.2	Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
		Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
		Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
8.7	Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age

SDG	Target	Indicators
11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	Proportion of persons who are victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
16.1	Significantly reduce all forms of violence and related deaths everywhere	Number of victims of intentional homicide per 100,000 population, by sex and age
		Conflict-related deaths per 100,000 population, by sex, age and cause
		Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months
		Proportion of population that feels safe walking alone around the area they live in
16.2	End abuse, exploitation, trafficking and all forms of violence against and torture children	Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by care givers in the previous month
		Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation
		Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
16.3	Promote the rule of law at the national and international levels and ensure equal access to justice for all	Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms
		Unsentenced detainees as a proportion of overall prison population
16.9	By 2030, provide legal identity for all, including birth registration	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

UNICEF’s global Child Protection Strategy calls for creating a protective environment ‘where girls and boys are free from violence, exploitation and unnecessary separation from family; and where laws, services, behaviours and practices minimize children’s vulnerability, address known risk factors, and strengthen children’s own resilience.’<sup>354</sup> The UNICEF East Asia and Pacific Region Child Protection Programme Strategy 2007 similarly emphasises that child protection requires

a holistic approach, identifying and addressing community attitudes, practices, behaviours and other causes underpinning children’s vulnerability, engaging those within children’s immediate environment (children themselves, family and community), and ensuring an adequate system for delivery of holistic prevention, early intervention and response services.

One of the key ways to strengthen the protective environment for children is through the establishment of a comprehensive child protection system. “Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection-related risks.”<sup>355</sup> The main elements of a child protection system are:

### Main elements of a child protection system

<b>Legal and policy framework</b>	This includes laws, regulations, policies, national plans, SOPs and other standards compliant with the CRC and international standards and good practices.
<b>Preventive and responsive services</b>	A properly-functioning system must have a range of preventive, early intervention and responsive services – social welfare, justice, health and education – for children and families.
<b>Human and financial resources</b>	Effective resource management must be in place, including adequate number of skilled workers in the right places and adequate budget allocations for service delivery.
<b>Effective collaboration and coordination</b>	Mechanisms must be in place to ensure effective multi-agency coordination at the national and local levels.
<b>Information management and accountability</b>	The child protection system must have robust mechanisms to ensure accountability and evidence-based planning. This includes capacity for data collection, research, monitoring and evaluation.

Source: Adapted from UNICEF Child Protection Resource Pack 2015

## 6.1. Child protection risks and vulnerabilities

This section provides an overview of available information on: the nature and extent of violence, abuse, neglect and exploitation of children in the Cook Islands; community knowledge, attitudes and practices relating to child protection; and the drivers underlying protection risks.

### 6.1.1. Nature and extent of violence, abuse, neglect and exploitation of children

The Cook Islands has limited quantitative data on child protection, and as a result it is not possible to present a clear picture of the nature and extent of violence, abuse, neglect and exploitation of



children. No information is available on children's vulnerability to sexual abuse, commercial sexual exploitation, trafficking or child marriage. Nevertheless, available information indicates that Cook Islands children experience different forms of violence at home, in schools and in the community.

### **6.1.1.1. Violence in the home**

The Cook Islands 2011 State Party Report to the UN Committee on the Rights of the Child states that physical punishment of children is widely practiced and culturally acceptable within most families as a means of disciplining children.<sup>356</sup> In its Concluding Observations, the UN Committee on the Rights of the Child noted its concerns over the 'prevalence of violence against children including corporal punishment used in all settings and especially in the home, where it remains lawful'.<sup>357</sup>

Of the children consulted in the development of the National Policy Framework for Children, 15 per cent indicated that they had experienced abuse, neglect or mistreatment, 62 per cent said they had not; and 23 per cent did not express their view. For those that have experienced abuse, neglect or mistreatment, the majority indicated that this was at the hands of family members or someone known to them.<sup>358</sup>

Data also suggests that a significant number of children are exposed to family violence. The 2014 Family Health and Safety Survey reported that one in every three (32.2 per cent) ever-partnered women had experienced physical or sexual intimate partner violence during their lifetimes,<sup>359</sup> compared to a global average rate of 30 per cent,<sup>360</sup> and a regional average rate of 48 per cent.<sup>361</sup> Among women who had ever been pregnant, 7.7 per cent reported that they had experienced physical violence during pregnancy, including being kicked or punched in the abdomen.<sup>362</sup> In addition, over half of the women who experienced physical partner violence reported that their children had witnessed it, with 33 per cent stating that their child had 'seen mother beaten once or twice', 25 per cent 'several times', and 6 per cent 'many times'. The study found that children in violent parent relationships were more likely to exhibit nightmares and aggressiveness.<sup>363</sup>

### **6.1.1.2. Violence in schools**

The findings from a 2015 Global School Health Survey indicate that Cook Islands children are also vulnerable to peer violence and bullying in school. Of the children surveyed, almost one third

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356 State Party Report to Committee on the Rights of the Child: Cook Islands, 20 July 2011, para 16.

357 Committee on the Rights of the Child, Concluding Observations: Cook Islands, 22 February 2012, paras 35-36.

358 P. 38.

359 Ministry of Health. Cook Islands Family Health Safety Survey (FHSS) Report 2014. p. 41.

360 Fiji Women's Crisis Centre. 2013. Somebody's Life, Everybody's Business!. p. 3. <http://fijiwomen.com/wp-content/uploads/2014/11/1.pdf> [13.06.17].

361 As calculated by the authors using data from Family Health and Safety Surveys and similar reports from Palau, the Cook Islands, the Federated States of Micronesia, Tonga, Samoa, the Marshall Islands, Nauru, Vanuatu, Fiji, Solomon Islands and Kiribati.

362 Ibid. p. 36.

363 Ibid. p. 57-58.

indicated that they had been involved in a fight in the previous 12 months (30.5 per cent) and had been bullied in the past month (30.9 per cent). However, violence in schools has declined significantly since the 2010 GSHS, when 40.8 per cent of children reported being in physical fights and 33 per cent reported involvement in bullying.<sup>364</sup> This may be attributed to the Police Force Community Law Project which engages with schools and school-age children to encourage non-violent forms of dispute resolution.<sup>365</sup>

**Table 6.1: Violence and unintentional injury rates in schools<sup>366</sup>**

Form of violence	Total %	Male %	Female %
Were in a physical fight one or more times during the past 12 months	30.5%	34.6%	25.9%
Were bullied on one or more days during the past 30 days	30.9%	29.4%	31.8%

### **6.1.1.3. Sexual abuse**

The Cook Islands lacks research on the prevalence of child sexual abuse, and available crime statistics<sup>367</sup> are not disaggregated by age, making it difficult to determine how many reported cases have come to the attention of authorities.

Of the women who participated in the 2014 Family Health and Safety Survey, 4.8 per cent indicated that they had experienced sexual abuse before the age of 15 years, with the main perpetrators being male family members. In addition, only 65 per cent of women who first had sex before the age of 21 indicated that the sexual experience was wanted, with force or coercion highest amongst 15 to 17 year olds (19.4 per cent) and 18 to 21 year olds (19.3 per cent).<sup>368</sup> UN Women suggests that there is a high number of teenage pregnancies, many of which are the result of abuse, rape and incest.<sup>369</sup> No information was available on sexual abuse of boys.

### **6.1.1.4. Child labour, commercial sexual exploitation and trafficking in children**

The US Department of Labor's 2016 report on child labour states that research found no evidence that child labour, including its worst forms, exists in the Cook Islands.<sup>370</sup> In its State

364 WHO. Global School-based Health Survey. 2011.

365 State Party Report to Committee on the Rights of the Child, Op. cit. para 20.

366 WHO. Global School-based Health Survey 2015. [http://www.who.int/chp/gshs/gshs\\_fs\\_cook\\_islands\\_2015.pdf](http://www.who.int/chp/gshs/gshs_fs_cook_islands_2015.pdf) [13.06.17].

