EVALUATION REPORT

NATIONAL HEALTH STRATEGIC PLAN 2012-2016

TE MARAE ORA

MINISTRY OF HEALTH

COOK ISLAND

September, 2016
January, 2017

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Executive Summary

The Cook Island National Health Strategic Plan 2012-2016 is a 5 year planning document of the Ministry of Health that laid out the goals, objectives and interventions strategies for the health sector. Formulated and aligned to the 3 main organizational divisions of the Ministry, the plan identified key strategies for implementation by various departments and units of the Ministry within the time frame of the plan.

In September 2016, the Ministry of Health commissioned the evaluation of the health strategy in view of both the assessment of its achievements and identifying the constraints and challenges that could be considered in the formulation of the new health strategy for 2017-2021. The initial evaluation was carried out in September 2016 with a follow-up assessment undertaken in January 2017 at the end of the plan period.

The evaluation exercise assessed both the structure of the NHSP and the achievement against the set target indicators of the various objectives. For the plan structure evaluation, the Joint Assessment of National Strategies (JANS)[1] was used as the basis for the assessment. The essential attributes and criteria of a comprehensive and sound NHS are described in the joint assessment of national strategies (JANS).

For the assessment of the achievement against set activities target indicators reviews of statistics, surveys, clinic and programme records and interviews were undertaken. There are a total of 122 indicators identified for the 36 objectives in the 3 strategic goals areas. These indicators could be identified as either Process, Output or Impact indicators.

The assessment of the structure of the strategic plan against the JANS criteria overall was rated as fair. There were observed weakness in the areas of monitoring and evaluation and the documentation on the consultation processes were unclear. The strength of the health strategy structure was in the financial and auditing inputs.

On the objectives, outcomes and indicators, the initial finding of 68% completion / achievement rate was made in September, 2016. Reassessment of the then ongoing activities in January, 2017 yield the final completion / achievement rate of 73.8 %. Both ongoing and unachieved target indicators were at 13.1% each. The allied health services contributed to the slight improvement in the achievement percentage when some of their ongoing target became fully implemented or achieved in December, 2016.

Sharing of information relating to the assessment and evaluation exercise including the presentation of the key findings was undertaken in two workshop forums where most health managers were in attendance. The Ministry of Health is congratulated for its high achievement against the national health strategy objectives and targets and also recognized for its undocumented and wider role in health care delivery and services.

[1] Joint Monitoring, evaluation and review of national health strategies. IHP/WHO (2011)

1. Introduction

Around the middle of 2016, the Ministry of Health (MOH) identified the need to evaluate its current National Health Strategic Plan (NHSP) 2012-2016 and initiated the process for the formulation of a new NHSP to cover the years 2017-2021. A proposal and request was made to the World Health Organisation (WHO) for technical assistance both for the review of the current NHSP and formulation of not only a new 5 year national health strategy but also a 20 year health road map. All these planning exercises were to be conducted in sequence. This report is the outcome of the first planning undertaking namely the evaluation National Health Strategic Plan 2012-2016.

A mid-term evaluation (MTE) of the NHSP commissioned and undertaken by MOH in 2014. Findings of the MTE under the Goals is available as a separate documentation from the MOH. The recommendations of the MTE basically identified the need for improved implementation processes across the various objectives. The report also highlighted the need for improved record keeping and reporting against the indicators.

The evaluation of the structure of the NHSP was conducted under the JANS criteria and recommendations. Indeed, a model national health strategy that meets the JANS criteria is one that has been based on sound analysis and developed in a transparent and participatory process with multi-stakeholder endorsement. The model plan is accompanied by a sound financial and auditing framework, implementation framework, and relies on strong country-led monitoring, evaluation and review mechanisms.

The NHSP 2012-2016 monitoring and evaluation (M&E) component was not defined as it would have specified the coordination and alignment of M&E processes and mechanisms across specific programmes. In many countries, there is disconnect between the national health strategy and the strategies and plans of disease-specific programmes, often fuelled by separate funding channels related to global initiatives. This disconnect often leads to a lack of coherence between the planning and monitoring efforts, with different operational planning cycles and stakeholders, poorly linked review processes, and fragmented investments in data collection and analysis. This phenomenon is not apparent in the Cook Island MOH.

In grading the implementation of the indicators and targets, a 3 colour coding system was adopted for the NHSP. This colour coding system was also used for the JANS assessment on the structure of the NHSP. The final result of the assessment of the indicators is also tabled in the report as a chart display of percentages.

1.1 Terms of Reference

Purpose

a. The review will be used by the Cook Islands Ministry of health and interested stakeholders to evaluate how effective the Ministry has been over the last five years. This will in turn assist in the effective development of a practical and outcome based Strategy going forward.

b. Develop and complete the Cook Islands Health Roadmap 2017-2037; and

c. Develop and complete the Cook Islands Health Action Plan 2017-2021

Scope

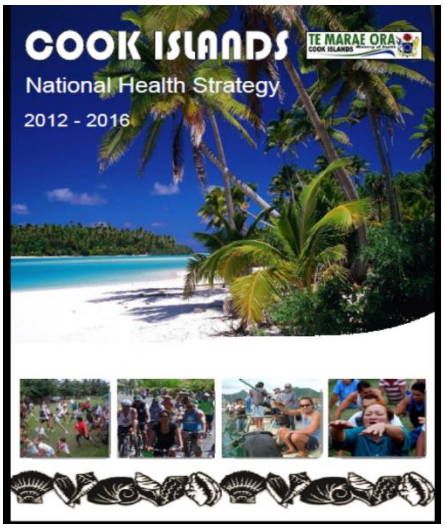
The scope of the review relates to the Strategy and the development of a forward health strategy,

The geographic focus is the Cook Islands, the time period covered is 2012-2016.

Guiding Questions

1. Have the Goals in the Strategy been met?
2. What are the areas of concern?
3. How are funds to the health sector currently allocated and disbursed?
4. How much public and development partner's money is spent on the Strategy?
5. How much does it make up in total public expenditure?
6. How comprehensive, reliable and available is the budget data?
7. What variables outside the control of the Ministry impact on the outcomes of the Strategy? Infrastructure, domestic travel, freight, medical consumables and pharmaceuticals, staff salaries, national employment mandates, public sector budget cuts due to annual fiscal constraints, etc. What impact could these variables have? What are the policy implications?
8. What are potential efficiency gains and what are the key constraints to delivering these gains. What are the policy implications?
9. What were the challenges to the Health sector in implementing the Strategy?
10. What are proposed policy options going forward?

