



Te Marae Ora
Ministry of Health
COOK ISLANDS

Primary Healthcare Development Strategy 2021

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Message from the Cook Islands Secretary for Health

The major challenges facing our health services in the Cook Islands is the epidemic in non-communicable diseases. At the same time, we must respond effectively to the emergence of new communicable diseases such as COVID-19. Our approach to dealing with these major challenges is focused on enhancing the delivery of primary healthcare services.

Mitigating the impact of communicable and non-communicable diseases requires behavioural change so that individuals, families and communities adopt and practise appropriate prevention measures. Primary healthcare services play an important role, working with communities to explain the health risks of these diseases and to support the lifestyle changes that will have an impact on the health and wellbeing of the people. In the Cook Islands, primary healthcare is the starting point for the delivery of health services. For most people, the primary healthcare centres are the entry point to our health system. These health centres are a part of the local communities and act as “hubs” around which the community accesses health services and contributes to delivering them.

This strategy has been prepared with the support of our partners to establish the way forward for further developing primary healthcare services in the Cook Islands. The Tupapa Primary Healthcare Centre in Avarua will be upgraded and will operate as a Health Facility of Excellence in primary healthcare. The Tupapa Primary Healthcare Centre will play a valuable role in supporting the other primary health centres on Rarotonga and across the Pa Enua to deliver high-quality primary healthcare services to their communities.

Te Marae Ora will continue to work with our partners to make sure that our primary healthcare services are adequately resourced with infrastructure, staff, equipment, and medical supplies. Quality health services do not come cheaply and we cannot afford to make poor investment decisions or to spend money on services that do not address our priority health issues.

I commend this strategy as the way forward for the ongoing development of primary healthcare services across the Cook Islands.

Introduction

The *Primary Healthcare Development Strategy* provides a framework for the provision and further development of primary healthcare services in Cook Islands. Te Marae Ora Ministry of Health Cook Islands ([Te Marae Ora], TMO) acknowledges that a clear strategy is needed to help guide future investment in primary healthcare and also to ensure that there is good alignment between primary healthcare services and other parts of the health and community services programmes.

A successful primary health programme will demonstrate close collaboration not only with secondary health services, but also with a range of groups and individuals in the community. Everybody has an interest in ensuring that the health system is working effectively. The strategy encourages stakeholders to work with the Ministry of Health to deliver essential health services across the Cook Islands that are in line with the vision of: *“All people living in the Cook Islands living healthier lives and achieving their aspirations.”*ⁱ

The strategy will ensure:

1. A consistent approach to the development and operation of primary healthcare services across the Cook Islands
2. Patient Referral Guidelines for the Cook Islands are implemented in a consistent and timely manner
3. Community engagement in the way primary healthcare services are planned and delivered for those communities.

The strategy provides guidance on the future development of primary healthcare services across the Cook Islands. The target audience for the strategy includes all parties involved in establishing and delivering primary healthcare services in the Cook Islands, including:

- **Government organisations and bodies** involved in health service management or provision, including the Ministry of Health and other national government departments
- **Community leaders**, including relevant elected officials at national government and local government levels
- **Health workers**, especially those employed at primary healthcare facilities
- **Churches** supporting the delivery of primary healthcare services
- **Private sector companies**, especially those seeking to support the delivery of primary healthcare services to the communities in which they operate
- **Development partners**, especially those funding the development of primary healthcare services
- **Non-government organisations and civil society organisations** that support the delivery of health services to the community.

The costs of upgrading health facility infrastructure is high, while the funds available are limited. Te Marae Ora is responsible for making recommendations to the government about how these resources should be allocated.

While health infrastructure is expensive, the operating costs of new health infrastructure are also high and have to be factored into the investment decisions. In particular, staffing costs are by far the largest component of the health budget, and the availability of health workers is limited. Good building design can help to enhance the operational efficiency of new infrastructure and support a more productive workforce.

Poor design can lead to inefficiency and may result in the failure of the health facility to deliver the level of service required.

The investment decision-making process should include:

1. Reviewing information and evidence about the major health issues facing the population and allocating scarce resources must always be based on clear evidence of the healthcare needs that will be addressed by any developments
2. Establishing priorities for activities and interventions to move forward and achieve Goal 7 of the *National Sustainable Development Plan 2016–2020*: Goal 7—Improving health and promoting healthy lifestyles
3. Ensuring there are adequate resources to fund the operation of any new services, and also adequate numbers of health workers in the appropriate cadres to deliver those services.

The *Primary Healthcare Development Strategy* is aligned with other policies and plans of Te Marae Ora. In particular, the *Cook Islands National Health Road Map (2017–2036)* and the *Cook Islands National Health Strategic Plan (2017–2021)*. These plans are, in turn, aligned to the *National Sustainable Development Plan for Cook Islands (2016–2020)*.