367 Ministry of Justice. Annual report 2015-2016.

368 Family Health Safety Survey Report. Op. cit. p. 45.

369 UN Women. <http://asiapacific.unwomen.org/en/countries/fiji/co/cook-islands#ancbelow1> [11.04.17].

370 US Department of Labor. Child Labour and Forced Labour Reports 2016: Cook Islands. <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/cook-islands>

Party Report to the UN Committee on the Rights of the Child, the Government similarly advised that child labour of an exploitative nature does not exist in the Cook Islands. Children are expected to perform daily tasks around the home, including cleaning in and around the home, raking rubbish, weeding gardens, feeding domestic animals and caring for family members. This sometimes deprives children of the little time they have after school for leisure, friendship and schoolwork.<sup>371</sup>

The 2015 Assessment Report 'Young People of the Cook Islands' found that work among young people (aged 15 to 24) is common, and provides several examples of forms of young labour, including work as labourers, salespersons, servers/waiters, drivers and receptionists. According to the study, "most young people have joined the labour force by the time they are aged in their 20s," but data was not disaggregated by age to distinguish children under 18.<sup>372</sup>

### **6.1.1.5. Children in conflict with the law**

Available data on children in conflict with the law relates only to children under the age of 16, as children aged between 16 and 18 are not afforded special juvenile justice protections and are integrated into data on adult offenders aged 16 to 20. Data from the Ministry of Justice's 2015-2016 Annual Report show a significant drop in the number of children under the age of 16 appearing before the Children's Court, with a 77.6 per cent decrease between 2012-13 and 2015-16:

**Table 6.2: Number of complaints filed in the Children's Court in Rarotonga, Cook Islands**

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2012-2013	1	13	14	5	5	13	4	5	1	21		3	85
2013-2014	3		9	1			1	5	3	2	1		25
2014-2015			4	8		1	1	3		4	16	2	37
2015-2016		2	1			6		7	1	2			19

Source: Ministry of Justice<sup>373</sup>

In addition, 164 young people aged between 16 and 20 came before the courts in 2015-2016, but it is not clear what percentage were under the age of 18.

371 State Party Report to Committee on the Rights of the Child. Op. cit., para 552.

372 Government of Cook Islands and UNFPA. 2015. Young people of the Cook Islands. [http://www.mfem.gov.ck/images/New\\_Stats\\_Website/12.Other\\_Content/Youth/Youth-Monograph-Report--Young-people-of-the-Cook-Islands\\_reduced.pdf](http://www.mfem.gov.ck/images/New_Stats_Website/12.Other_Content/Youth/Youth-Monograph-Report--Young-people-of-the-Cook-Islands_reduced.pdf) [13.06.17].

373 Ministry of Justice. Annual Report 2015-16. <http://www.justice.gov.ck/images/reports/Annual-Report--2015-16.pdf> [13.06.17].

### 6.1.2. Community knowledge, attitudes and practices

Traditionally, Cook Islands children are raised and cared for within a close extended family network. The social structure of the family is valued in Cook Islands communities, and the extended family generally provides a social network for the welfare of its members, including children. A common practice is *Tamariki angai* (literally translated as ‘feeding child’), where children are brought up by close family or relatives. In these cases, children are not formally adopted and often maintains some contact with their biological parents and siblings, or are made aware that they have been ‘fed’. In some cases, the child will be returned or given the choice to return to his or her biological parents when older.<sup>374</sup> This practice provides an important safety net for children whose parents are not able to meet their needs, but in the absence of monitoring it may increase vulnerability to abuse and exploitation. In addition, shifting behaviours have led to a weakening of the extending family structure so that kinship care placements are more difficult to arrange.<sup>375</sup>

In its State Party Report to the UN Committee on the Rights of the Child, the Government advised that Cook Islands Maori are acutely aware and proud of their cultural heritage and traditional customs and practices pervade their daily lifestyle. While a number of cultural changes have taken place due to modernisation and Western influences, many customs and social institutions, such as the *marae* (meeting place), *koutu* (investiture sites) and the *paepae* (house sites) still inform and continue to give meaning and value to daily life, albeit some more strongly than others.<sup>376</sup>

### 6.1.3. Drivers of violence, abuse, neglect and exploitation of children

A number of cultural and community practices have been identified as contributing to children’s vulnerability to violence, abuse and exploitation. The Cook Islands State Party Report to the UN Committee on the Rights of the Child notes that anecdotal evidence has shown a decline in the use of corporal punishment due to education and awareness-raising of positive guidance techniques.<sup>377</sup> However, physical punishment remains widely practiced and culturally accepted within most families as a means of disciplining children,<sup>378</sup> and violence against women and children has been described as “ingrained in our society.”<sup>379</sup>

Children’s lack of voice within the community and the culture of silence around family violence means that few women and children speak openly about violence, thus perpetuating their vulnerability.<sup>380</sup> The Cook Islands culture emphasises respect for elders, and the belief that children should be ‘seen and not heard’ inhibits better communication between parents and children. Under-reporting of child abuse and other crimes against children is due to the stigma associated with reporting family violence, and because communities prefer customary intervention to the

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374 State Party Report to Committee on the Rights of the Child. Op. cit., para. 339-340.

375 Ibid. para. 42.

376 Ibid. para. 274.

377 Ibid. para. 16.

378 Ibid. para. 173; Committee on the Rights of the Child, Concluding Observations: Cook Islands. Op. cit. paras 35-36.

379 Family Health and Safety study. Op. cit., p. 71.

380 Ibid. p. 20.

formal justice system.<sup>381</sup> In addition, children are generally not adequately encouraged to express their opinions, and their views are not sought in decision-making that affects their lives at the family, community, school and national levels.<sup>382</sup>

The community consultations undertaken for the National Policy Framework for Children also highlighted a number of challenges facing modern Cook Islands children and families that are contributing to children's vulnerability to abuse and neglect. Changes in lifestyle have contributed to transformations in family life, with it being common, particularly in Rarotonga, for both parents to be in paid employment. In some cases, this contributes to the neglect of children, alcohol and substance abuse by parents/caregivers, and domestic violence. Children are also placed at risk by parents' substance misuse, disability, and mental health issues. A significant proportion of children are being cared for by grandparents and other relatives, often as a result of a child moving from the Outer Islands to Rarotonga, New Zealand or Australia to the Cook Islands, or parents moving abroad to seek greater economic opportunities.<sup>383</sup>

Key structural causes of children's vulnerability to violence, abuse, neglect and exploitation include bottlenecks and barriers in the delivery of effective child and family welfare services, and in access to child-friendly justice (discussed below).

## 6.2. The child protection system

The Cook Islands has made some progress in strengthening the national child protection system, but some gaps and challenges remain.