2. Background to National Health Strategic Plan



Te Marae Ora or Ministry of Health has developed an integrated strategic planning framework that sets out its vision, mission, goals, objectives, values, strategies and targets aligned to national, regional and international commitments.

The health strategy recognises that a healthy population is essential for sustainable economic development. Te Marae Ora realises that improving the health and well-being of people leads to increased life expectancy, lower absenteeism, increased productivity and direct economic benefits. It therefore strives for a health system that puts greater effort and investment into promoting healthier living and improving health outcomes while addressing the socioeconomic, cultural and environmental determinants of health.

The National Sustainable Development Plan 2011 – 2015 (NSDP) guiding principles which place people at the centre of Cook Islands development have been incorporated into the Cook Islands National Health Strategy. It gives priority attention to elements that are essential to providing the quality of life for people living in the Cook Islands, and reflect the key pillars needed to realise the national vision:*"To enjoy the highest quality of life consistent with the aspirations of our people and in harmony with our culture and environment."*

For Te Marae Ora, the health strategy has the following guiding principles included.

Vision

"All people living in the Cook Islands living healthier lives and achieving their aspirations"

Mission

"To provide accessible, affordable health care and equitable health services of the highest quality, by and for all in order to improve the health status of people living in the Cook Islands"

Objectives

1. *The promotion of health and wellbeing and healthy lifestyles is intensified;*
2. *To support families and communities to live healthier lives;*
3. *To reduce the overall impact of the burden of disease (Cardiovascular, Diabetes,Hypertension, Respiratory, Cancer, Injuries);*
4. *To improve access to quality, safe, accessible, affordable and appropriate healthcare services;*
5. *Strengthen healthcare systems and services through improved coordination, collaboration and partnerships with community groups, national, regional and global institutions;*
6. *To strengthen institutional arrangements, procedures, processes and financial resources to purchase and distribute medical products and technologies;*
7. *Promote a healthier environment and influence public policies in all sectors to address the socio-economic and environmental determinants of health.*

Funding for the health strategy is made annually by the government with complementary contribution from development partners. Supervision and management of the health strategy is the responsibility of the

Funding and Planning Division.

3. Evaluation Methodology

Qualitative and quantitative methods are both used in this evaluation process.

3.1 Evaluation of NHSP structure and contents.

The evaluation process used the methodology outlined in the IHP / WHO guideline. The following areas and issues were used for the assessment;

a. Situation Analysis

b. Process – consultation process

c. Financing and auditing arrangements

d. Implementation and management arrangements

e. Results, monitoring, review mechanism

3.2 Evaluation of achievement against benchmarked indicators

The NHSP identified and listed activities and targets for implementation and achievement by the end of 5 years. These activity targets were evaluated in their implementation using the following methods;

3.2.1. Review of reports produced for the programme / department

3.2.2. Consultations with reports provided by managers and key staff

3.2.3. Verification of data reports from the Health Information Bulletin

3.2.4. Group verbal reports on activities undertaken.

4. Challenges and Limitation

The basic and key challenge in the evaluation process relate to the lack of stated monitoring and evaluation framework in the NHSP. With no set framework, the indicators identified under the objectives were used in the evaluation process. In this evaluation process, qualitative and quantitative methods are used in combination to assess the NHSP. At least the following challenges were identified.

4.1 Measuring indicators can be difficult when there are no baseline for comparison.

4.2 Process indicators difficult to verify for lack of clarity on activity outcomes.

4.3 Repeat indicators under separate objectives were noted.

4.4 Impact indicators were included but these will require longer implementation time frame

5. Source of Data for Verification

The following information sources were used during the evaluation exercise.

1. Documented health statistics up to 2015
2. Written program reports.
3. Documented outputs such as publications, IEC material, media production etc.
4. Verbal reports from Managers of work undertaken

The indicators for the various activities were a mixture of process, output and impact indicators and we required for evaluation, some baseline measurable figures / data were not available or stated. In these situations, assessment of the progress and achievements were made qualitatively. Separately, impact indicators generally require a longer time frame for interventions and could extend beyond the time frame of the 5 year health strategy.

Separately, the targets used for the indicators were also a mix of the following types;

- *Absolute target* reports a simple change in the level of an indicator (e.g. an increase of vaccination coverage from 90% to 95% in five years).

- *Relative target* reports a relative change that is independent of the initial value of the starting point (e.g. a reduction of the under-five mortality rate by one third). Relative target-setting is often used when baselines are uncertain.

- *Annual rate of change* is a third type of targets setting. For example, the target could require that the annual rate of change increases from 2% per year to 4% per year. However, this requires data on the baseline trend rather than just its level and is often hard to measure.

Needless to mentioned, process indicators identified in certain indicators of the NHSP listed only 'numbers' as target and which are vague to ascertain.

6. Findings

The key findings of the evaluation have been grouped under the 3 criteria used in the exercise as identified below.

a. NHSP Structure Assessment- JANS Assessment
b. Assessment of achievements under` objectives, targets and indicators
c. Assessment against MOH guiding questions

In addition, a colour coding system for the assessment of the NHSP under JANS and for grading the implementation of the objectives has been used in the evaluation. The colour code is identified below.

Satisfactory / Achieved Fair / Ongoing Unsatisfactory / Not Achieved

6.1 NHSP Structure Assessment

6.1.1. Situation Analysis Findings

The situation analysis of the health system was articulated but could be improved in the following areas;

- Could highlight more governance issues, partnership and commitments.
- Linkages to national plans, programme health strategies in not clear.
- Disease burden information including morbidity and mortality statistics could be improved.
- Identification of laws and regulations is not made but would be good to guide enforcement strategies.

6.1.2 Process – Consultation Findings

- Internal consultation process for the NHSP would have been undertaken towards the formulation of the health strategy but not documented.
- Sector wide involvement including community participation and consultations on the health strategy are not documented.
- The inclusion of strategies that involved partners and community would have reflected and be an outcome of community and partners ownership.

6.1.3 Financing and auditing arrangements

- Adequate identification of the financial requirement for NHSP implementation was made in the plan.
- Auditing arrangements were made in line with standard financial requirements of Government.

6.1.4 Implementation and management arrangements

- Implementation and management arrangements were identified.
- Identification and alignment of implementation to service structure could be better identified and incorporated.

