

# Chapter 4

## Delivery of Social Services

### 4.1 Introduction

The services that contribute to vital differences in living conditions are education, health, and welfare; basic infrastructure services such as electricity, water, sanitation, and waste management; services that provide basic opportunities for economic activity, such as transport, communication, and banking services; and various government programs relating to housing, youth, and gender.

Providing services is inevitably expensive in small, highly dispersed island countries, but the Cook Islands has overcome the cost disadvantages and has achieved higher living standards for its outer island communities than have neighboring Pacific island countries. Yet the quality of service generally remains below community expectations, on both the outer islands and Rarotonga. The quality of services is to some extent subjective, gauged by users as relative to the highest standard of services available at the center, be it perceived as Rarotonga, New Zealand, or Australia.

Service providers generally aspire to meet New Zealand standards. Many Cook Islanders have spent time in New Zealand. They are familiar with New Zealand systems and institutions. Few have had a similar experience with other Pacific island countries or believe there is any good reason to be compared with them. Hence, both the community and service providers pursue substantial improvements in the quality of services.

**The Cook  
Islands  
community  
aspires to  
international  
standards, as  
do the service  
providers**

Service quality is not simply a function of the resources spent on them. Service levels are interlinked with the demographic fortunes of small communities and their political and economic situation. Important issues are factors that affect the level of demand (for example, the rising incidence of chronic diseases increases demand for more expensive forms of health care), aspects of organization and management within each sector, the capacity of the community to meet some costs of providing the services, and the value placed on services by the community and the institutions that assume responsibility for them.<sup>30</sup> For example, if the responsibility for service provision is seen to belong solely to the central Government, standards are more difficult and expensive to maintain than if the local community assumes part of this task. The political situation plays an important role concerning whether citizens can hold policymakers accountable for public services that benefit the disadvantaged, or whether policymakers make a point of truly addressing the needs of the disadvantaged.<sup>31</sup>

## 4.2 Decentralizing Service Delivery

**Government provides most services**

Almost all social services are provided by the central Government or by public enterprises, with significant contributions from community-based organizations or nongovernment organizations (NGOs) (Table 4.1). The main social services are the responsibility of ministries of Health, Education, Internal Affairs, and Social Services. Governments of the outer islands are mainly responsible for managing basic infrastructure services, in theory with direction from the Ministry of Works (MOW).

**Decentralization was a core reform policy, but the confusion surrounding it leaves outer**

A key component of the mid-1990s reform was to be the transfer from the center to the periphery of formal authority to decide and implement decisions. At the time and several years thereafter, this transfer was considered critical to the

30 Rodgers et al. (2003) discuss these issues in a Pacific island context.

31 World Bank. 2004, p. 7.

sustainability of the country. Specifically, the Government was to devolve some key resource management and public administrative control to island councils and provide a fully functional and effective form of self-government for each island, with clear and open lines of responsibility and communications with the restructured central Government in Rarotonga.

**islands less empowered**

**Table 4.1: Service-Providing Agencies and Organizations in the Cook Islands**

Sector	Government agencies	Nongovernment organizations
Education	Ministry of Education	Churches
	Department of National Human Resource Development	Community organizations
Health	Ministry of Health	Red Cross, Pacific Islands AIDS Foundation
Welfare	Ministry of Internal Affairs	Punanga Tauturu (Cook Islands Women's Counseling Centre), Free Crisis Counseling
Basic infrastructure	Ministry of Works	Island councils

Source: Ministry of Finance and Economic Management

The balance of power between central and island governments has a significant effect on the quality of island services. Generally, the quality of services is higher, or at least people are more satisfied with them, when they believe their opinion counts.<sup>32</sup> With the balance of power in question, people often feel apathetic or dissatisfied about their situation and are effectively disenfranchised from the process of development.

In practice, confusion over decentralization has made it difficult for citizens to determine which elected representative is responsible for policy outcomes, and this bodes ill for transparency and accountability. The absence of effective outer island administrations frustrates efforts to improve services to those communities and imperils the wide range of projects aiming to improve their situation.<sup>33</sup>

**Attempts at devolution have a long history, but results have been hard to secure**

32 Footnote 30.

33 New Zealand's International Aid and Development Agency (NZAID). 2001.

The process of devolution had begun several decades earlier in an attempt to reduce disparities between the islands and stem population drift. The 1966 Local Government Act established island, district, and village councils and committees, and their autonomy was further increased in 1976. In 1987, the Outer Islands Local Government Act redefined the functions of the island councils to allow them to administer various ordinances and bylaws applicable to their islands, assist in coordinating social and economic development therein, and generally assist the national Government in governing. The Ministry of Outer Islands Development was established in 1994 as the vehicle through which phased decentralization could take place.

While most island people supported the principle of having more say in the running of their affairs through their elected leaders, it was evident from the outset that change would not be easy. A 1998 review found that, while mayors and island councilors were eager to assume their new responsibilities, they were frustrated with the slow pace of devolution. Some island councils had not received promised funding for months. Disharmony arose among the representatives of national ministries and local government because of unclear division of responsibilities, and these conflicts were complicated by considerable disparities in their pay. Financial management and auditing in the island administrations was often weak. There was also the general risk that some island councils could become “dictatorial little empires under a handful of local strongmen.”<sup>34</sup>

**Efforts were renewed in 1999, with new governance arrangements formulated**

In 1999, the United Nations Development Programme (UNDP) and the Economic and Social Commission for Asia and the Pacific funded a 3-year program to assist with the devolution process, in particular to revise or develop the necessary structures, systems, and operations to enable island councils to govern effectively their own

---

34 Commission of Political Review. 1998.

island constituencies.<sup>35</sup> This program was modeled after the apparently successful program of outer island devolution in neighboring Tuvalu. The main outputs of the project were to be the development of a devolution policy, a related human resource-training program, and a legal framework to facilitate the process. A number of studies were undertaken, documents drafted, and training workshops held. The devolution program influenced the aid programs of other major donors, particularly the New Zealand's International Aid and Development Agency (NZAID), the Australian Agency for International Development (AusAID), and ADB.

