

# COOK ISLANDS

Population: 15,200 (2016 mid-year estimate)

Size: 237 km<sup>2</sup>



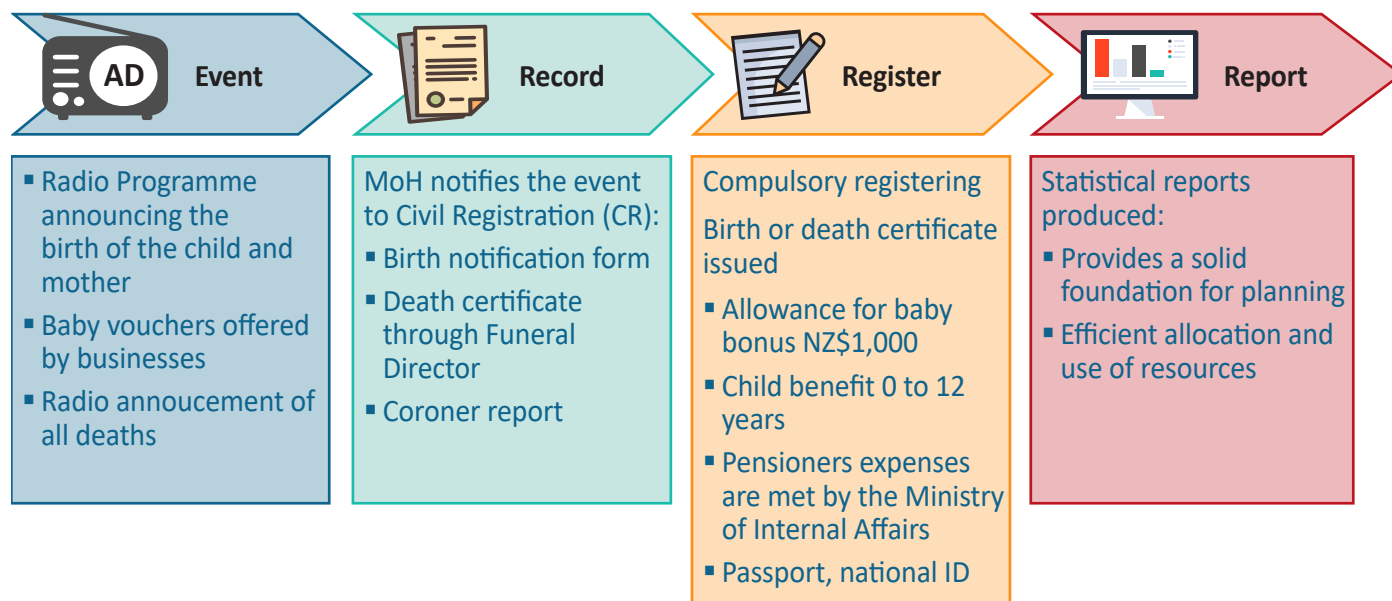
## Overview of the national civil registration and vital statistics (CRVS) system:

The Cook Islands has a well-functioning CRVS system, with essentially all births and deaths in the country formally registered. There is direct sharing of information, both notifications of births and medical certificates of death, from the Ministry of Health (MoH) to the national registry office at the Ministry of Justice (MoJ). Here data is entered into an event-based centralised electronic database and a legal birth or death certificate issued. Financial incentives are available to support new parents that encourage completion of formal registration processes, and the birth certificate is an important identity document used as evidence for processes such as passport issuance, bank accounts and school enrolment. All deaths in the Cook Islands are either medically certified or required to undergo a coronial review. Death certificates are essential for inheritance purposes including bank accounts and land transfer.

Reporting of all births and deaths within the country is compulsory, regardless of citizenship; with births to be reported within ten days of the event, and deaths (including a cause of death as certified by a doctor) within two days of burial. Specific responsibilities as to who should report the event are also defined in the legislation. Late registration for both births and deaths attracts a penalty fee, and requires approval by the court.

The National Statistics Office (NSO) maintains a duplicate SQL database of the registry data which is updated regularly although not directly linked. Vital statistics are published jointly through the NSO and MoH based on registered events.

### Registration processes in the Cook Islands



#### Key Legislation:

CRVS in the Cook Islands is governed under the following legislation:

- Births and Deaths Registration Act (1973)
- Marriage Act (1973)
- Births and Deaths Registrations (Fees) Regulations (1998)
- Births and Deaths (Amendment) Act (2007)
- Cook Islands Statistics Act (2016)

SUPPORTED BY THE BRISBANE ACCORD GROUP (BAG)



## National commitments to CRVS:

The Cook Islands has been party to the following regional and international commitments that prioritise the importance of CRVS and CRVS system improvement:

- Convention on the Rights of the Child (1990)
- Outcomes of the Pacific Ministers of Health Meetings (2011,13,15, and 16)
- 2013 regional conference of Heads of Planning and Statistics (HOPS), and priorities under the Ten Year Pacific Statistics Strategy (TYPPS) first two phases (2011–2014, and 2015–2017)
- Pacific Statistics Steering Committee (PSSC) recommendation that this continue into phase 3
- Ministerial declaration to ‘get every one in the picture’ in Asia and the Pacific region including the Regional Action Framework (RAF) on CRVS, and the Asia-Pacific CRVS Decade (2015–2024)
- The 2030 Agenda for Sustainable Development and associated Sustainable Development Goals (SDGs, 2016).



CRVS is not specifically mentioned in the Cook Islands National Sustainable Development Plan (NSDP, 2016–2020), but is critical to being able to address and report against key indicators (such as life expectancy) identified across a number of sectors within the document. Other measures, such as infant mortality and causes of death, remain necessary in determining public health priorities. The Cook Islands Strategy for the Development of Statistic (CSDS) identified the need to improve the range and accuracy of demographic indicators including population estimates and life expectancy at island level.

