

# Health Reforms in the Cook Islands 1995-2015

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*In what ways have devolved public sector reforms shaped health service delivery in the margins of the Cook Islands?*

# Map of the Cook Islands



# Population census for the last 20 years

<b>2017</b>	<b>17,387</b>
<b>2015</b>	<b>17,499</b>
<b>2010</b>	<b>18,545</b>
<b>2005</b>	<b>19,710</b>
<b>2000</b>	<b>18,122</b>
<b>1995</b>	<b>18,956</b>

- **Source: Cook islands statistics division.**

# Public Sector Reforms

1995 – 97 - period of serious economic crisis (slash-n-burn)

- Over-borrowed and could not repay its huge debt (\$125m then down to \$70m)
- Over-bloated public service (ministries 52 down to 22, public servants 3002 down to 1470)
- Poor internal fiscal and financial management
- Down-turn in the global economy which reduced visitor (tourist) numbers
- Adverse publicity of the French testing in Mururoa (700 nautical miles) from the Cooks
- Outbreaks of dengue fever

## Reform –continued

Adopted the Path to Recovery-Reform Agenda, this meant:-

- Reduce ministries/departments from 52 to 22
- Reduce public servants from 3002 to 1470 (almost 50% cut).
- Closure of the School of Nursing (1997)
- Sale of state–owned enterprises (SOEs) - airport, port & power authorities.
- Between 1996-97 (1600 people) left the Cook Islands

# Reform legislations

- Public Service Act 1996/97- to be administratively competent,
- PERCA Act 1996/97 – oversee government’s spending, public accountability,
- MFEM 1996/97 – prudent economic, fiscal, financial management
- Welfare Act (2014-amended)
- Employment Relations Act 2013 - 6 weeks maternity (paid)
- Family Law Act 2017 – domestic violence

# Health Sector Reforms

## Common (8) global issues:

- Rising national debt levels
- Expanding of public service
- Poor macro economic performance
- Poor fiscal and financial management
- Inefficient use of resources
- Ineffective delivery of public goods and services to citizens
- The introduction of new innovations in technological advancement
- The impact of globalisation

# New Public Sector Management

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- Government to use the open market to speed up the service delivery with reduced cost to taxpayers
- Government role is to ‘steer’ economy instead of ‘rowing’
- Deliberate effort to effect changes for government to execute public policies in an effective and efficient manner
- POINT OF DEPARTURE? - sector-focused in:-



# The Research Objectives are

- To examine closely the impacts of Public Sector Reform on the Health Sector.
- To scrutinize trends in budget allocation to Health Sector.
- To examine specific new policies and/or policy directions regarding Health Reforms.
- To consider changes regarding Health Reforms.

**Now in the data analysis phase?**

# Preliminary Assumptions (PhD)

- Improved Leadership
- Universal Health care (sufficient needen services , accessible, no financial hardship)
- New Nursing School (2013)
- Cook Island GP Fellowship program (Otago University, RNZCGP, rural health medicine division)
- Evidence based Protocol and guidelines reviewed /updated with TA from WHO

# Preliminary Assumptions (PhD)

- Referral Policy was reviewed
- HIS– (Medtech 32)
- Upgraded medical equipment (Radiology equipment, OT upgraded)
- User- pay system.
  - 0 to 15 years & >60years—>free medical services
  - expatriates local fee after staying for 6 months.

# HEALTH SPECIALIST VISITS

based on the need of the country

Major teams are:-

- Ophthalmology
- Orthopaedic
- ENT
- General medicine
- Cardiology
- Neurology

Advantages of these visits -- reduce waiting time, cost effective, local counter parts trained

**Thank You**

**Questions????**