The Office of the Minister of Island Administration was established in 2000 to provide policy advice, infrastructure development, and specific project proposals to push the outer island empowerment process ahead. As part of the revised structures for island devolution, island secretaries appointed under the Public Service Act replaced chief executive officers and were to act under a performance agreement with the mayor and the island council, with substantial responsibility allocated to mayors.

ADB built on the experience of Tuvalu and UNDP's Economic and Social Commission for Asia and the Pacific by providing in 2001 technical assistance to examine the feasibility of an outer island development trust fund. This was to be a mechanism to fund development programs to increase employment opportunities, improve living standards, and generally improve social and economic infrastructure in the outer islands.<sup>36</sup> These projects were to be identified by the communities themselves,

---

35 UNDP and Economic and Social Commission for Asia and the Pacific. 1999.

36 Asian Development Bank (ADB). 2001. Allocated for this activity was 315,000 New Zealand dollars (NZ\$), including a government contribution of NZ\$65,000, which was executed by the Ministry of Finance and Economic Management (MFEM) and implemented by the Office of the Minister of Internal Affairs.

according to a set of eligibility criteria. The trust fund would thereby provide a funding mechanism to support island devolution, but it was determined to be impractical and did not proceed.

**Devolution has now largely unwound, with no serious plans to try again**

It now appears that the Government has backed away from devolution or at least allowed the process to stall. Island councils appear to have less autonomy, not more. Central Government-appointed island secretaries and *Konitara Tutara* (central Government representatives) appear to exert more authority, on some islands through the patronage of local politicians. Most government functions that were transferred to the islands have been recalled to Rarotonga, with no explanation available from heads of either island governments or central ministries other than that these were Cabinet decisions. For example, responsibilities for health that had been devolved to the outer islands in 1996 were returned to the ministry in 2002.<sup>37</sup> The argument now is that education, health, and police matters are “too big” for island communities to handle and anyway require strict monitoring from Rarotonga to ensure that standards are maintained. This argument hardly holds for the smaller services, such as women and youth affairs, but these too have returned to Rarotonga. Responsibility for managing operating expenditures of infrastructure is the key responsibility remaining with the island councils.

The FY2006 budget statement reported that the devolution process would be “revisited to develop the right balance and model of local government, on both the outer islands and Rarotonga, while building capabilities and capacities.”<sup>38</sup> This suggests that little, if any, progress has been made since the late 1990s. Significantly perhaps, the word

---

37 Only Rakahanga and Palmerston retained this responsibility.

38 Immediate steps to be taken were to (i) review the two existing laws to better define the functions and responsibilities of local governments in relation to the central Government, (ii) appropriate finance according to this review; and (iii) establish offices for the *Konitara Tutara* where there are none (Cook Islands Government, 2005).

“devolution” appears only once in the National Sustainable Development Plan 2007–2010.

The central Government, therefore, supplies and manages most services, with little community input. Communities are most concerned with the standards of the services on their island but consider them something that they simply receive. Teachers often cite community apathy as their principal problem, which suggests the rift goes in both directions. Other government services—i.e., women’s affairs, youth and sports, and consumer affairs—as well now have little direct community input.

**Service quality  
suffers**

### 4.3 Education

Under the Education Act, all children aged 5–15 years must regularly attend school, and it is an offence for a parent or guardian not to ensure this. School enrollment is therefore high and evenly balanced by gender (Figure 4.1). Cook Islands schools have long followed the New Zealand education system in terms of structure, content, and compulsory attendance. The 2006 Education Strategic Plan aims to tailor the school system more closely to Cook Islands needs by modifying the curricula and ensuring a more equitable access to all levels of education.

**Basic  
education is  
compulsory  
and free**

In 2000, 92% of children aged 3.5–4 years attended preschool, most of which are housed together with primary schools.<sup>39</sup> The numbers have remained steady despite high emigration, which suggests that the proportion of enrolled children has risen. The Government aims for 100% enrollment in early childhood education and is working to improve quality further.

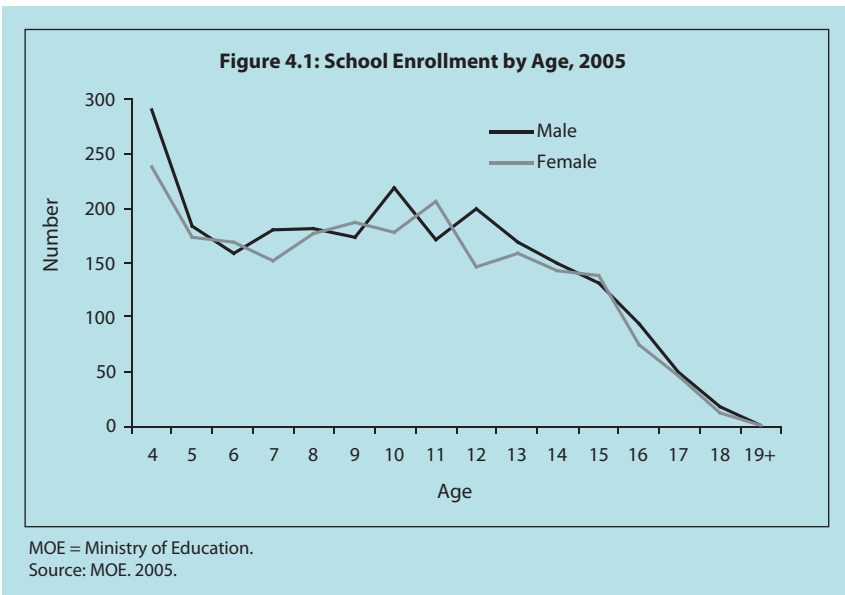
Schools operate on all 12 permanently populated islands, even for the smallest communities. The number

---

39 Education Assignments Group. 2001, p. 68.

**Schools are available throughout the country, and high enrollment is balanced by gender**

of students per school ranges from 253 in Pukapuka and 203 in Rarotonga down to 46 in Nassau and Penhryn, 35 in Rakahanga, and 27 in Palmerston.<sup>40</sup> The Government operates most of the 33 schools, church organizations operate six, and private organizations two, but the Ministry of Education (MOE) provides all schools, public or private, with curriculum advice and teacher training.