6.1.5 Results, monitoring, review mechanism

- Annual planning reviews and monitoring were carried out even though not well articulated. It is assumed that the reviews would have included some reference to the strategy targets.
- Mid-term evaluation was carried out half way through the NHSP with recommendations proposed on means to further improve health strategy achievements.
- Annual business plans of the Ministry have been formulated but their linkages to the health strategy are not clearly documented in the compilations

6.2 Objectives / Targets / Indicator Assessment

The details of the objectives / targets of the NHSP goals including the assessed achievement grading of the indicators is outlined in 6.6.2. In summary, the NHSP 2012-2016 has the following summary information under the 3 goals.

Goal 1:	2 Objectives; 7 Outcomes; 17 Actions/Interventions, 26 Indicators
Goal 2:	2 Objectives; 7 Outcomes; 16 Actions/Interventions; 27 Indicators
Goal 3:	3 Objectives; 22 Outcomes; 54 Actions/Interventions; 69 Indicators
Total:	3 Goals: 7, Objectives: 36, Outcomes: 87, Actions/Interventions: 122 Indicators

6.2.1 Performance and Achievements against Indicators

Since no definite M&E structure was identified, the assessment of the NHSP performance was made against the targets set under the objectives.

It is noted that the core indicators should have clear baselines and targets that are well documented, relevant and measurable. A schedule for updating and reporting should be specified. For the NHSP, the following types of targets were included in the plan.

<u>September, 2016</u>

Goal 1 = 26 Indicators

Achieved = 46.1%; Ongoing = 38.5%; Not Achieved = 15.4%

Goal 2 = 27 Indicators

Achieved = 81%; Ongoing = 11.5%; Not Achieved = 7.5%

Goal 3 = 69 Indicators

Achieved = 72.3%; Ongoing = 20%; Not Achieved = 7.7%

<u>December, 2016 (January, 2017)</u>

Goal 1 = 26 Indicators

Achieved = 57.7%; Ongoing = 23.1%; Not Achieved = 19.2%

Goal 2 = 27 Indicators

Achieved = 77.8%; Ongoing = 14.8%; Not Achieved = 7.4%

Goal 3 = 69 Indicators

Achieved = 78.2%; Ongoing = 8.7%; Not Achieved = 13%

6.2.2 Assessment Table

Indicators Evaluation

No.	Indicator[2]	Type of [3]Indicator	Data source(s) of Verification	Status	Link to other policies / strategies	Completion Rating
Goal 1: A health service that supports and empowers individuals, family and communities to achieve their full health potential						
Objective 1: The promotion of health and wellbeing and healthy lifestyles is intensified **Objective 2**: To support families and communities to live healthier lives						
1	1.1.1.1. Number of committees with Health representation	Process	MPR[4]	30 committees with MOH representation	Programmes and Admin strategies	
2	1.1.1.2. Number of NCD related deaths	Process	HIB 2015[5]	80.5% of all deaths in 2012 to 78.6% in 2013	NCD Strategy	
3	1.1.2.1 Number of Schools with active healthy food policies	Output	MPR	15 schools have healthy food policies. 5 schools (33%) implement the policies effectively	School Health Nutrition	
4	1.1.2.2 Reduction in teenage pregnancies	Output /Impact	HIB 2015	15.5% in 2015	STI/HIV Strategy	
5	1.1.2.3. Reduction in tobacco, alcohol consumption	Impact	MPR	2012 there were 512 cases presented-in 2013 this number decreased to 473, Alcohol use not updated	NCD Strategy Tobacco Control	

[2] Indicator Number as reflected in the NHSP 2012-2016
[3] Indicator Grouping by Output
[4] MOH Health Strategy 2012-2016 Mid Term Progress Report
[5] MOH Health Information Bulletin 2015

No.	Indicator[2]	Type of [3]Indicator	Data source(s) of Verification	Status	Link to other policies / strategies	Completion Rating
6	1.1.2.4 Reduction in STIs by 30%	Output	HIB 2015	Chlamydia number 2012 = 89; 2015=30	SRH Strategy	
7	1.1.2.5 Reduction in obesity of school children by 10%	Impact	MPR	Achieved in Primary only. 2012 = 27% of school children are obese.	NCD Strategy Healthy Islands	
8	1.1.3.1. Reduction in tobacco, alcohol consumption	Impact	Department Report	Reduction in tobacco but not alcohol	GFATM NCD Strategy Healthy Islands	
9	1.1.3.2. Reduction in premature deaths due to NCDs by 10% by 2016	Impact	HIB 2015	72.6% in 2012 80.5% in 2015	NCD Strategy Healthy Islands	
10.	1.1.3.3. Reduction in traffic related injuries, morbidity/mortality	Output	HIB 2015	MVA for 2012=58; 2015=41. Mortality 2012=4, 2015 =5.	NCD Strategy Healthy Islands	
11.	1.1.3.4. 10% reduction in overall morbidity from cardiovascular disease, cancer, diabetes, chronic respiratory disease associated with NCDs	Impact	HIB 2015	Not documented	NCD Strategy Health Islands	
12.	1.1.3.5. Reduced incidence of diabetes, cardiovascular disease and respiratory illness	Impact	HIB 2015	Not documented	NCD Strategy Healthy Islands	
13.	1.1.3.6. Reduce the prevalence of obesity in men and women by 50%	Impact	Department Report	Not determined	NCD Strategy Health Islands	
14.	1.1.3.7. Increase in the number of men and women, pursuing physically	Output	Department	More organised groups are now actively involved in physical	NCD Strategy	

No.	Indicator[2]	Type of [3]Indicator	Data source(s) of Verification	Status	Link to other policies / strategies	Completion Rating
	active lifestyles		Report	activities	Healthy Islands	
15.	1.1.3.8. Reduction in mortality, morbidity and injury rate from road traffic accidents and suicide	Output	HIB 2015	Between 2012 and 2013 suicide morbidity and mortality decreased.	Healthy Islands	
16+.	1.2.1.1. Number of services in the community available and utilised for health referrals of persons with disabilities, the elderly and those with mental health problems	Output	Department Report	As of 2013 there were 19 entities that offer assistance in some form for patients with disabilities, the elderly and mental health problems. The number of patients in home based care has decreased from 87 in 2013 to 80 in 2014.	SDG/UHC[6] Disability	
17.	1.2.1.2. Number of caregivers trained for home based care	Output	Department Report	2015 = 190 registered caregivers	Pension, destitute and infirm benefits welfare system	
18.	1.2.1.3. Number of patients in home based care	Process	INTAF Report	Number varies but at least 50 on active care	Pension, destitute and infirm benefits welfare system	
19	1.2.2.1. Number of information packages available on health care	Process	INTAF Report	Multiple IEC and information package produced and distributed	Pension, destitute and infirm benefits	