Key Result Area 2 under the *National Health Strategic Plan (2017–2021)* is to strengthen and improve community healthcare services under the principles of primary healthcare and the Healthy Islands conceptⁱⁱ. Key Result Area 2 encompasses the areas of environmental health, health promotion, family health, oral health, and mental health services.

These are the key areas of focus when planning the development of primary healthcare services. Key Result Area 5 under the *National Health Strategic Plan (2017–2021)* is specifically about the strengthening of the Pa Enea Health Services and providing opportunities for improved participation in the national health programme, especially in relation to primary healthcare and the Healthy Islands concept.

To meet the goals set for these Key Result Areas, TMO has worked with its partners to develop this strategy for how primary healthcare services should be developed across Cook Islands over the next five to ten years.

The aim is to develop the Tupapa Primary Healthcare Service as a Health Facility of Excellence in primary healthcare, and for it to operate as a hub, in a hub-and-spoke model, with the spokes being the primary care services that are provided by the Pa Enea and the

Puna Health Centres, as well as at the major hospital on Rarotonga and the Aitutaki Health Centre.

The strategy will be monitored and periodically reviewed by the Policy and Planning Unit at the TMO to ensure it is responsive to the changing demographics and health needs of the population, policy developments, medical and technological advancements, and available funding.

Te Marae Ora is responsible for ensuring that health facility infrastructure is developed in accordance with this strategy and that the appropriate Cook Islands health infrastructure and service delivery standards have been adopted.

Universal health coverage and Primary Healthcare

Universal health coverage simply means that everybody has timely access to the health services they need and that these services are of sufficient quality to be effective. Attaining health goals is dependent not only on actions within the health sector, but also on economic, social, cultural, and environmental factors.

For universal health coverage to be truly universal, a shift is needed from health systems designed around diseases and institutions towards health systems designed for people, with people. Primary healthcare requires action beyond the health sector to pursue a whole-of-government approach to health, including health-in-all-policies, a strong focus on equity, and interventions that encompass all stages of life.

Primary healthcare has three interrelated components:

1. Comprehensive integrated health services that embrace primary healthcare as well as public health goods and functions as central pieces
2. Multi-sectoral policies and actions to address the upstream and wider determinants of health
3. Engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health.

Primary healthcare addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental, and social health and wellbeing. It provides a holistic approach to healthcare for the issues that arise throughout a person's lifespan, not just for a set of specific diseases.

The ongoing risks posed by communicable diseases should not be understated. COVID-19 is a threat to the health and wellbeing of Cook Islanders and so is influenza, dengue, hepatitis and waterborne diseases. The top five infectious diseases reported in the Cook Islands between 2011 and 2015 were skin sepsis, gastroenteritis/diarrhea, pneumonia, bronchitis, influenza and viral illness. Most of the interventions required to address communicable diseases are delivered at the primary healthcare level. Primary healthcare provides the interface for health promotion, disease prevention, testing and diagnosis, contact tracing, treatment and provision of chronic care.

However, the main cause of morbidity and mortality for Cook Islanders is non-communicable diseases, especially diabetes, ischaemic heart disease, hypertension, and stroke. As indicated in the *Cook Islands National Health Strategic Plan 2017–2021*, and in the *Cook Islands National Strategy and Action Plan for Non-Communicable Diseases (2015–2019)* cardiovascular disease is the most prevalent non-communicable disease, with an average of over 200 cases per year from 2009 to 2015, followed by diabetes with an average of 100 new cases a year. In terms of risk factors in the adult population aged 18–64 years, the prevalence of obesity was 68.7% in 2014, hypertension was 28.5%, diabetes was 23.5% and elevated blood cholesterol was 46.5%.ⁱⁱⁱ

Non-communicable diseases are largely preventable, which means that the number of deaths can be significantly reduced. Effective prevention of non-communicable diseases is

possible through identification of the major common risk factors and preventing and controlling these risk factors.

The demand for services to address non-communicable disease in the Cook Islands is growing.^{iv} Metabolic syndrome and the increased risk of disability following stroke or lower limb amputation will increase demand for rehabilitation services. Prevention through the promotion of “healthy lifestyles” will reduce and delay pressure on health services.

Oncogenic treatments are also increasing in demand due to increases in consumption of unhealthy levels of alcohol and tobacco products; diets high in processed foods; and environmental pollutants, including the continued use of smoky cooking fires. Expectations of a better quality of life and better quality of health services will also drive demand for evidence-based health interventions in the domains of prevention, treatment, care, rehabilitation, and health maintenance.