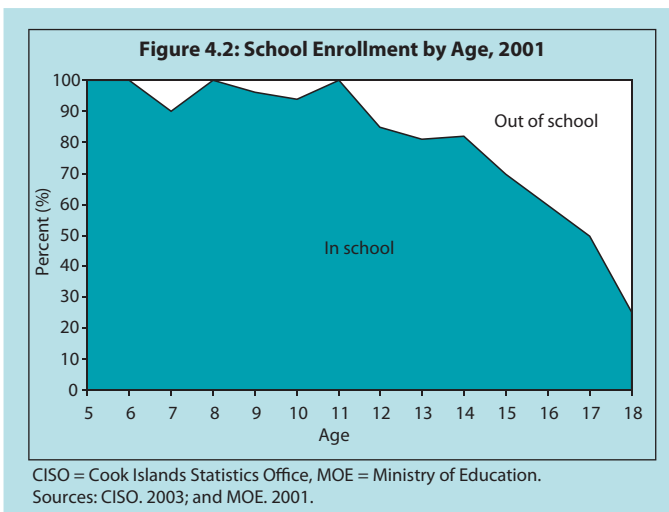


Students are automatically promoted at the end of each year, except in cases of special learning difficulty, and almost all progress to secondary school. Secondary school classes are available on all islands—with most students going up to at least senior level one—though on the very small islands of Palmerston and Rakahanga, the schools go up only to form three and on Nassau to form four. This represents a large national investment in access to education.

<sup>40</sup> Ministry of Education (MOE). 2005.

Although truancy officers are tasked with enforcing the Education Act, truancy is nevertheless a significant problem, particularly with older students (a survey is planned). Despite the law, some children are unable to attend. A 2001 survey of disabled children found that only 50% regularly attended school. Students who become pregnant usually must stay away from school until they give birth, and no other provision is made for their education.

**A few children miss out on education**



**There are early dropouts from age 11**

Calculating school enrollment rates in the Cook Islands is made difficult by the small size of the population and its high mobility. The many children emigrating deflate calculations of primary school survival rate.<sup>41</sup> Figure 4.2 combines census and school enrollment data to indicate how many children of each age may be out of school, but the match is not exact.<sup>42</sup> It does indicate, however, that there are early dropouts before completion of the compulsory period

<sup>41</sup> Matheson, 1999.

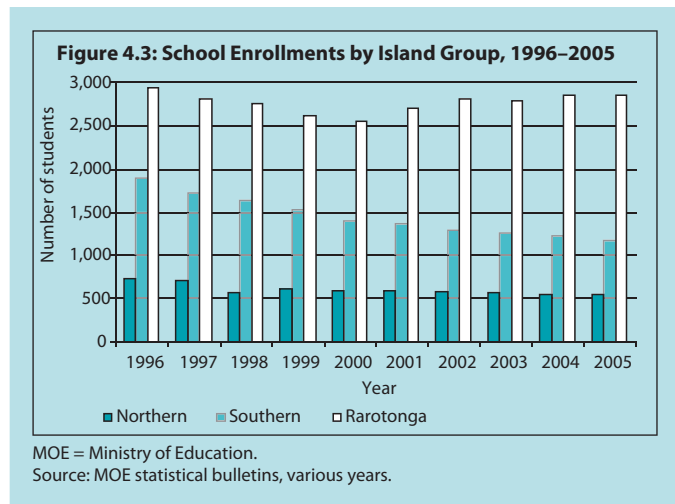
<sup>42</sup> All demographic rates require a sturdy denominator. The 5-yearly census provides the only count of the whole population but only for that point. While school enrollment figures come from early 2001, the census was conducted in December 2001, and the flow of people in and out of the Cook Islands between these times is uncountable. School enrollment figures exceed the census count for most ages.

of school attendance at age 15, and enrollments drop quite sharply after that age.

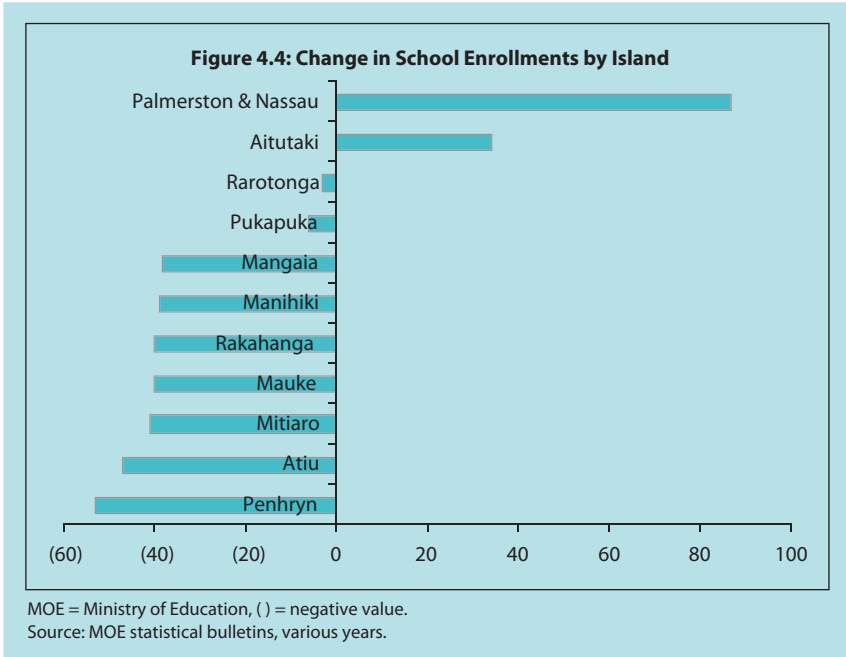
**Student numbers are falling**

Many Cook Islands students have emigrated since the reforms a decade ago. From 1996 to 2005, school rolls decreased by 24% in the Northern Group, 38% in the Southern Group, and 3% in Rarotonga. While some outer island students went to school in Rarotonga, there was an evident net flow of students out of the country at all levels, but particularly of secondary students and above (Figures 4.3 and 4.4).