[6] Sustainable Development Goal and Universal Health Coverage

No.	Indicator[2]	Type of [3]Indicator	Data source(s) of Verification	Status	Link to other policies / strategies	Completion Rating
					welfare system	
20.	1.2.2. 2. Number of consultations had related to decisions made	Process	Department Report	Consultation undertaken as ongoing activity	Pension, destitute and infirm benefits welfare system	
21.	1.2.3.1. Number of information packages available on health care	Process	Department Report	Health Communication material produced and disseminated.	Pension, destitute and infirm benefits welfare system	
22.	1.2.3.2. Number of representatives from NGO included on committees and in decision-making processes	Process	Department Report	At least 5 NGOs are in health related committees in programme management	Pension, destitute and infirm benefits welfare system	
23.	1.2.3.3. Information circulated to communities on support services available	Output	Department Report	Communication strategies available on support services	Disability Plans	
24	1.2.3.4. The number of people using caregiver services	Process	Department Report	At least 50 on daily assistance	Disability Plans	
25.	1.2.4.1. A suicide prevention programme developed	Output	Department Report	Suicide Strategy 2016-2020 formulated	Mental Health	
26.	1.2.4.2. Reduction in the youth suicide rates	Impact	HIB 2015	Intentional self-harm – 1 case per year. No reduction	Mental Health	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
Goal 2: Improve and protect the health of Cook Islanders through responsive quality health services.						
Objective 1: To reduce the overall impact of the burden of disease (Cardiovascular, Diabetes, Hypertension, Respiratory, Cancer, Injuries) **Objective 2**: To improve access to quality, safe, accessible, affordable and appropriate healthcare services.						
27.	2.1.1.1. Report on the burden of NCD's	Output	Department Report	STEPs survey completed. NCD disease burden cost estimated. Overall disease burden report ongoing.	NCD Strategy Health Financing	
28.	**2.1.1.2.** Report on the burden of injuries as a result of Motor Vehicle Crashes (MVC)	Output	Department Report	Study and report on MVA injuries burden yet to be undertaken	NCD Strategy	
29.	2.1.1.3. Reduction in vector borne diseases –(dengue, Filariasis)	Impact	HIB 2015	Dengue 2012 = 6 / 2015 = 0	Regional Strategy on Vector Borne	
30.	2.1.1.4. Maintain zero HIV/AIDs	Impact	HIB 2015	HIV = 0 case in 2015	SRH Strategy MDG / GFATM	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
31.	2.1.1.5. Reduction in the incidence of STIs by 30%	Impact	HIB 2015	2012 STI no.= 269 2015 STI no.= 38	SRH Strategy MDG	
32.	2.1.1.6. Number of positive Hepatitis B cases detected and treated	Output / Impact	HIB 2015	2013 HB cases =15 2015 HB cases =6	MDG	
33.	2.1.1.7. Number of positive TB cases detected and treated	Output / Impact	HIB 2015	2012 TB new cases = 1 2015 TB new cases = 0	GF ATM	
34.	2.1.2.1. Report on oral health survey conducted.	Output	Department Report	2014 Oral Health survey report produced.	Oral Health Strategy	
35.	2.1.2.2. A reduction in Decayed, Missing and Filled Teeth (DMFT)	Output / Impact	Department Report	DMFT 6.6 for 5yrs; 1.2 for 12yrs; 3.9 in 15 yrs. Baseline to be determined.	Oral Health Strategy	
36.	2.2.1.1. Number of patients referred to Rarotonga for treatment	Output	HIB 2015 Department Report	Pa Enua referrals in 2013 = 273 and in 2015 = 237	SDG/UHC	
37.	2.2.1.2. Number of patient referrals to NZ hospitals for specialised treatment	Output	HIB 2015 Department Report	Overseas referral in 2012 = 134 and in 2015 = 155	UHC	
38.	2.2.1.3. Reduced number of patient referrals from the *Pa Enua* to	Output / Impact	HIB 2015 Department	Pa Enua referral reduced.	UHC	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
	Rarotonga and Rarotonga to New Zealand		Report	2013 = 273 / 2015 = 237 Overseas referral increased (see #37)		
39.	2.2.2.1. Result of quarterly patient satisfaction survey	Output / Impact	Department Report	October 2013 was 78% patient satisfaction.	UHC / Access	
40.	2.2.2.2. The proportion of wrong patient/site procedures incidents is reduced.	Process / Output	Department Report	Very low incident reports	Patient Safety	
41.	2.2.2.3 Number of litigations brought against the Ministry of Health	Process	MPR	Nil for 2012-2015. Last litigation in 2010.	Patient Safety	
42.	2.2.2.4. Number of clinical protocols/guidelines developed and updated	Process	Department Report	Clinical protocols were reviewed in 2012 (Internal Medicine, Obstetrics and Gynecology, Pediatrics)	Clinical Standards	
43.	2.2.3.1. Number of health professionals up-skilled in speciality areas	Process	Department Report	20 staff have been trained in specialty areas in 2013 and 29 in 2014	HR	
44.	2.2.3.2. Number of health professionals with a valid Advanced Life Support Certification and Basic Life Support Certification	Process	Department Report	At least 2 Consultants trained	HR Emergency Medicine	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
45.	2.2.3.3. Improved emergency response time to ambulance call outs	Output	Department Report	3 minutes was achieved (68-85%) in the last 6 months of 2013	SRH Strategy	
46.	2.2.4.1. Number of cervical tests done	Process	Department Report	2015 = 876	SRH Strategy	
47.	2.2.4.2. Number of mammograms done	Process	Department Report	2015 = 384	SRH Strategy	
48.	2.2.4.3. Reduce the incidences of cervical and breast cancer	Output	HIB 2015	Ca Breast 2012 = 2 / 2015 = 4; Ca Cx 2012 = 1 / 2015 = 5	SRH Strategy	
49.	2.2.4.4. Number of health professionals with advanced in family planning, counselling, child, adolescent, women and men's health	Process	Department Report	All staff at O&G have had advance FP and counselling training.	SRH Strategy	
50.	2.2.5.1. Policies and legislation in place that incorporate gender and human rights provision	Output	Department Report	Health policies have gender and human rights provisions.	Social legislation	
51.	2.2.5.2. Reduce the number of teenage pregnancies	Output	HIB 2015	2013 = 15% 2015 = 11%	SRH Strategy	
52.	2.2.5.3. Reduce the incidence of STIs	Output	HIB 2015	Incidence reduced (see # 31)	SRH Strategy SDG/UHC	
53.	2.2.5.4. Maintain zero maternal mortality	Output / Impact	HIB 2015	MMR = 0 (2012)	SDG/UHC	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