Summary of the treatment and care of non-communicable diseases

- 1. Health promotion and education** to prevent disease, injury, and disability. Increased health literacy in the population leads to adoption of health maintenance activities for physical, relational, and emotional wellbeing.
- 2. Early detection and intervention** to prevent the progression of disease and disability. Cancers, diabetes, heart disease, renal failure, cirrhosis, and hypertension can be detected early through ‘well person health checks’; monitoring of Body Mass Index calculations; ECG and exercise stress testing; ultrasound-guided biopsies (breast and liver); as well as radiographic detection. Immunisation against chronic infections with the Hepatitis B virus (HBV) and high-risk Human papillomaviruses (HPVs) provide valuable protection against liver cancer and cervical cancer respectively.
- 3. Access to emergency care** response for cardiac arrest, hypoglycaemia, accidents requiring resuscitation and surgery, acute psychosis, or suicidal ideation.
- 4. Ongoing care for glycaemic monitoring and control;** hypertension monitoring and control; diabetic foot care; oral and eye care; patient education for all chronic diseases, including nutritional advice, exercise and reduction in harmful use of alcohol and tobacco; establish peer support groups for specific conditions; establish a recall system for annual medical reviews.
- 5. Rehabilitation services** to promote restoration of functions and independence in activities of daily living, prevent progression to disability, and promote wellbeing for all at all ages. Provide services for developmental disability, congenital birth defects, post-trauma recovery, post-operative recovery, post-delivery recovery, post-cardiac arrest recovery and post-stroke recovery.
- 6. Women’s and men’s specific health needs** through the life course; menarche and menopause; early detection and management of oncogenic changes (breast, cervix, testicles, prostate, anus); parenting skills development; medical interventions for sexual dysfunctions; and relationship education and therapeutic discussions to improve wellbeing for peaceful homes and communities where children, people with disabilities and the elderly can live in safety and dignity.

A model of care for the Cook Islands

A model of care is focused on improving patient care throughout the health system. Coverage needs to extend from self-care management, prevention and promotion, early detection and intervention, to integration and continuity of care.

Te Marae Ora will strive to deliver health services influenced by policy (as outlined in the *Cook Islands National Health Strategic Plan 2017–2021*), planning and strategy, and resource parameters. However, there are challenges that must be met to ensure that all Cook Islanders have access to safe and quality healthcare. These challenges include the increasing demands for health services, cultural requirements, constraints on resources; workforce shortages; and increased expectations.

Quality standards provide direction and guidance for delivering safe, quality healthcare. They specify key principles and practices necessary for effective monitoring, managing and improving health services, and are applicable to health services of all sizes and types.

The *National Health Strategic Plan 2017–2021* identifies a number of areas for improvement:

- **Non-communicable diseases.** Cardiovascular diseases, diabetes and related complications are the major causes of morbidity and mortality in the Cook Islands. Rheumatic heart disease and mental illnesses are also targeted for better diagnosis and management. Chronic renal disease, mostly due to diabetes, is also a growing concern. Smoking and over-weight patients/obesity are the most common preventable risk factors for non-communicable diseases.
- **Public health.** The *Public Health Act 2004* is proposed for revision. Apart from ensuring that appropriate regulations are issued for the act, enforcement of the legislation requires strengthening. Family planning acceptance and uptake are targeted for improvement, together with safe motherhood initiatives such as breastfeeding, maternal nutrition, and promotion of the Baby Friendly Hospital Initiative. Targets for adolescent health are also emphasised, especially in relation to reproductive health and teenage pregnancies.
- **Human resource development.** The Cook Islands have 1.47 doctors per 1,000 population. The *Cook Islands Health Workforce Plan (2016–2025)* highlights the need for continuing medical education for all cadres of the health workforce. The focus of staff development should be on expanding the number of specialists in most disciplines, building the nurse practitioner workforce on all islands, and increasing the nursing, dental and allied health workforce. The re-establishment of the Cook Islands Nursing School provides an avenue for meeting the nursing workforce requirement for the Cook Islands. Upskilling and training nurses to degree level and training of nurse practitioners are in the future plans for the Cook Islands Nursing School.
- **Improved diagnostic capability.** The medical laboratory at Rarotonga Hospital is to build up to a standard for International Organization for Standardisation (ISO) recognition. Improved laboratory capabilities will reduce expensive overseas laboratory test requests. Similarly, the radiology department plans to introduce advanced diagnostic capabilities: Computed Tomography (CT) scans, ultrasounds and echocardiograms. These capabilities will greatly boost early diagnosis and early intervention.

A model of care is a population-based method of planning and delivering care that relies on knowing which patients have the illnesses, assuring that they receive evidence-based care and actively aiding them to participate in their own care. A good model of care leads towards improved health outcomes.”^v

The Hub-and-Spoke Model for Delivery of Primary Healthcare

As part of the COVID-19 response for the Cook Islands, a number of changes were made to the way that primary healthcare services are delivered, particularly in Rarotonga. Nine additional Puna Health Centres (Community Health Centres (CHCs)) were established in Rarotonga. Five of these health centres include capacity to deliver primary oral healthcare. These new health centres are in addition to the existing Pa Enea Health Centres.