**Enrollment has dropped in the outer islands by 40% in most cases, and this affects the quality of schooling**



With the fall in outer island populations has come smaller school rolls and, in turn, an increased per capita cost of providing education to these communities. The closure of some particularly small schools reduced accessibility for a few children. Two related developments, namely the reduction in staffing and an increased number of classes combining students at different levels, have affected the quality of education, or at least community perceptions of quality, as some parents complain that mixed classes are difficult for inexperienced teachers to manage and children with special needs are overlooked.



At the same time, the changing age structure of the national population toward a relatively larger young adult age group is reflected in increased demand for tertiary and vocational education and other courses outside the traditional school system, which are relatively more expensive programs. Demand has also risen with the realization that local tertiary and vocational training opportunities are essential to retaining and developing the Cook Islands' human resources. Since the early 1990s, the weight of national expenditure on education has moved from primary to secondary and on to vocational and tertiary programs. However, balance has not necessarily been achieved. Education expenditure now favors the few tertiary students, who absorb 20% of expenditure on education.

**Demand for tertiary and vocational education is increasing**

The quality of education in the Cook Islands is of considerable concern to both the Government and the public. Public perceptions of school quality undoubtedly contribute

**The quality of education is of concern**

to the outflow of Cook Islands students, particularly when their point of reference is often the standard of schooling in New Zealand. In 1998, the Cook Islands spent approximately NZ\$1,100 per student at all levels of the school system, or less than the average of NZ\$3,700 in New Zealand, making New Zealand standards hard to match. Up to 2000, when Cook Islands secondary students sat the New Zealand school certificate, local pass rates were low.<sup>43</sup> The 1999 results were the worst on record since analysis began in 1994 (Table 4.2). The average pass rate for 1994–1999 was 31% in Rarotonga and only 22% in the outer islands.<sup>44</sup> Many students therefore left school without any formal qualifications.

**There are regional differences in outcomes**

The gradient of quality generally falls from New Zealand to Rarotonga, and from Rarotonga to the outer islands, particularly the Northern Group. This pattern is evitable, but it is not peculiar to the Cook Islands because it is common in small, remote rural communities the world over.

**Table 4.2: New Zealand School Certificate Pass Rates for Residents**

	1996	1997	1998	1999	2000
Number of students sitting NZSC	149	149	156	167	152
Total number of papers sat	693	627	670	678	648
Total papers passed	235	226	259	168	226
Overall pass rate (%)	34	36	39	25	35
Pass rate for English (%)	22	26	33	16	33
Pass rate for Mathematics (%)	24	22	25	16	29

NZSC = New Zealand School Certificate, % = percent.  
Source: Education Assignments Group. 2001.

**A new form of testing seeks to raise standards**

National standardized tests for grade 4 students (9–10 years old), which began in 1999 to upgrade educational standards, reveal disparities in education outcomes. The

<sup>43</sup> Since 2000, the system has moved to the New Zealand Quality Authority system, which does not provide any straightforward indicator of outcome. Furthermore, it keeps results confidential to students and, to some extent, MOE.

<sup>44</sup> Footnote 35.

tests measure proficiency in language (both English and Maori) and mathematics.<sup>45</sup> Students who do not achieve required standards are referred to their teachers for extra help and sit the tests again a year later so that the MOE special needs advisor can monitor their progress and provide other remedial assistance to the student or their school as required.

Data on both low- and high-achieving students reveal that Northern Group students are disadvantaged compared with all other students in the Cook Islands (Figure 4.5). From 2000 to 2005, the percentage of students performing low in language studies or mathematics averaged 25.9% nationwide. There were fewer low-achieving students in the Southern Group, at 21.6%, but many more in the Northern Group, at 38.4%, or almost two fifths of all grade 4 students. The pattern was repeated at the high end of the scale. The percentage of students who did well in either language or mathematics averaged 23.3% nationally, with similar results for Rarotonga (24.5%) and the Southern Group (24.6%) but much lower results for Northern Group students (12.7%).<sup>46</sup>

**Results show  
the Northern  
Group  
generally lags**

Commenting on the results, the examinations division recommended that primary teachers in most Northern Group schools be extensively retrained in language and mathematics teaching and learning methods.<sup>47</sup> The disadvantage suffered by Northern Group schools is not so evident as regards the qualifications of the teachers (Table 4.3) but relates more to their professional isolation, which is a difficult and expensive problem to overcome.<sup>48</sup>