	rate			MMR = 0 (2015)	SRH Strategy	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
Goal 3: Strengthen infrastructure and healthcare systems to encourage healthier lifestyles and safer environments						
Objective 1 : Strengthen healthcare systems and services through improved coordination, collaboration and partnerships with community groups, national, regional and global institutions **Objective 2**: To strengthen institutional arrangements, procedures, processes and financial resources to purchase and distribute medical products and technologies **Objective 3**: Promote a healthier environment, intensity primary prevention and influence public policies in all sectors to address the socio-economic and environmental determinants of health						
54.	3.1.1.1. Maintaining low turnover of the health workforce	Output	HR Report	Workforce steady in number with only retirements leaving the workforce	HR Strategy	
55.	3.1.1.2. Number of health professionals up-skilled in specialised areas training attachments and exchange schemes, on the job training for health practitioners	Process	HR Report Department Report	Various number of staff sent for on job training and up-skilling training	HR Strategy	
56.	3.1.1.3. Number of health professionals achieving required CPD points	Process	Department Report	CPD ongoing process but CPD points linked to staff assessment needs further clarification.	HR Strategy	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
57.	3.1.2.1. School of nursing reopened with intake of 12 nurses in first year of opening by 2013	Process	Department Report	Nursing school re-opened in 2013 with 11 intake.	HR Strategy	
58.	3.1.3.1. Number of established affiliations to regional & international, institutes, specialised societies and organization	Process	Department Report	At least 3 such as RNZCGP that offer post graduate training opportunities.HVS and SSCIP also provide training assistance.	HR Strategy	
59.	3.1.3.2. Number of health professionals who completed postgraduate studies	Process	HR records	2 in 2016 for doctors in GP and Internal Medicine. Others on training for graduation in 2017-2019.	HR Strategy	
60.	3.1.4.1. Accurate and updated health statistics and data available from Medtech and data bases for monitoring and evaluation from all *Pa Enua*	Output	Department Report	HIB 2015 available from MedTech info consolidation with Pa Enua statistics	HIS Strategyh	
61.	3.1.5.1. Videoconferencing between the *Pa Enua* and Rarotonga and Rarotonga and New Zealand	Output	Department Report	Video conferencing with Aitutaki undertaken on a regular basis. Other centres are being developed.	HR Strategy	
62.	3.1.5.2. Establish regulation to protect access and use of health information.	Output	Department Report	Regulation yet to be established.	HIS Strategy	
63.	3.1.5.3. Number of reports developed using data from central repository	Process	Department Report	Annual Reports, Business Plans are examples of reports generated from	HIS Strategy	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
				central repository data.		
64.	3.1.5.4. Number of patient information requested in compliance with OIA and consent provision	Process	Department Report	All patient information requests adhere to the OIA and consent provision	HIS Strategy	
65.	3.1.5.5. Number of templates developed and used for data collection	Process	Department Report	20 Key Health Indicators template developed and used by Ministry.	HIS Strategy	
66.	3.1.5.6. Number of policies and reports developed	Process	Department Report	HIS reports generated yearly (4). National Health Indicators developed.	HIS Strategy	
67.	3.1.5.7. Number of managed updates for ICT systems	Process	Department Report	ICT system updates regularly. 5 MedTech platform review undertaken.	HIS Strategy	
68.	3.1.6.1. Draft Strategy developed by 2015	Output	Department Report	National Health Information Strategy 2015-2019 available	HIS Policy	
69.	3.1.7.1. Number of research/studies/surveys completed.	Process	Unit records Research reports	Several surveys undertaken. RHD and Ca Cx have been conducted.	Health Research Policy	
70.	3.1.7.2. Number of research/studies/surveys completed with technical assistance	Process	Department Report	Documented researches undertaken with or without technical assistance	Health Research Policy	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
71.	3.1.7.3. Number of stakeholders informed of research outcomes	Process	Department Report	Reports have been generated and used.	Health Research Policy	
72.	3.1.8.1. Number of research completed on determinants of health and environmental risk measured in key areas (transport, energy, water, and agriculture)	Process	Department Report	No known researches undertaken	Health Research Policy Healthy Islands	
73.	3.1.9.1. Number of health professional trained to undertake research	Process	Department Report	No known researchers trained	Health Research	
74.	3.1.9.2. Number of research conducted by local health professionals	Process	Department Report	At least 5 in 2014/15	Health Research	
75.	3.2.1.1. Essential Medicine List reviewed and updated annually	Output	Pharmacy and management records	Update carried out as when required	EDL	
76.	3.2.1.2. Number of reported incidence of drug shortages.	Process	Pharmacy and hospital records	At least 2 incidence of shortage reported. Emergency procurement ensured	EDL	
77.	3.2.1.3. Warehouse relocated by 2014	Output	Management Report	Pharmacy warehouse relocation completed	EDL	
78.	3.2.1.4. Procurement of drugs, materials, equipment and commodities, including reproductive health commodities	Output	Procurement Records	Procurement of drugs is an ongoing annual task of the Pharmacy Department	EDL	
79.	3.2.2.1. Number of Standard Operating Procedures (SOPs) developed for	Process	Department Report	Pharmacy SOP developed in 2015	Clinical Standards	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
	Rarotonga and the Pa Enua				SOP	
80.	3.2.2.2. Number of workshops conducted on use of SOPs	Process	Department Report	1 workshop on Pharmacy SOP conducted in 2015	Clinical Standards SOP	
81.	3.2.2.3. Annual Audit Report on the use of SOPs by clinicians	Output	Department Report	Not undertaken as yet.	Clinical Standards SOP	
82.	3.2.2.4. Annual audit on prescribing practices	Output	Department Report	Pharmacy undertakes this audit yearly.	Clinical Standards SOP	