This *Primary Healthcare Development Strategy* proposes that:

- a. Tupapa Primary Healthcare Service is developed as a Health Facility of Excellence and that it is responsible for co-ordinating primary healthcare services for the Puna Health Centres, as well as for the Pa Enea Health Centres
- b. Aitutaki Health Centre is developed as a Health Facility of Excellence for primary healthcare as well as continuing its role in the delivery of some secondary-level healthcare services
- c. the number of Puna Health Centres on Rarotonga is reduced from ten health centres to four health centres
- d. Pa Enea Health Centres be maintained and developed to enable them to deliver primary healthcare services to these remote populations.

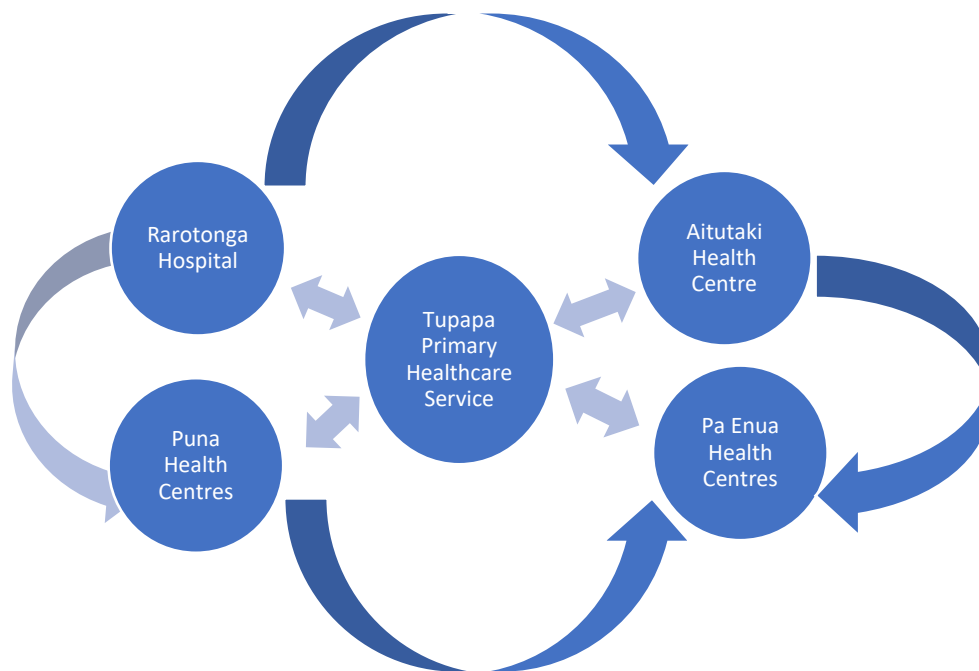


Figure 1: Hub-and-spoke model for delivery of primary healthcare in the Cook Islands

The hub-and-spoke model for delivery of primary healthcare, as shown in Figure 1, arranges service delivery assets into a network consisting of an anchor establishment (the hub),

which offers a full array of services, complemented by secondary establishments (the spokes), which offer more limited options, routing patients needing more intensive services to the hub for treatment. The hub-and-spoke model provides a healthcare network consisting of a main campus and several satellite campuses. It is more efficient than models that replicate operations across multiple sites. Hub-and-spoke networks are highly scalable, with satellites being added as needed or desired.

Rarotonga Hospital is the principal curative health facility for Cook Islands. The clinical departments and services include surgery, internal medicine, paediatrics, ophthalmology, obstetrics and gynaecology, anaesthesia, and a high dependency unit. Allied health services include radiology, laboratory, pharmacy, physiotherapy, and ambulance services.

Aitutaki Health Centre caters for primary healthcare and some secondary healthcare. Clinical departments and services include general outpatients, as well as inpatient wards for adult, paediatric and maternity patients. There is limited diagnostic support (only x-ray and laboratory), but there is dental and ambulance capability and a fully functioning pharmacy. Staffing at Aitutaki includes one general medical officer, as well as general nursing staff, a public health nurse, and health protection officers. Aitutaki Health Centre provides low-complexity secondary care within the capacity of general practitioner care. Patients requiring higher-level care are transferred to Rarotonga Hospital.

Tupapa Primary Healthcare Service is to be developed as a Health Facility of Excellence for primary healthcare services. Services include outpatients, maternal child health, family planning, rheumatic heart disease, mental health and a non-communicable diseases clinic. Counselling services are provided for nutrition, tobacco use, and family health (children, youth, men and women).

Dental services are located within the Tupapa Primary Healthcare Service. Dental clinical services include the diagnosis of oral diseases and the delivery of a broad range of oral healthcare. The public health arm of the service deals with the preventative aspect of oral care in schools and the wider community.