### 6.2.1. The legal and policy framework for child protection

The Cook Islands recently introduced the National Policy Framework for Children 2017-2021, which outlines the Government's key commitments to children, including a separate outcome area related to child protection. A new Family Protection and Support Act was also passed in 2017, providing the general framework for the child protection system. Children's right to care and protection has been addressed under a variety of national laws:

#### Key child protection laws

Child care and protection	Family Protection and Support Act 2017; National Policy Framework for Children 2017-2021
Child custody and maintenance	Family Protection and Support Act 2017
Birth registration	Births and Deaths Registration Act 1973

381 State Party Report to Committee on the Rights of the Child. Op. cit. para 19.

382 Ibid. para 172.

383 National Policy Framework for Children 2017-2021, p. 11.

Child marriage	Marriage Act 1973
Child labour	Employment Relations Act 2012
Penalisation of physical abuse, sexual abuse, and sexual exploitation	Crimes Act 1969
Child victims and witnesses in criminal proceedings	Criminal Procedure Act 1980-81; Victims of Offences Act 1999
Children in conflict with the law	Prevention of Juvenile Crime Act 1968
Children with disabilities	Disability Act 2008; Disability Inclusive Development Policy and Action Plan 2014-2019.
Child protection in emergencies	Disaster Risk Management Act 2007; National Action Plan for Disaster Risk Management and Climate Change Adaptation

### Legal definition of the child under the Cook Island law

Definition of a child under child welfare law	18
Minimum age for marriage	16 <sup>iii</sup>
Minimum age for employment	13
Minimum age for engaging in hazardous work	None
Age for consent to sexual activity under criminal laws	16 for girls, 15 for boys
Minimum age of criminal responsibility	10
Maximum age for juvenile justice protections	16

#### 6.2.1.1. Legal framework for child and family welfare services

The National Policy Framework for Children 2017-2021 outlines the Government's commitment to ensuring that parents and families are appropriately supported to care for their children, and recognises that this is essential to preventing child abuse and neglect. This will be accomplished by developing a high-level policy statement on Parenting and Family Support to guide the provision of parenting support systems/mechanisms. The Government will work together with NGOs, faith-based organizations and communities to ensure planning and coordination of parenting and family support at the island/community levels through Children's Services Champions. The Policy also emphasises the need to strengthen identification of and response to children in need of protection, including ensuring effective and timely protection and support services and counselling support for child victims of abuse and crime.<sup>384</sup>

The Cook Islands Family Protection and Support Act 2017 provides a comprehensive legal framework for the care, custody and protection of children. The Act is grounded in the 'best interest' principle and explicitly recognises the role of the Government in supporting parents in their child-rearing responsibilities, and in intervening to protect children who are at risk of harm. It outlines the mandate of the Ministry of the Internal Affairs for prevention, early intervention and response services; includes a definition of children in need of protection; provides for reporting of suspected cases to the Minister (including mandatory reporting by police, teachers, religious leaders and health professionals); outlines general procedures for assessment and intervention planning, including taking children into temporary care; makes provision for care and protection orders from the court, where necessary; and outlines standards for children in care. The Act emphasises family strengthening, family preservation, and the importance of the active involvement of children, parents, extended family and community elders in decision-making. Provision has been made to integrate and build on customary and community practices through the use of *uipaanga kopu tangata* (family meetings) in care planning.<sup>385</sup>

### **6.2.1.2. Legal framework for justice for children**

The Crimes Act 1969 penalises various forms of violence against children, including: assault; neglect by parents/guardians of children under the age of 16; neglect of duties to provide necessities for children under 16; abandonment of a child under 6 years; rape; indecent assault; cruelty to a child; sexual intercourse with a girl under care and protection; sexual intercourse or indecency with a girl under 12 (regardless of consent); sexual intercourse or indecency with a girl 12 to under 16 years old (regardless of consent); indecency between a man and a boy under 15 (regardless of consent); abduction of a child under 16; sale of children, parent or guardian delivering a child under 18 for labour exploitation; and trafficking in children. However, these offences are drafted in outdated language and do not provide equal protection for boys and girls, or for older children. There is no provision to penalise child pornography, commercial sexual exploitation of children (other than general provisions relating to prostitution), or online grooming or solicitation of children. Corporal punishment of children is permitted under the defence of 'domestic discipline', which allows a parent, person in the place of a parent and schoolmaster to use force by way of correction towards any child or pupil under his care, if the force used is reasonable in the circumstances.<sup>386</sup>

Special procedural protections for all victims of crime, including children, are addressed under the Victims of Offences Act 1999. This requires police, prosecutors, judicial officers, counsel, and other persons dealing with victims to treat them with courtesy, compassion, and respect for their personal dignity and privacy.<sup>387</sup> The Act also includes provision for victim impact statements and privacy measures preventing the victim's address from being published, and includes a requirement to notify the victim upon release of the offender.<sup>388</sup> However, no provision has been made for special procedural protections for child victims and witnesses at all stages of the criminal justice processes, or for alternative means for children to give evidence

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385 Part 5.

386 Section 61.

387 Section 4.

388 Sections 8-11.



so as to reduce trauma and prevent contact with the perpetrator. The Family Protection and Support Act 2017 includes additional safeguards for children participating in court proceedings, including: requiring a person to withdraw from the court while the child gives evidence; cross-examination conducted by video link with a screen; excusing the child from cross-examination if the child is not of an age or maturity to understand the proceedings; conferring in private with the child in the presence of the child's lawyer or representative; receiving the evidence of the child by written or recorded statement.<sup>389</sup> However, these provisions apply only to court proceedings under the Act (i.e. civil proceedings relating to custody, maintenance and parentage and applications for a care and protection order or domestic violence protection order) but not child victims and witnesses in criminal trials.

The handling of children in conflict with the law is guided primarily by the Prevention of Juvenile Crime Act 1968. The minimum age of criminal responsibility in the Cook Islands is 10,<sup>390</sup> which is below the 'absolute minimum age' of 12 recommended by the CRC Committee.<sup>391</sup> Special procedural protections available under the Prevention of Juvenile Crime Act apply only to children under the age of 16; children who are 16 or 17 years old and all children who have been charged with murder or manslaughter have their cases handled according to the general adult criminal justice procedures.

The Prevention of Juvenile Crime Act includes a number of procedural safeguards for children in conflict with the law. The Act establishes the Juvenile Crime Prevention Committee, which can receive and resolve complaints of juvenile offending without the requirement of a court hearing. Depending on the severity of the complaint or alleged offence, the case may be withdrawn, the offender admonished, behaviour conditions imposed, or the case transferred to the Children's Court.<sup>392</sup> The Act calls for the creation of a Children's Court as a division of the High Court, requires children's cases to be heard separately from those of adults and *in camera*, authorises the court to require the attendance of the child's parents or guardian, and makes provision for social background reports to help guide the court's decision-making.<sup>393</sup> However, limited provision has been made for special treatment of children at the arrest and investigation stage, there is no explicit statement of the principle of deprivation of liberty as a last resort, and no guarantee that all children under the age of 18 will be separated from adults in all forms of detention.

## 6.2.2. Child protection structures, services and resourcing

At the core of any child protection system are the services that children and families receive to reduce vulnerability to violence, abuse, neglect and exploitation. These services should be designed to minimise the likelihood that children will suffer protection violations, help them to survive and recover from violence and exploitation, and ensure access to child-friendly justice.

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389 Section 134.

390 Van Welzenis, Ingrid. 2016. Internal UNICEF EAPRO Report. Country-Level Summaries of Diversion and Other Alternative Measures for Children in Conflict with the Law in East Asian and Pacific Island Countries. p.149.