83.	3.2.2.5. Number of databases developed on key health disease burdens i.e. NCD, CD	Process	Department Report	No separate data base maintained but some health programme have own data base.	HIS NCD	
84.	3.2.2.6. Number of reported incidence of drug shortages or expired drugs	Process	Department Report	Pharmacy reports on low stocks and expired drugs in Toniq system.	NZ Medicines Classification (under consideration)	
85.	3.2.2.7. Pre-identified medical supplies for cyclone centres are maintained.	Output	Department Report	Emergency stocks are kept separate and in supply.	Disaster Management	
86.	3.2.3.1. Pharmacy and Therapeutics Act reviewed by 2015	Output	Parliamentary report Department Report	Pharmacy & Therapeutic Products Regulation 2013 Enacted.	Pharmacy	
87.	3.2.4.1. Number of meetings held by Drugs and Therapeutic Committee	Process	Department Report	At annual meetings have been maintained.	Pharmacy	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
88.	3.2.4.2. Policy developed by 2015	Output	Biomedical Policy under drafting.	Biomedical formulated by unit and waiting endorsement	Medical Equipment	
89.	3.2.4.3. Number of Biomedical equipment procurement, repairs and maintenance carried out.	Process	Department Report	Ongoing procurement and maintenance of equipment	Medical Equipment	
90.	3.2.4.4. Medical equipment asset register annually updated.	Output	Department Report	Register updated annually	Medical Equipment	
91.	3.2.4.5. Annual safety audit reports quality assurance to NZ standards maintained	Output	Department Report	Biomedical equipment audit undertaken	Medical Equipment	
92.	3.2.5.1. National laboratory policy and reviewed by 2015	Output	Department Report	Reviewed in 2015	Laboratory Standards	
93.	3.2.5.2. Annual safety audit reports and quality assurance standards maintained	Output	Department Report	Undertaken by PPTC yearly	Laboratory Standards	
94.	3.2.5.3. Quality improvement standards are accredited to laboratory QA Standards	Output	Department Report	Ongoing process but considered undertaken for the year.	Laboratory Standards	
95.	3.2.5.4. Number of data and reporting tools developed	Process	Department Report	Antimicrobial resistance reporting	Laboratory Standards	
96.	3.3.1.1. Number of regulatory and relevant sectoral strategies and	Process	Department Report	Several regulations such as Water and Sewage; Elderly	Water Safety	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
	policies that integrate a health component			and Disable Policy; Quarantine etc. have health component.		
97.	3.3.1.2. Number of legislation, regulation, policies, protocols and guidelines that address gender and human rights, provisions for non-discrimination, equality confidentiality, privacy and informed consent	Process	Department Report	Health legislation and related regulations are generally non-discriminatory. Recent regulations include at least the Pharmacy Regulation that is non-discriminatory.	Legislation	
98.	3.3.1.3. Number of development partnerships formed.	Process	Department Report	Strengthening of partnership ensured.	Legislation	
99.	3.3.1.4. Number of legislative and policy reviews completed	Process	Department Report	At least 5 legislative and policy reviews undertaken	Legislation	
100.	3.3.2.1. 6% by 2016	Output	MOF Report	2015 budget at 3.5% GDP	CKI National Budget	
101.	3.3.2.1. National Health Strategy aligned to NSDP	Output	Department Report	NHSP 2012-2016 strategies aligned to NSDP.	NHSP / NSDP	
102.	3.3.2.2. Report on costs of burden of disease related to NCD	Output	Department Report	Some disease cost element identified.	NCD Strategy	
103.	3.3.3.1. Financial report indicating receipt of Tax revenues (health taxes)	Output	MOF Report	Tax on tobacco and related products reflected.	CKI National Budget	
104.	3.3.3.2. Revenue generated from licence fees, tobacco and food taxes	Output	MOF Report	Tobacco tax existed. Tax on alcohol drinks and foods	CKI National Budget	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
				imposed		
105.	3.3.4.1. Report completed	Process	Admin Report	Alternative financing	Health Financing	
106.	3.3.4.2. T/A identified	Process	Admin Report	Pending consideration	Health Financing	
107.	3.3.5.1. Rarotonga hospital renovated by 2014	Output	Department Report	Renovation undertaken in 2015	Infrastructure	
108.	3.3.5.2. *Pa Enua* facilities renovated by 2016	Output	Department Report	Prioritised Pa Enua facilities renovated - 2015	Infrastructure	
109.	3.3.5.3. Maintenance plan completed	Output	Department Report	No specific maintenance plan formulated but works based on funded plan.	MOH Budget process / CKI Budget	
110.	3.3.6.1. Vulnerable impact assessment completed	Output	Department Report	Vulnerable impact assessment not undertaken	Climate Change Strategy	
111.	3.3.6.2. Emergency drills conducted annually	Output	Department Report	Some aspect of emergency preparation undertaken	Disasters Preparedness	
112.	3.3.7.1. Number of partnerships established	Process	Department Report	Environmental health partnership with Pa Enua (10)		
113.	3.3.7.2. Number of Tutaka inspections conducted	Process	Department Report	At least 2 per year.	EH standards	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
114.	3.3.7.3. Number of permits issued	Process	Department Report	Permits issued as per requirement	EH Standards	
115.	3.3.7.4. 100% of new buildings comply with sewage and sanitation regulation	Outputs	Department Report	New building complying with sewage and sanitation regulation	EH Standards Building Code	
116.	3.3.7.5. Reduce incidence of vector borne	Output / Impact	Department Report	Incidence reduced	Vector Surveillance and Control	
117.	3.3.7.6. Reduce/eliminate mosquitos through regular spraying of breeding sites	Output / Impact	Department Report	Mosquito control through environmental measures have been undertaken and ongoing.	Vector Surveillance and Control	
118.	3.3.7.7. Remove and control pests that can interfere with healthy living	Output	Department Report	Pest control by EH is an ongoing task.	Vector Surveillance and Control	
119.	3.3.7.8. Reduce the incidence of food borne disease	Output	Department Report	No record for food borne illness but fish poisoning still a concern	Food Safety	
120.	3.3.7.9. Health information data base established and provides current information and resources on	Output	HIB	Annual HIB captures key information on infectious	HI Strategy	