Pa Enea Health Centres provide basic services in primary healthcare. Patients with serious or complicated medical conditions are transferred to Rarotonga Hospital. There are ten Pa Enea Health Centres; they are located at: Rakahaga, Manihiki, Penrhyn, Nassau, Mauke, Palmerston, Mitiaro, Mangaia, Atiu and Pukapuka. Each health centre has a nurse practitioner or registered nurse onsite during normal working hours and on call 24/7. All Pa Enea Health Centres have a catchment population of less than 500 people, and some centres have a catchment of less than 100 people. There is a resident medical officer at Pukapuka and there are dental therapists working at some of the other facilities.

The Puna Health Centres were established on Rarotonga as part of the response to the COVID-19 pandemic to provide primary healthcare services closer to people's homes and to reduce the need for people to come to Tupapa Primary Healthcare Service or to Rarotonga Hospital. A total of nine new health centres were established in locations agreed by the local communities. The number of Puna Health Centres will be reduced to four to ease the pressure of staffing these facilities. The remaining facilities will be staffed by a nurse

practitioner or registered nurse and will be open during normal working hours. The service will include basic oral healthcare as part of the suite of primary healthcare services.

Service Delivery Principles in Primary Care

Seven service delivery principles form the core of this *Primary Healthcare Development Strategy* and govern the development and operation of primary healthcare facilities across the Cook Islands:

1. Primary healthcare services deliver health services in line with their delineated role
2. Primary healthcare services are developed according to agreed design standards
3. Primary healthcare services provide quality healthcare to their communities
4. Primary healthcare Infrastructure is constructed according to the relevant laws
5. Primary healthcare services act as a hub for the delivery of health services in the community
6. Primary healthcare services are implementing the Patient Referral Policy for the Cook Islands in a consistent and timely manner
7. Primary healthcare services are governed effectively

1. Primary healthcare services deliver health services in line with their delineated role

Role delineation provides a framework that describes the minimum support services, workforce and other requirements that are needed so that health services can be delivered safely and in accordance with established standards. It provides a standard set of capability requirements for health service delivery, including the availability of skilled staff, infrastructure, equipment, and essential medicines. A key aspect of role delineation is the role delineation matrix, which is a statement focusing on the healthcare service capabilities that are required for the delivery of particular services.

Delineation of health services is required because health facilities should not deliver services that are beyond their capacity to deliver safely. The range of services that can be provided at each primary healthcare facility is designated by specifying the minimum requirements for the safe delivery of quality services.

Primary healthcare services are set within a community or village, and they aim to strengthen public health and primary healthcare through engagement with their communities. They are the entry point into the formal healthcare system and operate as a hub for primary healthcare in their community. Primary healthcare services have a strong focus on health prevention and on public health activities, including outreach, awareness campaigns, and health promotion activities.

For example, a primary healthcare facility in the Pa Enea, which does not have the qualified staff or the facilities available for supervised delivery, will still have a role to play in supporting a mother through her pregnancy and with postnatal care. This may include:

- Routine antenatal care
- Early assessment and referral for at risk pregnancies
- Screening and management of emergency deliveries and emergency complications
- Support for early bookings to work out gestational age and estimated due date
- Antenatal screening and nutritional education
- Provision of folate supplement within first trimester
- Support and safe referral
- Unexpected delivery (uncomplicated), provide safe childbirth delivery care for uncomplicated deliveries, early referral and lifesaving emergency obstetric and newborn care
- Prevention of gender-based violence
- Documenting history and reporting any maternal deaths either at the health facility or from catchment communities.

2. Primary healthcare services are developed according to agreed design standards

A primary healthcare service must be built to certain design specifications and outfitted with appropriate amenities, fittings, and equipment. The *Australasian Health Facility Design Guidelines*^{vi}, which have been adopted by all Australian states and by the Ministry of Health in New Zealand, will be used as a benchmark when assessing plans for health infrastructure development..

Information about the guidelines is available online^{vii}. E-copies of room data sheets and room layout sheets can be found at the Health Facility Briefing System website^{viii} and an editable version is available for a fee.

Compliance with these standards for health projects may result in additional capital costs for some projects, but the outcome will be the provision of more appropriate, robust, and efficient facilities from which to provide health services.

All healthcare facilities must, however, provide comfort, privacy and dignity for clients of the health service through:

- Discrete triage stations for the interview and assessment of clients
- Acoustically insulated consultation, examination, and treatment rooms
- Sufficient discrete and separate ablution facilities for patients and staff
- Discrete access to specific clinics
- Fully accessible facilities for disabled clients
- Generous outdoor waiting and gathering areas for clients, guardians and extended families
- Signage in English and in Cook Islands Maori.

Health facilities must also provide a clinically safe environment for clients and a safe workplace for staff. This will be achieved by:

- Ensuring medical equipment is installed and maintained consistent with the delineated role of the facility
- Ensuring that adequate facilities are provided to control the spread of infection
- Installing electrical reticulation, ventilation and engineering systems that ensure patient safety
- Ensuring all buildings are constructed in accordance with the *Building Code of the Cook Islands*^{ix}
- Ensuring that fire prevention, containment and control equipment is installed consistent with relevant Cook Islands legislation^x
- Providing amenities for staff that are consistent with relevant industrial legislation^{xi}
- Providing duress alarms and physical security barriers in areas where staff may be threatened by aggressive clients or where assets are stored or handled that might attract criminal activity
- Discrete use of security surveillance infrastructure and technology to assure security for personnel and assets.