391 Committee on the Rights of the Child, General Comment 10, 2007, para. 31.

392 Sections 12-13.

393 Sections 22-37.

### **6.2.2.1. Child and family welfare services**

In the Cook Islands, primary responsibility for child welfare services rests with the Children and Family Services Division of the Ministry of Internal Affairs. The Child and Family Services Division deals with all issues related to children and their families, including counselling, adoption, child custody, children in conflict with the law (under 16), and child abuse and neglect. This includes preparing reports to the court in relation to adoption and custody cases, facilitating family conferences, and supervising and supporting child offenders.<sup>394</sup> The Division has two staff members who have received capacity building in child protection.<sup>395</sup>

Under the National Policy Framework for Children 2017-2020 and the Family Protection and Support Act 2017, the Division has been given broad new responsibilities for strengthening child protection prevention, and early intervention and response services. Neither has been fully costed, and lack of adequate human and financial resources could act as a barrier to effective implementation of the child protection system envisioned. In its 2011 State Party Report, the Government noted that the Child and Family Services Division needs to be adequately resourced, with more staff and more training, so that it can work more effectively in the community.<sup>396</sup>

The Cook Islands currently has limited formal social welfare services for prevention and early intervention, or for supporting the rehabilitation and reintegration of children who have experienced abuse or neglect.<sup>397</sup> The child and family welfare services that are available are provided primarily through NGOs.<sup>398</sup> There is no child psychologist in the Cook Islands, but there are reportedly medical experts and counsellors that help assess children's problems and needs.<sup>399</sup>

Currently, the main NGO providing support services to children and families is Punanga Tauturu Inc., which was established in 1994. It provides counselling to victims of family violence and sexual abuse, conducts legal literacy and human rights education at community level, and disseminates information about women and children's rights through workshops, talk-back radio programmes, newspapers and television.<sup>400</sup> Punanga Tauturu Inc. also conducts parenting workshops that cover issues such as: roles and responsibilities of fathers, mothers and children; making the home environment conducive for learning and peaceful for work and play; new methods of teaching children morals and values; alternative ways of disciplining children; and conflict resolution at home.<sup>401</sup>

There are no formal foster care or residential care facilities for children in the Cook Islands. Most children who are at risk of or who have been abused are taken into care by family members,

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394 State Party Report to Committee on the Rights of the Child. Op. cit., para 178.

395 Interview with UNICEF Pacific staff, 29/11/17.

396 State Party Report to Committee on the Rights of the Child. Op. cit., para 178.

397 Ibid. para 584.

398 Ibid. para 235.

399 Ibid. para 74.

400 Ibid. para 329.

401 Ibid. para 173.

under the supervision of the courts.<sup>402</sup> However, in its State Party Report to the UN Committee on the Rights of the Child, the Government noted that there are signs that, with a breakdown in the extended family (particularly for families that have moved to Rarotonga from the Outer Islands or whose family members have moved to Australia or New Zealand), there are difficulties with identifying suitable relatives or immediate family members to assist with children at risk. In such a situation, the Ministry of Justice and Punanga Tauturu Inc. have had to contact church ministers and individuals in the community for support, and sometimes these children are taken into the homes of sympathetic police or probation officers.<sup>403</sup>

### **6.2.2.2. Access to child-friendly justice**

The Cook Islands has made some progress in promoting children's access to justice and ensuring specialized handling of children's cases. A Community Police Unit and specialized Domestic Violence Unit have been established within the Police Force.<sup>404</sup> The police reportedly see community and school-based education programmes as an integral part of current approaches to policing that place greater emphasis on community involvement.<sup>405</sup> Police have received training on handling children's cases, but it is reported that child victims of violence or abuse do not always receive adequate treatment from the police.<sup>406</sup> The Government has acknowledged that many cases of crimes against children are never reported to authorities.<sup>407</sup>

Cases of children under the age of 16 alleged to have committed an offence are heard by the Children's Court, which is physically separate from other Courts. The Children's Court deals mostly with re-offenders and serious crime committed by children, as other juvenile offending is generally resolved by the Juvenile Crime Prevention Committee.<sup>408</sup> The Court generally takes steps to ensure parental involvement and children's privacy. However, concerns have been expressed about the lack of legal assistance for children, particularly at the pre-trial stage,<sup>409</sup> and the Government acknowledged in its State Party Report that 'in practice, there is no legal aid system that is available to children who are in trouble with the law.'<sup>410</sup>

In 2015, an innovative *Koro Akaau* (the Enclosure of Resolving Matters) programme was introduced: a process within the Children's Court modelled on the New Zealand *Pasifika* or *Rangatahi* courts. A key element of the *Koro Akaau* concept is the introduction of the *Uipaanga Kopu Tangata* (meeting of the family). The meeting involves the child's nuclear and extended family, traditional leaders, key community or church leaders, and in some cases the complainant. The main purpose of the meeting is to discuss the offence and collectively design an action plan that will allow the

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402 Ibid. para 174.

403 Ibid. para 174.

404 Concluding Observations. Op. cit. para 36.

405 State Party Report to Committee on the Rights of the Child. Op. cit., para 20.

406 Concluding Observations, Op. cit. para 35.

407 State Party Report to Committee on the Rights of the Child. Op. cit., para 154.

408 Ibid. para 265.

409 Ibid.

410 State Party Report to Committee on the Rights of the Child. Op. cit. para. 263.

child to correct the wrong through an inclusive and participatory process.<sup>411</sup> This process provides a restorative and family-focused approach to handling children's offending behaviour and helps encourage greater family and community involvement in the child's rehabilitation.

The Cook Islands does not have separate detention facilities for children. Although it appears that few, if any, children under the age of 16 are detained,<sup>412</sup> it is not known how many children aged 16 to 18 are imprisoned alongside adults. The Government has acknowledged that in practice, it is sometimes not possible for space limitation reasons to separate juvenile from adult prisoners.<sup>413</sup>

### **6.2.2.3. Child protection in the health, education, labour and allied sectors**

The Cook Islands education sector does not have a comprehensive child protection policy, and corporal punishment is allowed, in limited circumstances, by the Education Act 1986/87. Guidelines and policies have reportedly been developed by the MoE and are to be strictly followed before imposing corporal punishment.<sup>414</sup> Schools have also cooperated with the Community Police Unit to implement educational programmes in schools designed to encourage young people to take responsibility for their own safety and well-being, including a component on violence prevention (to enable young people to develop non-violent relationships and to learn skills needed to manage situations where the risk of violence is evident) and conflict resolution.<sup>415</sup>

The MoH runs a Public Health Service that enables identification of children at risk. Public health nurses work with mothers and their babies in maternal health clinics and are reportedly able to recognize children at risk at an early stage.<sup>416</sup> However, where reporting does occur, it is primarily to the police. There are no clear protocols or procedures to facilitate early reporting to the Child and Family Services Division so that appropriate support services can be provided to the child and family.

### **6.2.3. Mechanisms for inter-agency coordination, information management and accountability**

The Cook Islands established a National Advisory Body for Child Development, with a secretariat under the Ministry of Internal Affairs. It consists of 11 members and is made up of Government and non-governmental organizations. The Advisory Body is responsible for ensuring that matters relating to children are considered in policy planning and programme development, including providing guidance and information on CRC reporting, monitoring activities related to children, and coordinating national effort in matters relating to children.<sup>417</sup> However, it does not have a specific

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411 Ministry of Justice Annual Report 2015-2016. pp. 24-25.

412 Ibid. p.149-154.

413 Ibid. para 252.

414 State Party Report to Committee on the Rights of the Child. Op. cit., para 306.

415 Ibid. para 237.

416 Ibid. paras 176.

417 Ibid. paras 102-103.

mandate with respect to policy development, strategic planning or inter-agency coordination with respect to child protection. The Government has acknowledged that ministries tend to work in isolation from each other instead of collaboratively.<sup>418</sup>

Effective planning, policy development and monitoring of the Cook Islands child protection system is also hampered by the lack of a centralised child protection information management system, and limited data on the number of children reported as victims of abuse and/or neglect. Some statistics on reported children's cases are kept by the Ministry of Justice, but they do not include children aged 16 to 18, and there are no regular, systematic mechanisms for ongoing data collection and analysis. The statistics collected are not used effectively in the planning process, and reporting and monitoring processes are very slow and operate on an ad hoc basis.<sup>419</sup> This acts as a significant barrier to evidence-based planning and policy development for child protection.