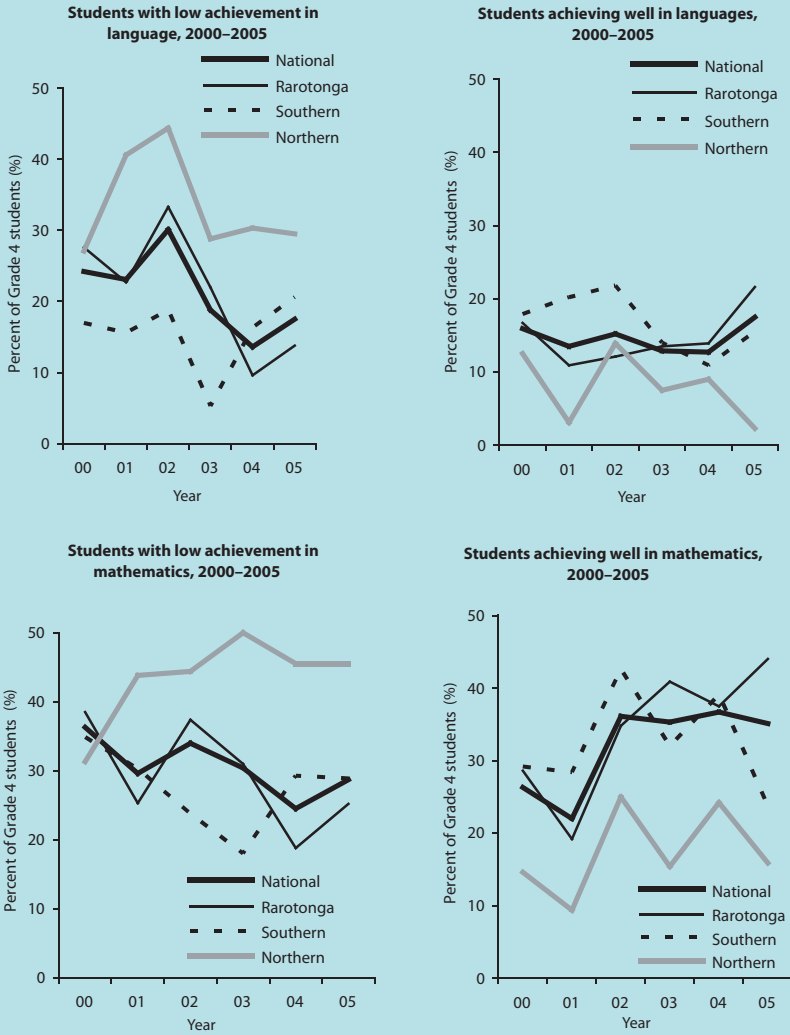
45 The tests in Maori and mathematics are made available to schools in seven island dialects, including the Pukapukan language. Schools elect to sit the mathematics test in either English or the local island dialect. Maori tests are provided in the island vernacular. In language studies, Rarotonga students did relatively well in English, but standards of Maori have dropped. More Southern Group students performed well in both languages.

46 Examinations Division. 2002 and various other years.

47 Footnote 45.

48 Director of Education. 2006. Personal communication, August.

**Figure 4.5: Student Achievement by Island Group**



MOE = Ministry of Education, % = percent.  
 Source: MOE, Examinations Division.

**Table 4.3: Distribution of Qualified Teachers by Island, 2005**

Island	Number of teachers	Share with teacher's certificates (%)	Share with degrees (%)
Palmerston	1	100	100
Mitiaro	6	100	33
Manihiki	8	100	25
Mauke	13	100	23
Penhryn	6	100	17
Mangaia	17	100	12
Nassau	2	100	0
Aitutaki	35	94	14
Pukapuka	14	93	7
Atiu	12	92	8
Rarotonga	165	91	24
Rakahanga	3	33	0

MOE = Ministry of Education, % = percent.

Source: MOE. 2005.

Cook Island schools have a high proportion of qualified teachers: 93% with certification and 16% with degrees. Their distribution across the islands appears to be fairly even, considering that teachers with degrees teach mostly in secondary schools—though of course at different times some islands fare better than others. Despite the high rate of attrition and out-migration of qualified teachers, the number of certified teachers in the Cook Islands has steadily risen. To counter the loss of teachers to other jobs or overseas, the Education Act has been amended to enable experienced local professionals and trades people to teach, and support and incentives are being provided to teachers at all levels to upgrade their professional qualifications and skills.

In terms of donor assistance, education and training account for more than half the NZAID/AusAID allocation for 2006–2007, including assistance to refurbish education infrastructure and to finance scholarship schemes. NZAID and AusAID also assisted the Government to develop a sector-wide approach (SWAp) that is based on a long-term strategy to improve the quality of education services, from

**Qualified teachers are well distributed**

**Donor assistance mainly from NZAID/AusAID and EU**

pre-school to vocational education, including pupils with special needs.<sup>49</sup> The European Union (EU) also supported the MOE and the Department of National Human Resource Development.

#### 4.4 Vocational Training and Other Postsecondary Education

**The education system is not yet well aligned with local needs**

To the extent that many students leave school without formal qualifications or appropriate skills for locally available jobs, and many of the privileged or most able students migrate, the education system has not performed well in meeting the economic and social needs of the country. Local shortages of labor and skills are chronic, especially in Rarotonga, and the nature of the community is changing as foreign workers fill these positions. Yet many adults feel they have not received enough education.

It is important that vocational training and vocational education respond to these needs, particularly in ensuring the mobility of outer islanders. Even if outer islanders cannot reach the desired standard of living by staying on their home island, it is desirable that they be able to supplement their skills in Rarotonga or Aitutaki so they can actively engage in their economies should they choose to move there.

**Postsecondary education is growing**

Postsecondary education is available through government institutions: the Cook Islands Teachers College, Rarotonga Hospital Nurses Training School, Hospitality and Tourism Training Centre, Trades Training Centre, University of the South Pacific Extension Centre, and the Public Service Commission (PSC). The Tourism Training Centre provides summer school courses for outer island students, especially in mathematics and English, and enrollment has steadily increased.

---

49 <http://www.nzaid.govt.nz/programmes/c-cook-islands.html>

There is a growing effort to tailor the types of education and vocational training available in the Cook Islands to the types of livelihoods that are available there. Emphasis traditionally has been placed on academic skills, but most employment opportunities for young people will be in tourism; agriculture; the pearl industry and other marine-based enterprises; culture-related areas such as art, music, and other performing arts; or sports.

The National Human Resource Department was established in 2000 to address the lack of skilled, qualified people; manage scholarships; and provide training and internships locally and in New Zealand. The Small Business Development Centre provides business advice and training, networking facilities, coordination with key organizations, and an information service to outer island residents.