There is a range of outpatient services where the scope of practice can overlap unless clarity is provided from the outset. Ensuring continuity of care for clients, particularly the

chronically ill, is paramount and wasteful duplication of effort and facilities must be avoided if limited resources are to be used efficiently. For example, clarification of the role and hours of general outpatient services , specialist clinics and specialised outpatient services (for example sexually transmitted infection clinics, tuberculosis clinics, and maternal and child health clinics etc.) is essential before design briefing starts.

Constructing permanent buildings in the remote areas of the Cook Islands is logistically challenging and costly. The logistical issues associated with delivering building materials to site can be significant. Furthermore, experienced and competent tradespersons are difficult to source and may be reluctant to work in such areas.

Some parts of the Cook Islands are subject to termite infestation and there is generally no fire-fighting capacity available in the rural areas. These factors contribute to extended construction periods and costs and must be considered when designing buildings and specifying building materials.

Wherever practical and economically feasible, buildings should be constructed of materials which provide termite resistance and have a low-flammability rating. Provision should be made for capturing and reticulating rainwater and for onsite generation of electricity.

Design should include electricity and water saving methods and technologies. Wherever possible, all plumbing and drainage systems should be located on external walls to facilitate maintenance.

Solar power systems can be successfully used for lighting and operation of small appliances and two-way radios in rural areas and solar-generated hot water is a preferable alternative to gas or electrically powered hot water systems. Optimal use should be made of natural ventilation and lighting through the use of louvered windows, skylights and ceiling ventilation systems.

3. Primary healthcare services provide quality healthcare to their communities

Quality of care has been defined as the “degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”. Primary care research has highlighted six characteristics of high-performing primary care systems: act as first contact and be comprehensive, coordinated, people-centred, continuous and accessible^{xii}.

The three interrelated pillars of primary healthcare are:

- a. Empowered people and engaged communities
- b. Multisectoral action for health
- c. Health services that prioritise delivery of high-quality primary care and essential public health functions.

Service users and communities need to play an active role in the planning and delivery of health services to ensure local needs are met. People are central to primary healthcare. Access to quality healthcare is a right and people need to be supported to manage their own long-term conditions.

Primary healthcare workers must embrace a practice philosophy of teamwork, with patients as partners in the delivery of care. An integrated collaborative approach is needed to have a demonstrable effect on the quality of primary healthcare.

The key interventions for improving quality are:

- a. Reducing harm
- b. Improving clinical care
- c. Engaging and empowering the patient, family and community.

High-quality primary healthcare incorporates two aspects of health services—primary care and essential public health functions—that are linked and mutually reinforcing. Primary health services are the first contact people have with the health system, and they should build trust with individuals and provide continuous and coordinated care that is people-centred and comprehensive.

The function of primary healthcare is to coordinate the care of people and their many health needs over their life course and across the continuum of care (from health promotion and disease prevention to treatment, rehabilitation and palliative care) in primary care facilities and communities, and for both individuals and populations. Primary healthcare aims to improve health outcomes through health services that are integrated, coordinated and respond to individual and population-level health needs.

Collaboration and coordination with multiple sectors within and beyond health is particularly important to achieving positive health outcomes. For primary healthcare to be effective, people need to be empowered and engaged in the planning, implementation and evaluation of health services. Engagement of people and communities should be embedded at all levels: from system planning and governance through to full participation in clinical decisions and population health measures.

4. Primary healthcare Infrastructure is constructed according to the relevant laws

A revised edition of the *Cook Islands Building Code* was released in 2019.^{xiii} The code applies to all buildings in the Cook Islands, including public buildings. Health facilities are Class 9a buildings under the code.

The *Cook Islands Building Code* is accompanied by the *Cook Islands Building Manual*, which contains practical details for some aspects of new structures which, if implemented, will be deemed to comply with the *Cook Islands Building Code* requirements. For example, the code includes provisions for all new buildings and for major building upgrades to be designed to withstand cyclonic winds.

Both the code and the manual are available via the Infrastructure Cook Islands' website. A Building Consent or Building Permit is required for all new buildings and significant alterations (as determined by the Building Controller) to existing ones. The application for a Building Consent is to be made to the Building Controller at Infrastructure Cook Islands, who will co-ordinate the responses from related agencies.

A majority of the standards referenced are the latest versions of the appropriate New Zealand Standards, reflecting that the major source of materials and specialist skills continues to be from New Zealand.

The design wind speeds for buildings of Normal Importance are based on a Category 3 cyclone. Temporary roof tie-down details for cyclones are those currently recommended by the Red Cross, and their recommendations have been adopted.