The National Policy Framework for Children 2017-2021 acknowledges the need for improved inter-agency coordination and information management. It commits the Government to adopting an effective interagency approach in relation to cases of child welfare and protection, establishing information and coordinating processes between agencies serving children, and formally establishing the National Children's Committee.<sup>420</sup> The Policy Framework also includes a commitment to strengthening the collection of disaggregated data for children to enhance our knowledge and understanding of abuse and children's experience of the Court system through the development of the National Child Care Information System and Child Care Law Reporting Project.<sup>421</sup>

## 6.3. Other child protection issues

### 6.3.1. Birth registration

Birth registration in the Cook Islands is governed by the Birth and Registration Act 1973, which requires the father or mother of a child to inform the Registrar within 14 days of the birth.<sup>422</sup> The birth registration rate is reportedly 100 per cent.<sup>423</sup>

### 6.3.2. Children with disabilities

The Cook Islands has ratified the Convention on the Rights of Persons with Disabilities, and the Disability Act 2008 guarantees all persons with a disability, including children, the same rights and privileges as all other persons. The Act requires the Government to institute and maintain a Disability Strategy to promote the rights of persons with disabilities, prohibits discrimination

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418 Addendum to the State Party Report to the UN Committee on the Rights of the Child: Cook Islands., para 31.

419 Ibid.

420 P. 23.

421 P. 41.

422 Section 11.

423 Cook Islands Vital Statistics Report, 1999-2013.

against a person with a disability, and includes provisions to ensure equal access to public buildings and footpaths. The Disability Inclusive Development Policy and Action Plan 2014-2019 includes a specific focus on access to inclusive education for children, and as noted above the MoE has an Inclusive Education Policy and has implemented a number of initiatives to ensure access to quality and inclusive education for students with disabilities.

In 2001, the Cook Islands National Disability Council was established to coordinate the planning and implementation of programmes to address the wide range of disability issues confronting the country, including access to education. Several Outer Islands have followed suit and formed their own Councils to assist those with disabilities in their communities.<sup>424</sup> A Disability Division has also been established within the Ministry of Internal Affairs to work with the Council and act as the national focal point for Government. In addition, there are a number of civil society organizations advocating for the rights of persons with disabilities and providing support services, including: the Te Vaerua Community Rehabilitation Service, which is active in promoting a rehabilitative programme for persons with disability; the Cook Islands Creative Centre Trust, which engages in public awareness raising, advocacy, community access and rehabilitation programmes, and a life skills programme; and the Outer Island Learning Centres, which teach life skills and promote the rights of persons with disabilities on their islands.<sup>425</sup>

In its State Party Report to the UN Committee on the Rights of the Child, the Government advised that care of children with disabilities has traditionally rested with their families. Most assistance to these families is provided is through civil society organizations – primarily church groups, women’s and community organizations – through the donation of food, clothing, money and in-kind support. The Child and Family Division of the Ministry of Internal Affairs may intervene where a decision needs to be made about care and custody of the child. Financial assistance is available through the government destitute and infirm benefit, but no additional amount is available for children with special needs. Public health nurses supervise general health care for children up to 5 years of age, but not all needs can be met due to their lack of expertise. Caregivers of disabled children have reportedly advised that more support is required, as anecdotal evidence suggests that children with disabilities are not being given the proper care and support, particularly in the Outer Islands.<sup>426</sup> There are no institutional measures in place for children with disabilities whose parents are unable to care for them.<sup>427</sup>

In its State Party report to the Committee on Persons with Disabilities, the Cook Islands advised that the MoE, MoH and Ministry of Internal Affairs have initiated a new early identification and intervention system to ensure that children with disabilities are identified and referred to appropriate health, education and other programmes, in coordination with relevant ministries and NGOs.<sup>428</sup> In its Concluding Observations, the UN Committee expressed concern that the project is of a temporary nature and is unsustainable in meeting the long-term needs of children with

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424 State Party Report to Committee on the Rights of the Child. Op. cit., para 512-513.

425 Initial State Party Report to the Committee on the Rights of Persons with Disabilities: Cook Islands, 2011, para 25.

426 State Party Report to Committee on the Rights of the Child. Op. cit. Ibid. Op. cit., para 514.

427 Initial State Party Report to the Committee on the Rights of Persons with Disabilities. Op. cit., para 150-152.

428 Ibid. para 160.

disabilities.<sup>429</sup> The Committee was also concerned at the lack of awareness regarding the rights of children with disabilities, the absence of a specific strategy to address their rights, and the fact that children with disabilities are not systematically involved in decisions that affect their lives and do not have the opportunity to express their opinion on matters that affect them directly.<sup>430</sup>

### **6.3.3. Climate change and natural disasters**

Like most PICTS, the Cook Islands is vulnerable to the impacts of climate change and natural disasters. In the event of a natural disaster such as typhoon or tsunami, children are the most vulnerable population. Effects of climate change, including drought and high tides also harm vulnerable children.

The Cook Islands' Disaster Risk Management Act 2007 outlines the national framework for disaster risk management and establishes structures and authority for disaster risk reduction, mitigation, preparedness, response and recovery under the leadership of the Emergency Management Cook Islands. A National Action Plan for Disaster Risk Management and Climate Change Adaptation has also been developed, which identifies children as a vulnerable group, but as yet there are no policies, plans or training specifically addressing child protection in emergencies.<sup>431</sup>

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429 UN Committee on the Rights of Persons with Disabilities. Concluding Observations: Cook Islands, 2015, para 15.

430 Ibid. para 13.

431 Interview with UNICEF-Pacific staff, 29 November 2017.



# 7.

## Social Protection

A comprehensive social protection system is essential for reducing the vulnerability of the most deprived persons – including children – to social risks. Social protection systems can strengthen the capacity of families and carers to care for their children and help remove barriers to accessing essential services, such as health-care and education, and can thereby help close inequality gaps. Social protection measures can also help to cushion families from livelihood shocks, including unemployment, loss of a family member or disaster, and can build resilience and productivity among the population.

According to UNICEF, social protection is “the set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities<sup>432</sup> to poverty and deprivation, and mitigating their effects.”<sup>433</sup> Social protection systems are essential to ensuring that the rights of children to social security<sup>434</sup> and a standard of living adequate for their physical, mental, spiritual, moral and social development<sup>435</sup> are realised. According to the CRC, States are required to “take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.”<sup>436</sup> Effective social protection measures are also essential to achieving SDG 1: to eradicate extreme poverty (which is currently measured as people living on less than USD1.25 a day) for all people everywhere by 2030, and to reduce at least by half,

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432 UNICEF distinguishes between the two as follows: ‘[p]overty reflects current assets or capabilities, while vulnerability is a more dynamic concept concerned with the factors that determine potential future poverty status. Vulnerability considers both an individual’s current capabilities and the external factors that he/she faces, and how likely it is that this combination will lead to changes in his/her status.’

433 UNICEF. *Social Protection Strategic Framework*. p. 24.

434 CRC, article 26.

435 CRC, article 27.

436 CRC, article 27(2).

the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

To achieve this, SDG 1.3 requires the implementation of “nationally appropriate social protection systems and measures for all, including [social protection] floors.” A social protection floor consists of two main elements: essential services (ensuring access to WASH, health, education and social welfare services); and social transfers (a basic set of essential social transfers in cash or in-kind, paid to the poor and vulnerable).<sup>437</sup>

### Key social protection-related SDGs

SDGs	Targets	Indicators
1.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day	Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
1.2	By 2030, reduce at least by half the proportion of men, women and children living in poverty in all its dimensions according to national definitions	Proportion of population living below the national poverty line, by sex and age
		Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
1.3	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable
1.4	By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	Proportion of population living in households with access to basic services
		Proportion of total adult population with secure tenure rights to land, with legally recognized documentation and who perceive their rights to land as secure, by sex and by type of tenure

Under UNICEF’s Social Protection Strategic Framework, to achieve social protection, it is necessary to develop an integrated and functional social protection system. This means developing structures and mechanisms to coordinate interventions and policies to effectively address multiple economic

437 ILO and WHO. October 2009. ‘The Social Protection Floor: A joint crisis initiative of the UN Chief Executive Board for Coordination on the Social Protection Floor’. <http://www.un.org/ga/second/64/socialprotection.pdf>

and social vulnerabilities across a range of sectors, such as education, health, nutrition, water and sanitation, and child protection.<sup>438</sup>