The 2002 Cook Islands Training Needs Survey found unmet needs for school-leaver and adult education and training, including in basic literacy and numeracy, and urged the expansion to the outer islands of opportunities for post-school and distance education. The report recommended bridging courses for young people who had dropped out of school and possessed limited skills; skill development programs so that young people could gain access to employment; development of skills in English; technical and vocational education, especially in the trades; and training in Cook Islands cultural crafts, cultural performance, and performing arts. It also recommended that all formal tertiary education in the Cook Islands be coordinated through the New Zealand National Qualifications Framework. These opportunities are now being expanded through the “Second Chance” learning program.

While the Government encourages as many students as possible to study within the country, and while education and training opportunities are expanding, local institutions still compete poorly with schools overseas in terms of the quality and variety of qualifications offered. Scholarships

**Facilities for vocational education are being expanded**

**Weaknesses in basic education limit the uptake of higher-level opportunities**

to study abroad are available through the Government from both national and donor resources, mostly in New Zealand or at the University of the South Pacific, but often some go unawarded for lack of applicants with sufficient entrance qualifications.

## 4.5 Health Services

**Government provides most health services, which are well distributed**

The Ministry of Health (MOH) operates all health services in the Cook Islands, apart from four private medical and dental clinics in Rarotonga. All health services are free in the outer islands, but in Rarotonga, people aged 5–59 years are required to pay NZ\$7 per consultation. All islands have health centers and all, except the smallest islands of Nassau, Palmerston, and Rakahanga, have hospitals.

From 1999 to 2004, government health staff increased by one third to 288, with most of the increase in curative services. Most islands have a doctor, and all have at least a trained nurse practitioner. All islands also have health inspectors, and most have public health nurses. Health facilities are well equipped, and a refurbishment program—funded by the EU—is systematically upgrading the outer island hospitals. A flying-dentist program now regularly services the outer islands. This compensates for the halving of the number of dental clinics since 1996 and the removal of all on-island facilities in the Northern Group. In addition to the trained staff and equipment on the islands, a well-functioning medical evacuation system charters the domestic airline, Air Rarotonga, to fly emergency cases to Rarotonga.

**Health standards are high**

The health status of Cook Islanders is generally good. The crude death rate in 2001 was 7.4 per 1,000 inhabitants. The infant mortality rate in 2004 was 15.8/1,000 live births, which is reasonable compared with neighboring Pacific island countries, but considerably higher than the New Zealand rate (4/1,000 in 2002), and more than double the

rates in New Zealand for Pacific islanders (7.7/1,000) or Maoris (8.9/1,000).<sup>50</sup> The mortality rate of children under 5 years is 26.1/1,000, with a higher rate for boys (31.3) than it is for girls (20.8).<sup>51</sup> A high proportion of the population has access to clean, safe water supply, adequate sewage disposal, and primary health care. Past disparities in primary health standards between Rarotonga and the outer islands have narrowed, but the disparity nonetheless remains.

The birth rate dropped in the 1990s, with the crude birth rate at 21.7 per 1,000 inhabitants in 2001.<sup>52</sup> In the outer islands especially, births are fewer each year because many young people have migrated as livelihood and other opportunities have changed, especially for women. Family planning services are available at all health centers.

**The birth rate  
is low**

The prevalence of infectious diseases has dropped, helped by high child immunization rates (100% in 2004) and active public health programs. Improved water and sanitation facilities, including the building of flush toilets in all outer island schools and health centers, have helped reduce the prevalence of parasitic intestinal worms and probably also of septic skin diseases, rheumatic fever, and diseases that obstruct airways. The only recent outbreaks of infectious disease were dengue in 2002 and influenza in 2004. One case of tuberculosis was reported in 2004.<sup>53</sup>

Where children once were vulnerable to infectious diseases, the main causes of child death now are respiratory infection and injury, mainly from vehicle accidents. Among adults, the prevalence of noncommunicable diseases, especially heart disease, diabetes, and cancer, has risen. This has come about with the aging population, changing diets,

**The main  
causes of  
death are  
accidents  
and non-  
communicable  
diseases**

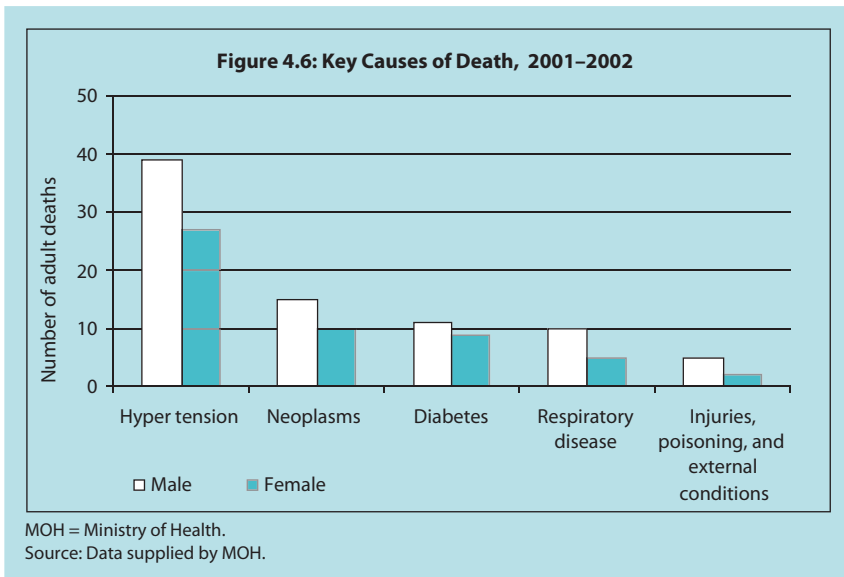
50 New Zealand Statistics. 2002.

51 Secretariat of the Pacific Community. 2004.

52 Ministry of Health (MOH). 2004. The crude birth rate decreased from 26.6/1,000 in 1990 and 27.1/1,000 in 1995; to 21.9/1,000 in 2000 and 23.2/1,000 in 2004.