No.	Indicator	Type of Indicator	Data source(s) of Verification	Status	Link to other frameworks	Rating
	infectious disease.			diseases.		
121.	3.3.7.10. Record of non-compliance with farming practices	Output	Department Report	No record seen	WSAN	
122.	3.3.8.1. More than 90% of the population with access to safe drinking water	Output / Impact	Department Report	90% access to safe drinking water	WSAN	
	END					

Definition of Rating Colours

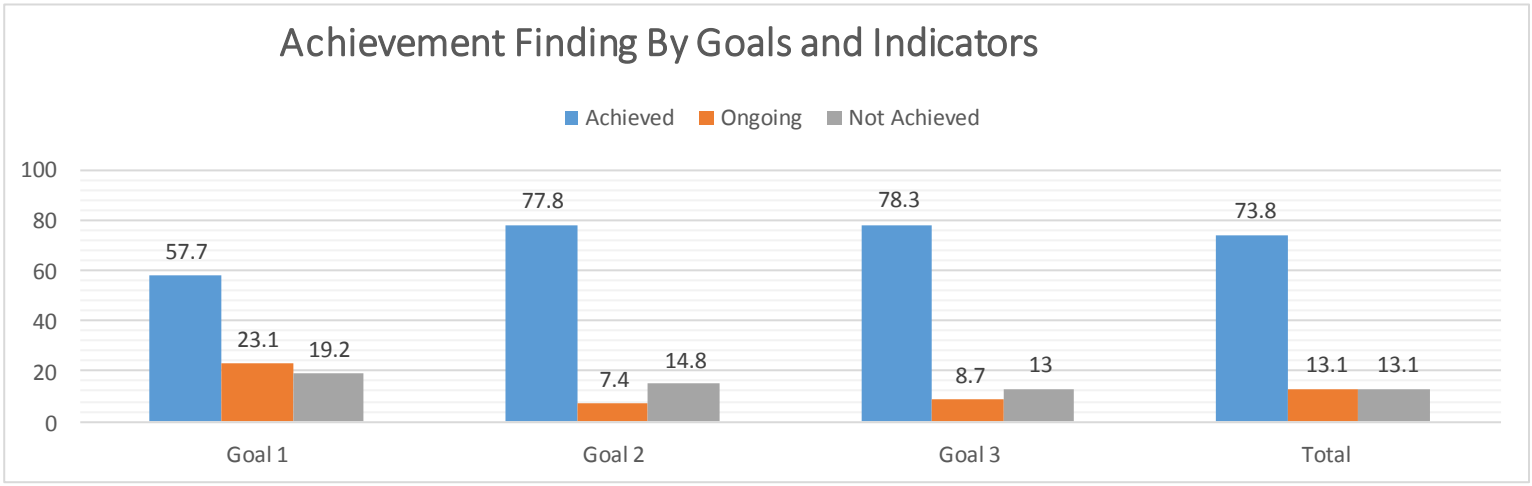
Achieved	On-going	Not Achieved

Summary of Final Implementation Statistics

90 / 122	**16 / 122**	**16 / 122**
= 73.8%	**= 13.1%**	**= 13.1%**

Graph 1: Indicator Achievements by Goal – September 2016

Graph 2: Indicator Achievement by Goals – January 2017


Achievement Finding By Goals and Indicators
Achieved
Ongoing
Not Achieved
100
80
60
40
20
0
57.7
23.1
19.2
77.8
7.4
14.8
78.3
8.7
13
73.8
13.1
13.1
Goal 1
Goal 2
Goal 3
Total

6.3 Assessment Against Ministry of Health's Guiding Questions

Te Marae Ora posted some specific questions to be determined during the evaluation exercise. These questions are tabled and with appropriate responses listed.

Guiding Questions and Findings

MOH Question	**Finding**
1. *Have the Goals in the Strategy been met?*	**Yes. Around 74% of the goals / targets have been fully met. If ongoing activities are included in the consideration, then around 85% of the targets are on track.**
2. *What are the areas of concern?*	**From the achievement targets of the NHSP 2012-2016, the areas of concern relate to Goal 1 which is under Public Health.**
3. *How are funds to the health sector currently allocated and disbursed?*	**Annual health appropriation from government is provided to the MOH at the beginning of the financial year and releases of funds are based on standard submission. Funding budgets from UN and partners are provided when needed and based on agreed programme activities.**
4. *How much public and development partner's money is spent on the Strategy?*	**WHO / UNICEF / Global Fund and other development partners contribute to health programmes and health services. The New Zealand Government provides the largest contribution to the health service with $500,000 in 2015 for HSV.**
5. *How much does it make up in total public expenditure?*	**Official development assistance to health service accounts for 3% of the total health budget.**

MOH Question	**Finding**
6. *How comprehensive, reliable and available is the budget data?*	**Comprehensive, reliable and available to all. There is also information available on per capita health spending and which is $957 per annum.**
7. *What variables outside the control of the Ministry impact on the outcomes of the Strategy? Infrastructure, domestic travel, freight, medical consumables and pharmaceuticals, staff salaries, national employment mandates, public sector budget cuts due to annual fiscal constraints, etc. What impact could these variables have? What are the policy implications?*	**Health budget and financing is an important component that is outside the control of the MOH. Health delivery capability and performance are dependent in part to financial resources available.** **Availability of an adequate, abled and capable (skilled) workforce are multifaceted variable. Mobility of human resource is universal and affects service provision and planning. These issues are beyond the control of the MOH.** **Frequent stock outs of essential medical supplies is often experienced. Policy implication should be aligned to a more reliable medicinal procurement and supply system / contracts. Long term (lead time) supplies could solve the problem.**
8. *What are potential efficiency gains and what are the key constraints to delivering these gains. What are the policy implications?*	**Maternal and infants deaths are zero and these reflected an improve health system. Addressing NCD risk factors especially tobacco control is good policy decision with wide health sector gains. Public health actions needs to be strengthened to capitalise on this policy provision for NCD control.**
9. *What were the challenges to the Health sector in implementing the Strategy?*	**Formulation of Business Plans including annual reviews and monitoring are ongoing challenges. Implementation structure especially for Public Health needs streamlining.**
10. *What are proposed policy options going forward?*	**Structural reform policy towards strengthening the role and function of Public Health, HIS and Planning Unit will need be considered in future strategies.**

7 Discussions

As a 5 year plan, the health strategy was not without its implementation and ownership challenges at the time of evaluation. Changes of staffs at the management and supervisory levels affected continuity of some activities implementation during the years. However, it is noted that most staff have a copy of the health strategy and knew by heart the health strategy's Vision, Mission and Values. The MOH vision statement is also displayed clearly in key office and public entry area of health facilities.