## 7.1. Profile of child and family poverty and vulnerability

Recent data on poverty in the Cook Islands are unavailable, but the latest HIES from 2005/6 contains data on poverty rates. According to this data, 28.4 per cent of individuals were living below the basic needs poverty line.<sup>439</sup> Exceptionally for a PIC, poverty rates appear to be higher on the main island of Rarotonga than in the Outer Islands in the Southern and Northern Groups. The 2005/6 basic need poverty rate was 30.5 per cent in Rarotonga, compared to 23.6 per cent for the Southern Cook Islands and 7.6 per cent for the Northern islands.<sup>440</sup> However, the proportion of the population without an income in each region demonstrates a different disparity: the proportion of persons without an income was higher in the Southern (20 per cent) and Northern (27 per cent) Islands than in Rarotonga (12 per cent).<sup>441</sup>

This difference reflects both a discrepancy in income earning opportunities and standards of living between Rarotonga, where the cost of living is relatively high, and the Outer Islands, where subsistence production is higher and traditional support networks stronger. Indeed, 85 per cent of households in the Northern Cook Islands engage in subsistence production, against the national average of 63 per cent.<sup>442</sup> It is important to note, however, the discrepancies between access to basic services and economic opportunities in Rarotonga and the Outer Islands. According to the Government's Millennium Development Report (2010), this remains a 'critical issue', that is associated with emigration from Outer Islands into Rarotonga.<sup>443</sup> Unfortunately, there has been no multi-dimensional poverty assessment carried out to measure these different dimensions of poverty and vulnerability.

In addition to disparities in income and expenditure by geographic location, there is a gender dimension to household poverty. According to the 2005/6 HIES, 3 in 10 of the lowest spending households in Rarotonga, and 1 in 4 in the Southern Island Group were female-headed.<sup>444</sup> Increased income and expenditure is also associated with educational level, with average total household expenditure highest in households where heads had a university or trade qualification.<sup>445</sup> Perhaps unsurprisingly, households with working heads recorded the highest average household expenditure at the national level: households with unemployed heads reported around a third less expenditure than households with working heads.<sup>446</sup>

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438 UNICEF. Social Protection Strategic Framework. p. 31.

439 Household Income and Expenditure Survey from 2005/6.

440 Government of the Cook Islands. 2010. National Millennium Development Goals Report.

441 Ibid.

442 Government of the Cook Islands. 2015. Young People of the Cook Islands: Analysis of the 2011 Population and Housing Census Government of the Cook Islands.

443 Government of the Cook Islands, National Millennium Development Goals Report. Op. cit.

444 UNDP. 2014. *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change*, p. 76.

445 Cook Islands Household Income and Expenditure Survey. Op. cit. p. 29.

446 \$43,160 (households with employed heads) compared to \$27,310 (households with unemployed heads): Cook Islands Household Income and Expenditure Survey. Op. cit. p. 30.

It is likely that rates of poverty and deprivation vary by age and other characteristics, such as disability. However, it appears that no data is available to measure these associations.

While, as a small island economy, Cook Islands faces many of the challenges generally faced by PICTS (including distance from global markets, limited and fragile resource bases, inability to achieve economies of scale, vulnerability to changes in the global economy and vulnerability to natural disasters, which cause economic shocks),<sup>447</sup> its political affiliation and 'free association' with New Zealand has resulted in a degree of social and economic protection from these challenges.<sup>448</sup>

Unemployment rates are relatively low in the Cook Islands, and demonstrate little gender disparity. According to the 2005/6 HIES, 75 per cent of the population reported being 'economically active', among them 58 per cent in wage or salary employment.<sup>449</sup> There was some disparity by geographic location, however, with 80 per cent of the population aged over 15 reporting being 'economically active' in Rarotonga compared to 70 per cent in the Northern Group and 66 per cent in the Southern Group.<sup>450</sup> Women are well represented in paid employment and constitute a large proportion of teachers, nurses and public servants.<sup>451</sup>

Young people also make up a significant proportion of the labour force, and most have joined the labour force by their 20s. However, unemployment for those aged 15-19 appears to be relatively high: 28.6 per cent of young men and 27.0 per cent of young women in this age range who have entered the workforce were unemployed (in 2011), compared with 8.2 per cent nationally.<sup>452</sup> Ensuring sufficient opportunities for young people is a challenge in the Cook Islands, particularly in the Outer Islands.<sup>453</sup>

## 7.2. Bottlenecks and barriers to ensuring an effective social protection system

Social protection encompasses many different types of systems and programmes, including: social insurance programmes (e.g., contributory schemes to provide security against risk, such as unemployment, illness and disability); social assistance programmes (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly and children); and social care services (child protection prevention and response services, detailed in section 6). There has been a growing acceptance recently that social security, in particular the provision of regular cash transfers to families living in and vulnerable

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447 AusAID. 2012. *Poverty, vulnerability and social protection in the Pacific: The role of social transfers*. p. 4

448 UN Economic and Social Commission for East Asia and Pacific. No date. *Income Support Schemes in Pacific Island Countries*. <http://www.unescapsdd.org/files/documents/Income%20support%20schemes%20in%20Pacific%20island%20countries.pdf>. p. 15.

449 Cook Islands Household Income and Expenditure Survey. Op. cit.

450 Ibid. p. 14.

451 UNDP. 2014. *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change*. p. 78.

452 UNFPA. 2015. *Young people of the Cook Islands: Analysis of the 2011 Population and Housing Census*. p. 35.

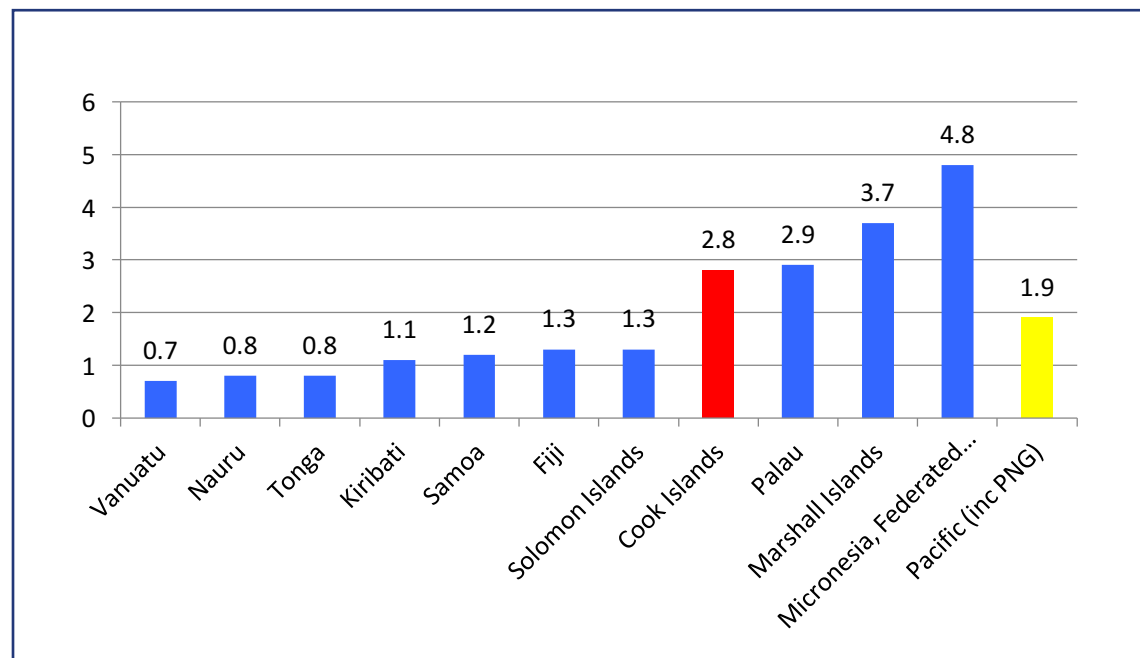
453 Ibid.

to poverty, should be a key component of a social protection system.<sup>454</sup> Cash transfers provide households with additional income that enables them to invest in children’s wellbeing and human development.<sup>455</sup>

In comparison to many other PICTS, the Cook Islands has a highly developed social protection system that is based on the New Zealand model (but with “less comprehensive coverage and smaller payments”).<sup>456</sup> The Cook Islands and Fiji are the only PICTS that target social assistance payments to children.