53 Footnote 50.

high rates of obesity, increased use of tobacco and alcohol, curtailed physical activity, and the improved control of more quickly fatal infectious diseases. Adults also suffer injuries, especially from traffic accidents and food poisoning from fish. The main causes of adult death are heart disease (which accounted for 27% of all deaths in 2004), hypertension, cancer (at 133/100,000 in 2004), pneumonia, and diabetes. The high and rising rates of these diseases are of concern (Figure 4.6).



### Lifestyle diseases are prevalent

Obesity is prevalent among both adults and children. For obesity rates for adults, according to the most recently figures available are 48.4% for men and 36.2% for women.<sup>54</sup> A 2003 survey of Rarotonga schools found that 17% of the students were overweight.<sup>55</sup> This early weight gain is a strong predictor of diabetes and other noncommunicable diseases in middle age. School curricula teach good health, and MOH works with schools to encourage school tuckshops

<sup>54</sup> World Health Organization, cited in ADB (2006b).

<sup>55</sup> MOH and Curriculum Unit; MOE. 2003. memo.

and canteens to sell more healthy food than the fatty and sugary canned soda, hot dogs, and doughnuts that typify those offered to date.

Poor diet is also reflected in high rates of tooth decay. A 2001 oral health survey on seven outer islands found that, on average, 5-year olds had nine decayed, missing, or filled teeth (DMF) and 12-year olds had 3.2 DMF—higher than the World Health Organization standard of three or fewer DMF for 12-year olds. Adults aged 18–34 had an average of 18.9 DMF; aged 35–44 had 16.2 DMF; and 55 and older had 21.4 DMF.

**Tooth decay  
is a major  
health  
problem**

Despite a sharp cut to the national dental service during the reforms and the discontinuation of a national fluoride-treatment program in the late 1990s because of public fears about possible side effects, the Cook Islands operates a good dental service for children through its schools, including the flying-dentist service. Some primary schools also have daily teeth-brushing sessions. School dental nurses nevertheless report that serious dental problems in schoolchildren that stem primarily from high consumption of sugary snacks, soft drinks, and other junk food, may mean that in 30 years or so, this will be a generation without teeth.<sup>56</sup>

Tobacco and alcohol are widely used, starting at a young age. A 2002 survey of young adolescents (13–15 years) found that 43% currently smoke and 70% had smoked at some time, with no gender difference.<sup>57</sup> The Public Health Division tries to change this behavior through school programs, and a national tobacco strategy has been drafted with help from the World Health Organization and NZAID.

**Alcohol and  
tobacco use is  
high**

Alcohol use is associated with the prevalence of motor vehicle accidents, particularly in Rarotonga and involving young men on motorbikes. In 2004, motor accidents in

56 Cook Islands Government and United Nations Children's Fund. 2004.

57 MOH. 2002.

Rarotonga sent 91 patients to hospital and killed 5. Over one third of these accidents were reported to be alcohol related.<sup>58</sup> Although one quarter of the accident victims suffered head injuries, no law requires the use of safety helmets. Alcohol abuse also contributes to domestic and other violence.

**High rates of non-communicable disease burden the health system**

Noncommunicable diseases are expensive for the health services to deal with, especially when they require referrals to Rarotonga or overseas. MOH has stepped up the monitoring and management of these diseases on both Rarotonga and the outer islands, improved specialist care facilities in Rarotonga, and extended these services to the outer islands. It is finding headway difficult, however, in increasing public awareness and preventing these diseases, and it recognizes that there has been an overemphasis on curative care at the expense of preventative care. Now that these serious health problems have arisen, the cost of achieving good health for the community has increased considerably.

## **4.6 Welfare Services**

The Cook Islands has no sizable group of very poor people. An important reason for this is the high level of welfare allowances that Cook Islanders receive, whether they reside in New Zealand or the Cook Islands.

**The welfare system is extensive but mostly untargeted, with no unemployment benefit**

The Cook Islands has an extensive but mostly untargeted welfare system. It is modeled on the New Zealand system but has the important differences of being less comprehensive and providing smaller payments. In the Cook Islands, payments are made to all children aged up to 12 years (extended from 10 years in July 2006) and to all people aged 60 years and above. Special payments are made to people between these ages who are infirm or destitute. One-off grants equivalent to one month's benefit are made

---

58 Footnote 50. The true proportion of accidents associated with alcohol may be higher than the reported figure.

to the families of deceased beneficiaries to help pay funeral costs. Other special assistance is given for improving the residences of disabled people.

Unlike in New Zealand, there is no unemployment benefit apart from the relatively few people who receive the destitute allowance, most of whom are single mothers with no other source of livelihood. Cook Islanders who move to New Zealand are eligible for unemployment and related benefits there and, as elderly people, can later bring back with them to the Cook Islands the higher-paying New Zealand old-age pensions. Other payments received by some elderly people include superannuation, pensions of various kinds, and life insurance payouts.

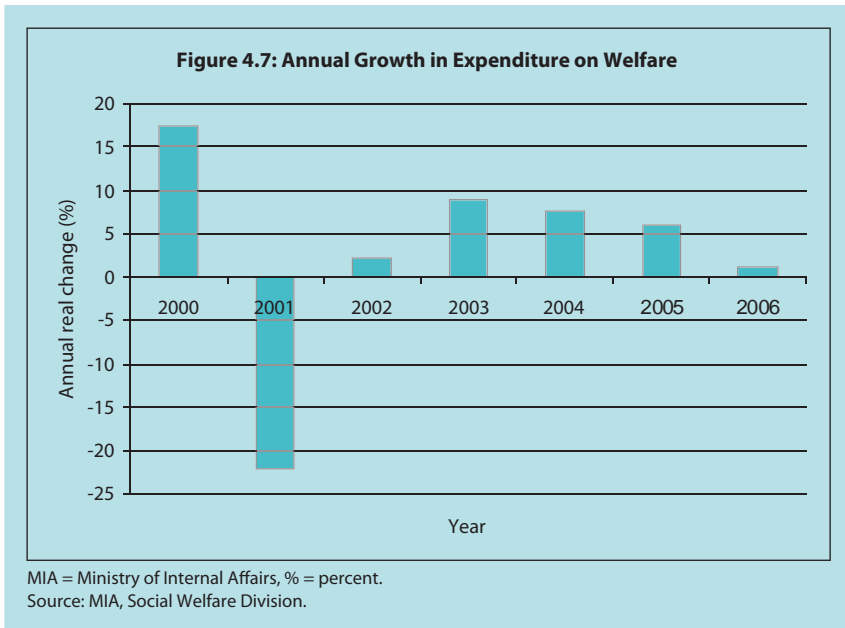
Largely because they are untargeted, welfare payments contribute to the incomes of most households. In FY1999, according to a household income and expenditure survey, welfare payments constituted 5% of all household income in Rarotonga and were an even more important source of cash on other islands. In mid-2006, the Government was redistributing approximately NZ\$600,000 per month in this way.<sup>59</sup> National expenditure on welfare has grown substantially in recent years (Figure 4.7). As the population evidently has grown little, if at all, over this period, the increased expenditure comes from both an increase in benefit levels and improved identification of special needs. Raising benefits enjoys political support, with politicians frequently promoting higher payments to increase their appeal.