Sector wide support for the health agenda is evident within Government Ministries with Education and Internal Affairs referred to here as examples. The Ministry of Education apart from supporting school health visits has been instrumental in the establishment of the tertiary Nursing and Health Faculty through CITTI. Establishment of this training programme had resulted in the MOH meeting its targets for nursing education in the NHSP. Separately the Ministry of Internal Affairs supports the MOH in the areas of health care for the elderly and those needing rehabilitation care. It has established social policies to safeguard lives of the elderly, people with disabilities, vulnerable children, young people and their families.

The role of NGO complementing health care service is very significant in the Cook Islands. The Child Welfare Association facilitated and support the MOH in services for maternal and child welfare clinics especially immunization and nutrition monitoring. The Family Welfare Association primarily provides clinical services for family planning, HIV Prevention and STI treatment apart from its support in screening programme for breast and cervical and other gynecological disorders. The NGO Te Kainga works closely with MOH in community mental health services. Civil society such as the Red Cross provides assistance during disaster situations and regularly for blood donation services to the MOH.

Monitoring and reporting for the NHSP is conducted during Business Plan formulation and evaluation sessions. Separately the health department managers and supervisors provide their routine monthly reports to the Health Information Unit through the MedTech 4 information system. This reporting system has standard items and indicators which managers provide input and data to. It must be mentioned however that most indicators listed in the NHSP are not rightfully captured in the MedTech 4 system as they represent a variety of process, outcome and impact indicators. Moreover, the MOH had developed a core set of 20 health indicators that it uses for monitoring. These 20 indicators are included and could be obtained from the MedTech 4 system. Monitoring of NHSP implementation therefore should be a parallel process and structured into the role and responsibility of the Health Planning Unit of the MOH.

Wide consultation undertaken during the NHSP evaluation and later workshops conducted with multi-sectoral participation are good processes demonstrating accountability and openness of the MOH to receive constructive criticism, accolades and advice in its role as the custodian of the national health care services in Cook Islands.

8 Conclusions / Recommendations

The evaluation exercise determined the following key findings;

a. Activities of the Ministry of Health for 2012-2016 covered a lot more areas and interventions both in patient care services and in health systems strengthening than as outlined by the NHSHP.

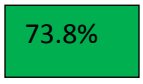
b. The Business Plans of the Ministry, reported generally on works (achievements and challenges) for the past years including proposed activities for the prevailing year. Not all yearly Business Plans were sighted during the evaluation exercise and it is recommended that these be formulated and available for health programme evaluation purposes.

c. Health indicators identified in the NHSP vary from Processes to Impacts. It is recommended that Process Indicators be assigned to Business Plans and that Outcome and where relevant, Impact Indicators be identified with NHSP.

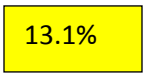
d. The M&E framework was not clearly stated in the NHSP and should be improved upon in future health strategies.

e. The role, facilitation and contribution of NGOs and other government ministries are significance to the health service and should be recognized in future national health strategies.

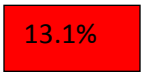
f. Using traffic lights as indicative of the achievement or constraints against the set benchmarks, the following tabulation represent the final evaluation results of the target indicators.



Green: fully achieved



Yellow: ongoing (partially achieved)



Red: unachieved

g. Te Marae Ora should be congratulated for its work in health care and health service as its work is also open to public scrutiny and technical assessment.

9 Annexes

9.1 Crown Beach Review Meeting

Participants to the Crown Beach Review Meeting

Dr Zaw Aung, Dr. May, Roana Silatolu- Mataitini, Valentino Wichman, Rangi Tairi, Teariki Puni,Minister Nandi Glassie, WHO Dr. Park, Dr. Baoping, SPC Sunia Soakai, Dr. Myo Min, Tai Topa, Tata Vaeau, Charlie Ave, Helen Sinclair, Clemency Goldie, Douglas Tou, Rufina Tutai, Mary Mcmanus, Ngakiri Teaea, Adam Bedouin, Ringi Tumutoa, Temarama Anguna, Claytoncy Taurarii, Edwina Tangaroa, Maina Tairi, Elizabeth Iro, Tearoa Iorangi, Stella Neale, Danny Areai, Haumata Hosking, Pa Tauakume, Barbara (infection control), Andrew Orange, Charlie Numanga, Dr Lepani Waqatakirewa.

9.2 NHSP Review Programme

Date	Meeting	Notes
Monday 12 September	8am-10am	Meeting with Valentino and Roana.
10-11	Maina Tairi-Tobacco focal point	Tupapa
11-12	Ngakiri Teaea-chief nursing officer and Dr Baoping	Tupapa
12-1	Tangata Vaeau- Health protection manager	Tupapa
1-2	SoH and Dr.Lepani	Tupapa
2-3	INTAFF-gender, disability, Youth, Welfare child and family	INTAFF-Tupapa
3-4	Tearoa Iorangi- HIU Manager	Tupapa
4-4.30	Dr. Neti Tamarua CHS Director	Tupapa
5pm-5.20pm	Meet with All Members of Cook Islands Parliament to capture their visions for health.	Tentative time as their sessions usually adjourn at 5pm. (only chance to talk to them while Dr Lepani in country).
Tuesday 13 September	8am-5pm	Individual stakeholder meetings
8.30-9	Meeting with Minister of Health, WHO, SPC	Tupapa
9-10	Haumata Hosking/Douglas Tou	Meet with MOH PHMM Task Force
10-11	Pa Tauakume- Reception Manager/Stella Neale	
11-12	Karen Tairea- health promotion manager/ biomed	
12-1	CMO Dr.Voi Solomoni	Lunch with Baoping at the nursing school
1-2	Andrew Orange –pharmacy manager	
2-3	Rangi Tairi- HSV coordinator	
3-4	Dr May Aung-	
4-5		
7pm dinner at Tamarind Restaurant		
Wednesday 14 September	8pm-4pm	Meet outside stakeholders All MoH managers will not be available on this day as there is a HSV workshop
8-9		
9-10	OPM-Petero	
10-11		
11-12	Mary McManus-Nursing School	
12-1	Crown beach working with Ana and team on program for Thursday.	
1-2		
2-3	Meeting with Dr Park	
3-4	Vaine- Penrhyn and NCW	
Thursday 15th September	9am-3pm	Meeting with all MoH managers and directors and other invited stakeholders (Crown Beach).
Friday 16 September	Debrief with MoH and follow up meetings Infection control from 12pm onwards	All managers will be at the Infection control workshop