The Asian Development Bank’s Social Protection Indicator (SPI, formerly Index) is a tool for assessing the effectiveness of social protection within and across countries. It is a ratio based on dividing total expenditures on social protection by the total potential beneficiaries, expressed as a percentage of GDP per capita. The SPI for the Cook Islands was 2.8 in 2016. This is higher than the Pacific regional average (including Papua New Guinea) of 1.9,<sup>457</sup> and one of the highest in the region, as set out in Figure 7.1.

**Figure 7.1: Social Protection Indicator by country<sup>458</sup>**



Source: Data extracted from Asian Development Bank<sup>459</sup>

454 UNICEF and Fiji Ministry of Women. 2015. Children and Poverty Alleviation, *Child Sensitive Social Protection in Fiji*. p. 6.

455 UNICEF. 2012. *Social Protection Strategic Framework*.

456 Asian Development Bank. 2016. *Weaving social safety nets: Pacific studies series*. p. 24.

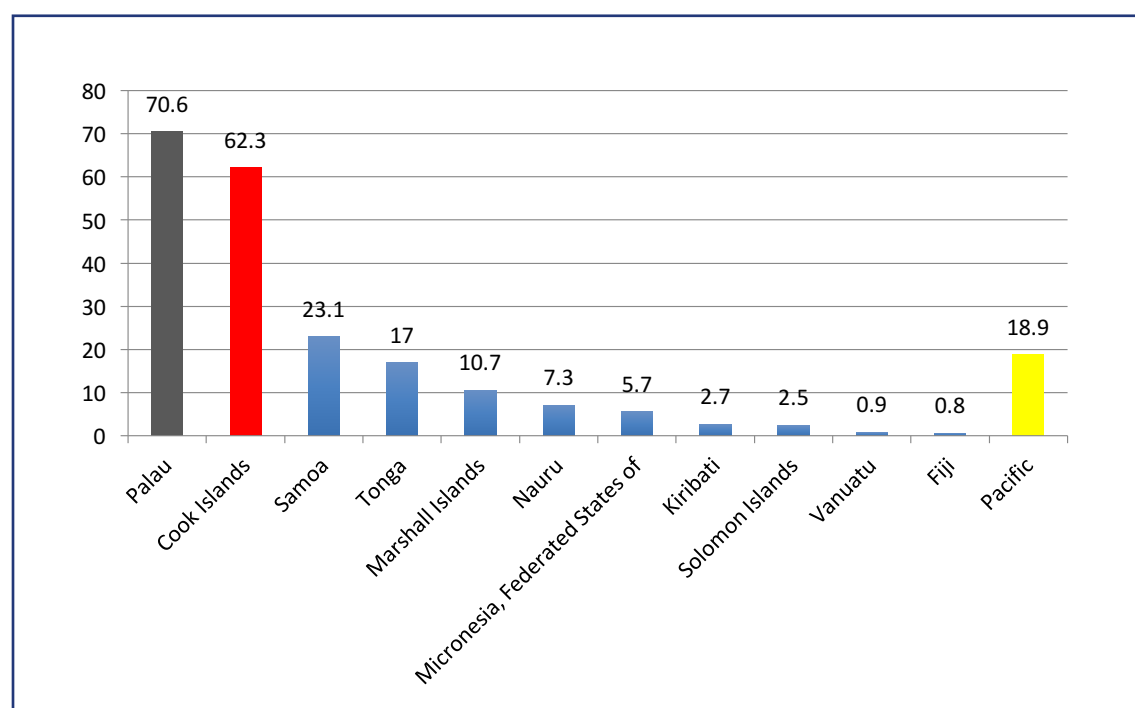
457 Asian Development Bank. 2016. *The social protection indicator: assessing results for the Pacific*. p. 16.

458 Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

459 Asian Development Bank, The social protection indicator. Op. cit. p. 16.

The SPI ranking is primarily driven by the social assistance indicator, which was 2.6: the highest among the PICTS. This suggests that the social protection system in the Cook Islands is predominantly focused on ensuring State (non-contributory) benefits to persons not necessarily in formal employment. The Cook Islands also ranked highest among the PICTS in terms of the breadth of the social protection system (the proportion of potential beneficiaries who actually receive social protection benefits). According to the Asian Development Bank assessment, the Cook Islands received a high breadth indicator, as illustrated in Figure 7.2

**Figure 7.2: Breadth of social protection indicator, by country<sup>460</sup>**



Source: Data extracted from Asian Development Bank<sup>461</sup>

Benefits to children (and the aged) are universal. The Social Welfare Act 1989 provides every carer of a child under 12 years with a monthly cash benefit (which includes a step-child, adopted child or a child who is not a member of the family, but is maintained as such). In addition, a one-off payment is made to mothers of newborn babies (after the baby is registered). The benefit, which is also paid to grandparents, has been found to be “an important tool to maintain communities in outer islands,”<sup>462</sup> where income-generating opportunities are scarce. A government cutback in public sector jobs in the mid-1990s resulted in the loss of personnel, skills and paid jobs, particularly affecting communities on the Outer Islands. Families consisting of grandparents

460 Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

461 Asian Development Bank. The social protection indicator: assessing results for the Pacific. Op. cit.

462 UN Economic and Social Commission for East Asia and Pacific. Op. cit. p. 15.

caring for children (whose parents are in Rarotonga or New Zealand) are reportedly common in the Outer Islands. The universal child benefit has become a critical source of income for such families, helping to maintain the school rolls and other services, and keeping the communities 'viable'.<sup>463</sup>

Other (non-universal) cash payments are made to particular categories of 'infirm' and 'destitute' persons, subject to a means test. The number of recipients of these benefits is small and determined on a case-by-case basis; most are single women with children and no other source of livelihood.<sup>464</sup>

In addition, under the disability benefits scheme, around 203 persons (as reported in 2015) received a non-contributory monthly benefit of NZD100, and there is also a monthly benefit of NZD150 paid to persons who care for an under 18-year-old with a disability who is unable to work.<sup>465</sup> There is also a special assistance scheme for improving the residences of persons with disabilities.

Significantly, there are no unemployment benefits in the Cook Islands, though Cook Islanders who become unemployed may move to New Zealand and receive unemployment benefits there; reportedly, many do move, but they are generally ill prepared for employment opportunities there.<sup>466</sup>

While the social protection system is extensive, some gaps have been identified. The targeting of the social welfare payments has been questioned; according to a report by the Asian Development Bank, "despite its wide coverage, funding for various eligible groups is not provided according to strict needs-based definitions." For example, one small food-rich island, Mauke, is home to 18 per cent of 'destitute' cases, while poorer islands (Pukapuka and Penrhyn), together with Manihiki, have only 2 per cent of these cases.<sup>467</sup>

The cost of the system, which has increased significantly over time, has called its long-term viability into question. According to the Asian Development Bank, there is a need to ensure that the social protection system is made more cost-efficient and responsive to the needs of the vulnerable, so that it is sustainable.<sup>468</sup>

The data also indicates the limited impact of social protection programmes, in terms of the level of benefits for beneficiaries. The social protection indicator for the depth of benefits in (the average benefits received by actual beneficiaries) was quite low, particularly in comparison to other PICTS, as illustrated in Figure 7.3.