Attention is drawn to a number of land-use planning requirements and considerations introduced in response to concerns raised in public consultation sessions.

These include:

- set-backs from boundaries
- car parking
- access for emergency vehicles
- minimum building platform heights (mitigation of the risk of future sea-level rise)
- storm water management

5. Primary healthcare services act as a hub for the delivery of health services in the community

Primary healthcare services will improve the interface between the community and formal health services, ensuring that the community knows how to access the appropriate level of care, as well as equipping them with the necessary skills and knowledge to better take responsibility for their own health. Primary healthcare services will act as hubs around which the community accesses health services and contribute to delivering them.

The primary healthcare services will be important community 'hubs' because they are where:

- advocacy, community awareness and public health campaigns are delivered
- the public can seek information on health-related issues
- outreach programmes originate and are managed from
- maternal and child health services are available
- sexual and reproductive health services are accessible for all.

Where possible, primary healthcare services staff will cooperate with other government and non-government agencies active in the community. Staff working in primary healthcare settings must develop strong links with these other groups, and ideally the primary healthcare service will be co-located with schools, churches, markets and other services operating in the community.

In this way, the health workers are fully engaged in the community they serve and are well placed to take a lead role in educating the people about the issues that affect their health, and also encourage them to advocate effectively on public health matters including clean air, water supply, food standards, and sanitation.

People in the community are also more likely to attend a primary healthcare facility if they already have a good relationship with the staff. The key issues, especially in small communities, include confidentiality and professionalism. People in the community will seek health advice and treatment if they have confidence that they will be treated respectfully by a qualified and experienced health worker who understands their health concerns and has the knowledge and resources to respond effectively.

6. Primary healthcare services are implementing the Patient Referral Policy for the Cook Islands in a consistent and timely manner

A decision to refer a patient from one level of care to the next appropriate level of care is based on a clinical assessment of a patient's need for care and treatment. Implementing the Patient Referral Policy for the Cook Islands in a consistent and timely manner will promote a professional and ethical approach to patient management, cost-effective use of scarce health service resources, and strengthen the lines of communication between clinicians at each level of care.

Te Marae Ora is currently reviewing the Patient Referral Policy, which was adopted in 2015^{xiv xv}. The policy provides objectives and guidelines for patient transfers within the Cook Islands and for the overseas referral system in accordance with the *Ministry of Health Act* (2013).

The objectives of the Patient Referral Policy are to:

1. Provide a comprehensive, high quality, and responsive patient referral systems by:
 - Establishing clear terms of reference for the functions of the Patient Referral Committee
 - Periodically updating clinical guidelines, eligibility criteria and standard forms for transferring patients within the Cook Islands and to public hospitals in New Zealand
2. Provide regular clinical audits and patient satisfaction surveys to guide improvements in the Patient Referral System.

Patients who require referral should receive timely and appropriate assessment, care, treatment, and referral from qualified and experienced primary care staff at the initiating health facility. Where possible, the patient should be stabilised for transportation. Timeliness of referral is key to preventing mortality in severely ill patients. Patient transport services need to be accessible if the referral system is to be successful.

An effective referral system will ensure that close relationships between all levels of the health system are maintained and will assist people to receive the best possible care closest to home. An effective referral system also assists in making cost-effective use of hospitals and primary healthcare services.

7. Primary healthcare services are governed effectively

Te Marae Ora has a Community Advisory Group who meet quarterly to advise the ministry on their views and provide feedback on health service design and delivery. The ministry will work with this group to keep Puna (District) representatives and communities engaged. The voice of communities will be heard, and they will be well informed about the plans for development of primary healthcare facilities.

Governance arrangements for primary healthcare services vary depending on the needs of the local community. Nonetheless, as far as possible, each primary healthcare service should have its own facility consultative committee to improve community involvement and ownership.

Committees are established to provide an opportunity for the communities served by a primary healthcare facility to have a say in the operation of the service and to assist the staff to deliver health services that are responsive to the needs of the community.

Community participation in the operation of a health facility is recognised internationally as a means of enhancing the accountability of the service, and of improving performance in terms of coverage, access and effective utilisation.

The key roles of the committee are to:

- Mobilise the community to support the operation of the primary healthcare facility
- Increase community interest in the health planning process
- Work with health staff to coordinate and monitor the implementation of health programmes
- Identify issues and come up with local solutions
- Advocate for better health awareness.

The committees are consultative committees and not management committees. They do not have the authority to hire and fire staff: the staff of the health facility are public servants employed by the Ministry of Health.

Conclusion

The planned development of primary healthcare services provides the potential to achieve significant improvement in health outcomes for people living in the Cook Islands. A strong network of primary healthcare facilities across the nation with adequate numbers of skilled staff and reliable stocks of essential drugs and supplies will ensure that all Cook Islanders have good access to essential primary healthcare services. The Patient Referral Policy is intended to ensure that all Cook Islanders also have good access to secondary -and tertiary-level services, regardless of where they live in the Cook Islands.