The Cook Islands are also represented on the Asia-Pacific Regional Steering Group for CRVS by the national registrar, who is also assigned as the national CRVS focal point for the RAF.

## Coordination Mechanism for CRVS improvement:

The Cook Islands has an informal committee, consisting of representatives from the NSO, the MoJ, and the Health Information Section of the MoH. The committee is fairly active, and while it lacks the legal mandate to change processes it can influence change within the system. The importance of this collaboration is embedded in the CSDS and the Health Information Plan 2015–2019.

## National Plan:

The Cook Islands does not yet have a formalised national plan. A number of priorities for CRVS improvement have however been identified through previous assessment and planning work, and an intent to seek endorsement of such a plan is noted in the CSDS. Work to update these priorities was undertaken in February 2017, with the intent of finalising a plan for publication before the end of the year.

### Registration processes in the Cook Islands

Implementation Status	
National CRVS Coordination Mechanism	Inequality Assessment
Comprehensive Assessment	National CRVS strategy
National Targets	National CRVS Focal Point
Monitoring and reporting plan	Reporting to ESCAP
Complete	In Progress
Not started	No Information

## Key achievements 2016–2017:

One major achievement over the last year has been the adoption in September 2016 of the agreement for sharing death and name change information between the Registrar-General births, deaths and marriages in New Zealand and the MoJ, Government of the Cook Islands.

Off-island events are of critical importance in a country such as the Cook Islands where events in the resident population frequently occur overseas, and failure to include these in the analysis of vital statistics can significantly affect the understanding of national fertility, mortality and cause of death patterns. Sharing data on off-island events also allows the registry to “close” a legal identity and update relevant government records such as electoral rolls and pensions.

## Key Priorities for Improvement<sup>1</sup>:

- Formalise committee and plan to improve political level support/engagement
- Data quality assurance for medical certification and coding
- Upgrading of IT systems to ensure sustainability and improve direct linkages (removing the need to copy the database to the NSO as currently done)
- Implementing provisions of the data sharing agreement with NZ to capture off-island events
- Follow up of medical referral outcomes for off island vital events.
- Update vital statistics report to ensure up to date release of multi-year data (possibly timed around census)
- Validate registration completeness against 2017 census results.

### **Specific priorities to address inequalities and vulnerable groups**

- Ensuing births and deaths from the outer island are registered in a timely manner.

<sup>1</sup> As identified by the national CRVS committee.

### Registered Events

There were an average of 281 births and 97 deaths registered each year between 2009–2013 in the Cook Islands.

*(Cook Islands Vital Statistics Report, 2015)*

Data from the Civil Registry Office and Health Information Systems (HIS) are cross-checked to ensure all births and deaths are recorded.

All deaths in the Cook Islands are medically certified except those referred to the coroner.

Aproximately 6% of medically certified deaths are coded as ill-defined causes (Cook Islands HIS system).

## Vital Statistics Reporting:

The most recent multi-year analysis of CRVS data published for the Cook Islands was 1999–2013 and is available at:

[www.pacific-crvs.org/docs?view=download&format=raw&fileId=97](http://www.pacific-crvs.org/docs?view=download&format=raw&fileId=97)

Count data (not aggregated) for vital events is published quarterly by the NSO, with annual data on fertility, mortality and causes of death published routinely through the MoH Vital Statistics report. The most recent health report currently available on line is for 2015. Both documents can be accessed from:

[www.mfem.gov.ck/statistics/social-statistics](http://www.mfem.gov.ck/statistics/social-statistics)

## Support from BAG partners:

The Cook Islands is supported in their efforts to improve CRVS by the Brisbane Accord Group (BAG) through the Pacific Vital Statistics Action Plan (PVSAP). The BAG partnership has been in place since 2010, and currently includes 10 agencies who are actively engaged in the region.

## Partner supported activities (2016–2017):

### **Nationally focussed activities**

- CRVS planning workshop to update priorities and national plans – Auckland, Feb 2017
- Remote support to complete CRVS analysis report

### **Regional activities**

- Pacific Regional CRVS Meeting – Noumea, Feb 2016
- Regional Steering Group Meetings – Bangkok, July 2015, Sept 2016

## Cook Islands targets under the Regional Action Framework for CRVS:

### Goal 1 – Universal CR of births, deaths and other vital events



Register

ALL births registered within a year of the event.

ALL children under 5 registered.



Register

Everyone born in the country has had their birth registered.



Register

EVERY DEATH is registered within a year and has a medically assigned cause of death.

### Goal 2 – All individuals are provided with legal documentation of CR of births, deaths and other vital events, as necessary, in order to claim identity, civil status and ensuing rights



Record

A birth certificate or death certificate is issued for EVERY registered event.

– *Already achieved.*

### Goal 3 – Accurate, complete and timely vital statistics (including on causes of death), based on registration records, are produced and disseminated

#### Already achieved:

- Nationally representative statistics on births (disaggregated by age of mother, sex and location) are produced
- Nationally representative statistics on deaths (disaggregated by age, sex, location and cause) are produced
- Summary tabulations of births, deaths and causes of death – based on registration data – are published electronically to the public within 1 calendar year (for births and deaths) and 2 calendar years for cause of death. [www.pacific-crvs.org/docs?view=download&format=raw&fileId=97](http://www.pacific-crvs.org/docs?view=download&format=raw&fileId=97)
- Vital statistics reports are published based on registration records within 2 years of the reporting period.

#### By 2024:

- ALL deaths occurring in health facilities will have a medically certified cause of death assigned according to international standards.
- The proportion of deaths due to ill-defined causes will be reduced to less than 5% (currently just over 6 %).