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463 Asian Development Bank. *Weaving social safety nets: Pacific studies series*. Op. cit. p. 24.

464 Ibid.

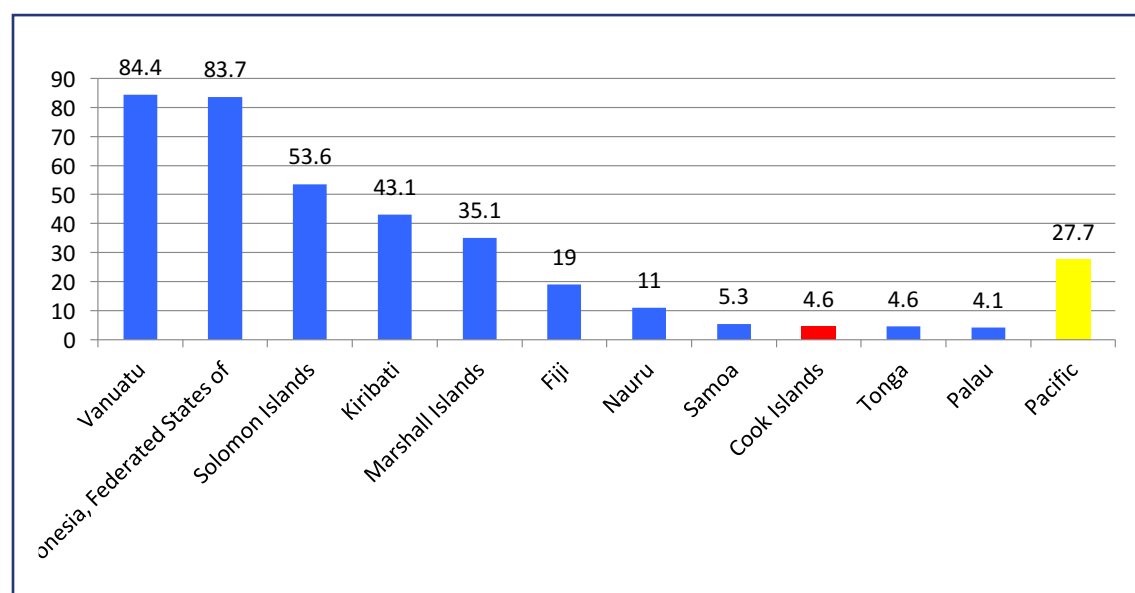
465 UN Economic and Social Commission for East Asia and Pacific. Op. cit. p. 15.

466 Asian Development Bank. *Weaving social safety nets*. Op. cit. p. 25.

467 Ibid.

468 Ibid.



**Figure 7.3: Depth of social protection indicator, by country<sup>469</sup>**

Source: Data extracted from Asian Development Bank<sup>470</sup>

This indicates that benefits are quite low, and perhaps not enough to lift vulnerable individuals and families out of poverty; though it is noted that the depth indicator for social assistance (non-contributory) programmes alone is significantly higher, at 9.0.

469 Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

470 Asian Development Bank. The social protection indicator: assessing results for the Pacific. Op. cit.

# 8

## Conclusions

In addition to the specific bottlenecks and barriers identified under each chapter above, the following key findings can be drawn from the wider situation analysis of women and children in the Cook Islands. Please note that these are not listed in any order of priority.

### 8.1. Climate change and disaster risks

The Cook Islands faces an increasing risk of extreme weather and natural disasters, as well as increases in climate change-related weather conditions. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realisation of children and women's rights:

- Climate change and extreme weather increase the threat of communicable and non-communicable diseases, and exacerbate existing bottlenecks and barriers to health services by affecting access and supply routes to sources of health care, as well as WASH infrastructures and practices. Natural disasters increase food and nutrition insecurity, while increasing the risk of food- and water-borne diseases.
- Disaster and climate risks affect access to and quality of education, health, WASH and other government services due to damaged schools, buildings and infrastructure and challenges relating to access and diverted resources.
- Climate change and extreme weather and other disasters also impact upon child protection concerns, by exacerbating the risk of violence against children, uprooting families and leaving children living in difficult and unsafe conditions.
- The impact of climate change upon all sectors is likely to be felt most by children, including the most vulnerable groups of children.

## 8.2. Financial and human resources

The Cook Islands is a high middle income country but it is likely to face some resource constraints in relation to child rights:

- In relation to health services, for example, as donor involvement is set to decrease, and costs of travel increase. An additional challenge is the cost of ensuring access in even the most remote islands, which is a geographical and financial difficulty.
- It is reported that financing of the WASH sector is not considered sufficient to ensure the Cook Islands meets water and sanitation SDG targets.
- The SitAn found that lack of human resources is an issue in terms of adequately trained WASH professionals.
- The population drain to New Zealand places human resources in government settings, including education, at risk.

## 8.3. Geography

The geography of the Cook Islands influences the realisation of the rights of women and children:

- Those living in remote islands may find it harder to access some services, including education services. It is a challenge for the Government to reach children in remote areas due to cost and practical considerations.
- The population decreases as people re-locate to New Zealand and elsewhere, leading to challenges in resourcing.
- From an equity perspective, the analysis suggested that resources could be distributed more equitably among different geographic regions.

## 8.4. Equity

The report highlighted several equity concerns in relation to the realisation of children's rights:

- Teenage pregnancy is reported to lead to drop-out and absenteeism in secondary education.

- The lack of data about children with disabilities, gender disparities, and other vulnerable groups of children.
- The legal and policy framework contains specific gaps in its protection of girls with disabilities and the protection of boys from sexual offences.
- Socio-cultural norms and traditional perceptions around gender roles can act as barriers and bottlenecks to the realisation of children and women's rights, particularly in informal justice arenas, where permissive attitudes towards violence against women and girls, and informal justice practices may prioritise reconciliation over justice.

## 8.5. Legal and policy framework

One of the main barriers in the child protection sector is the lack of a child protection legal framework, which results in the lack of a child protection system. Linked to this, the SitAn also found:

- Children are not protected from corporal punishment in the home.
- There are gaps in the legal framework in relation to protection of girls with disabilities from sexual offences and the protection of boys from sexual assault.
- The minimum age of criminal responsibility is too low, with the double concern that the maximum age of involvement in the child justice system is also too low, at 16.
- There is also a lack of specialised bodies and institutions to support child-friendly justice.
- There is no child-friendly system of justice for children in contact with the law as victims or witnesses, meaning that there are no services or special protections for child victims and witnesses.

## 8.6. Cultural norms and approaches

Cultural attitudes and traditions were found to prevent or impede the realisation of children's rights in several sectors:

- Reliance on preference for informal justice led to under-reporting of cases involving child sexual abuse, violence against children and other crimes against children, and to those cases being handled within villages. It is not clear whether child rights safeguards are upheld in these proceedings, particularly in relation to children who are victims and witnesses.

- Informal justice practices in child justice may contribute to the realization of children’s rights, as they represent an informal ‘diversion’ option, and working with informal practices to support child-friendly justice should be explored. The incorporation of community-led informal justice concepts into the Ministry of Justice’s *Te Koro Akaau* Process seems a particularly useful approach.
- Community attitudes towards violence against children – and corporal punishment in particular – pose a child protection risk.

#### **Footnotes in tables**

- I UNISDR and GADRRRES. January 2017. ‘A Global Framework in Support of the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and the Worldwide Initiative for Safe Schools’. [http://gadrrres.net/uploads/images/pages/CSS\\_Booklet\\_2017-updated.pdf](http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf) [24.01.17].
- II Table reproduced from Ibid. p. 2.
- III Parental consent is required for boys and girls under the age of 21.



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Wherever he lives.  
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A fair chance.  
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The most left behind.  
The most excluded.  
It's why we stay to the end.  
And never give up.



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