Cook Islanders are facing an epidemic of non-communicable diseases, as is outlined in the *National Strategy and Action Plan for Non-Communicable Diseases*. At the same time health services must be prepared to respond effectively to the emergence of new Communicable Diseases such as Covid 19. The planned development of Primary Healthcare Services across Cook Islands is the way forward for the Ministry of Health in dealing with these major challenges.

This strategy document has outlined the main areas of focus for developing a strong network of primary healthcare facilities to serve all of the Cook Islands. These are:

1. Establish a clear role delineation for health facilities so that minimum capacity requirements are in place to ensure that health services can be safely delivered in accordance with established standards.
2. Use standard design guidelines to inform the future development of primary healthcare facilities.
3. Ensure health facilities are providing quality primary healthcare services, supported by regular supervision and strong community engagement.
4. Construct healthcare facilities in accordance with the *Cook Islands Building Code (2019)*.
5. Allow primary healthcare services to act as hubs around which the community accesses health services and contributes to delivering them.
6. Train staff to implement the *Patient Referral Guidelines for Cook Islands* in a consistent and timely manner.
7. Put systems in place for effective governance of primary healthcare services, including the encouragement of community participation and engagement.

The way forward for primary healthcare development in Cook Islands is clear. The existing network of primary health facilities are well placed to deliver quality services. The hub-and-spoke model for the delivery of primary healthcare will support the further expansion of the range of services that can be delivered in remote locations and also promote improvements in service delivery by ensuring that all health workers involved in the delivery of primary healthcare have experienced the high standards that will be promoted at the Health Facility of Excellence in Tupapa.

References

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- ⁱⁱ World Health Organization, 2013. *Framework of Action for Revitalization of Healthy Islands in the Pacific*
- ⁱⁱⁱ Te Marae Ora Ministry of Health for Cook Islands in collaboration with World Health Organisation Western Pacific Region, 2015 *Cook Islands Non-Communicable Diseases Risk Factors STEPS REPORT (2013–2015)*
- ^{iv} *Cook Islands National Strategy and Action Plan for Non-Communicable Diseases (2015–2019)*
- ^v Western Australian Department of Health, 2008. *Adapted Model of Care, Western Australia Strategic Plan for Safety and Quality in Healthcare*, Government of Western Australia.
- ^{vi} The Australasian Health Facility Design Guidelines Website [Home | AusHFG \(healthfacilityguidelines.com.au\)](https://healthfacilityguidelines.com.au)
- ^{vii} The Australasian Health Facility Design Guidelines Website [Home | AusHFG \(healthfacilityguidelines.com.au\)](https://healthfacilityguidelines.com.au)
- ^{viii} Health Facility Briefing System Website www.healthdesign.com.au
- ^{ix} [Cook Islands Building Code 2019 | Pacific Regional Infrastructure Facility \(PRIF\) \(theprif.org\)](https://theprif.org)
- ^x The *Strategic Roadmap for Emergency Management in Cook Islands (2018–2023)* acknowledges the critical need for strengthening the current Fire Service. The service is heavily dependent on the Airport Fire Service. There is a need for a Fire Act for Cook Islands and for the formal establishment of a National Fire Service. The service will need to be allocated the resources it needs in order to meet regional standards. The Secretariat of the Pacific Community (SPC) and partners have established an emergency management competency framework to complement the existing *Australasian Fire and Emergency Service Framework*. A copy of the Australasian framework is available at their website [AFAC | Home](https://afac.org.au)
- ^{xi} According to the *Cook Islands Public Service Manual (2018)*, agencies are required to establish and maintain a safe and healthy work environment for employees, contractors and visitors. This means that agencies must eliminate (or where this is not practicable they must reduce) health and safety risks. Heads of agencies, employees and contractors must also take responsibility for their own safety and the safety of others in the work environment. Full details, including specific responsibilities of heads of agencies, employees and

contractors, are covered in the *Cook Islands Government Occupational Health and Safety Policy* and a range of legislation including the: (a) *Public Service Act* (2009); (b) *Employment*

Relations Act (2012); (c) *Employers' Liability Ordinance* (1964); (d) *Workers' Compensation Ordinance* (1964); (e) *Disaster Risk Management Act* (2007); (f) *Public Health Act* (2004); and the (g) *Dangerous Goods Act* (1984).

^{xii} World Health Organization, 2018. *Quality in Primary Healthcare*.

^{xiii} [Cook Islands Building Code 2019 | Pacific Regional Infrastructure Facility \(PRIF\) \(theprif.org\)](http://theprif.org)

^{xiv} Te Marae Ora, Ministry of Health, Cook Islands, 2015. *Patient Referral Policy*.

^{xv} Te Marae Ora, Ministry of Health, Cook Islands, 2019. *Patient Referral Policy (Draft)*.