The old-age benefit rose from NZ\$100 per fortnight in 2001 to NZ\$110 per fortnight in 2003, and rose even higher for more elderly people (to NZ\$120 per fortnight for people aged 65–69 and NZ\$125 those 70 and older). In mid-2006, child benefits were extended by 2 years to cover all children aged up to 12 years. Special benefits, namely,

**Most  
households  
receive  
welfare**

59 Ministry of Internal Affairs, Social Welfare Division.

part payment of funeral costs, have also been extended to all recipients of all benefits.



Compared with 1,464 elderly and 4,943 children receiving payments, other beneficiaries are few: 227 for being infirm and 43 for being destitute. However, because these categories are not strictly defined but agreed on case by case, pressure is mounting for their numbers to grow.<sup>60</sup>

**The system is one of income supplementation**

To the extent that most payments are not targeted, the system could be better described as income supplementation than welfare. The rationale for the payments is largely historical, based on the culture of egalitarian socialism that existed in New Zealand during the mid-20<sup>th</sup> century, and is an institution that is politically difficult to dismantle.

The infirm are mostly (though loosely) true welfare recipients. The destitute generally are the worst off of the

60 Footnote 57. 2006. Personal communication, August.

unemployed, being adults with no other livelihood. But the national distribution of their numbers—with tiny but food-rich Mauke alone accounting for 18% and relatively poor Pukapuka and Penhryn, together with Manihiki, accounting for only 2%—suggests that the definition of destitute is quite loose. There is little doubt, meanwhile, that the best—and to some extent only—option for able-bodied adults who find themselves unemployed is to go immediately to New Zealand and get on the dole. Evidently, many do, including people quite ill prepared for employment opportunities there. The unemployment rate among Cook Islanders living in New Zealand is currently around 18% and has stayed around this level for over a decade.

The Cook Islands welfare system therefore redistributes a lot of money, is expensive, and is likely to become more so. At the same time, it does not effectively address the needs of all people who are vulnerable to hardship or poverty during some stage of their life.

## 4.7 Other Social Services

The Cook Islands Government reports that 100% of households have access to safe water supply.<sup>61</sup> To some extent, access to water supply is an objective measurement, whether households have access to safe water or not, but it is subjective regarding the type of supply that is considered acceptable. In Rarotonga, where accepted standards of living approximate those in New Zealand, all but 12% of households have water piped to inside their dwelling. The situation is quite different on the northern atolls, where a sizeable proportion of the population must cart or carry water to their dwelling.

Access to safe  
water and  
sanitation is  
good

---

61 Cook Islands Government, United Nations, and Cook Islands Association of Nongovernment Organizations. 2005.

The Cook Islands Government reports that 100% of households have access to adequate sanitation.<sup>62</sup> Again, the quality of a facility has both objective and subjective aspects. In Rarotonga, the accepted standard is a flush toilet. Elsewhere, this would probably be the standard aspired to, but only in Aitutaki, Manihiki, Palmerston, and Penhryn do more than 50% of households have a flush toilet. These toilets and their attached septic tanks are associated with ground and inshore water pollution.

Various other types of government services are provided, mostly through the Ministry of Internal Affairs (MIA) and its various divisions: social welfare, gender and development, labor and consumer, and youth and sports.

**MIA operates largely with donor funding**

The Social Welfare Division is principally responsible for the payment and monitoring of the various welfare benefits. It also provides other welfare assistance to children and families, as well as to people with disabilities. Welfare payments are distributed through the Bank of the Cook Islands. Welfare officers are stationed on each island to identify and assist welfare cases.

The Gender and Development Division, once known as the Women's Division, is responsible for monitoring the national policy on women, assisting with the biannual national women's conference, running training, mainstreaming gender issues, and facilitating the implementation of the Convention on the Elimination of All Forms of Discrimination against Women. It works with the umbrella body of women's NGOs, the Cook Islands National Council of Women, and various island associations.

The Labor and Consumer Service administers and monitors industrial and labor ordinances, Worker's Compensation Ordinance, minimum wage orders, employer's liability insurance regulations, Dangerous Goods

---

62 Footnote 59.

Act and regulations, Control of Prices Act, Weights and Measures Metric and Equivalents Act, and Public Holidays Act.

The Youth and Sports Division facilitates the development of the national youth policy, helps youth representatives attend various national and international meetings and training programs, arranges youth day celebrations, supports the Cook Islands Sports and National Olympic Committee, and monitors the distribution of national lottery funds earmarked for sports.

NGOs also provide important services. Throughout the country, churches are a very significant part of local communities, providing spiritual and other community services and serving as social centers. National NGOs include the National Council of Women NGOs, Cook Islands Red Cross, and *Punanga Tauturu* (or Cook Islands Women's Counseling Centre).

**NGOs and  
the churches  
provide  
valuable  
services**