



Te Kaveinga Tupu'anga iti Tangata

COOK ISLANDS POPULATION POLICY

2022–2032

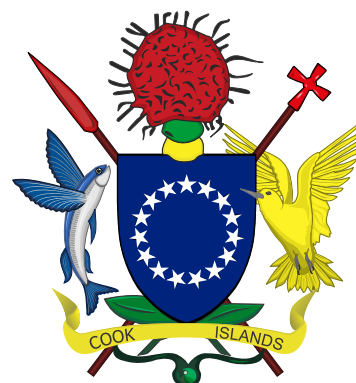


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Cook Islands National Population Policy 2022–2032

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2022–2032



Central Policy and Planning Office
Te Kōutu Mana Tūtara O Te Ipukarea
Office of the Prime Minister
Government of the Cook Islands
Rarotonga, Cook Islands

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Foreword

Kia Orana,

I am pleased to present the very first Cook Islands population policy which is a key priority in the National Sustainable Development Agenda 2020+ and the Economic Development Strategy 2030. We as navigators have traversed Te Moana Nui o Kiva for many generations and so the impetus to seek opportunities and better ourselves is built into our DNA as a people. This provides a precarious but unique position for the Cook Islands in planning and addressing population challenges. This policy was prepared over the period that the country and the world were in the grip of the Covid-19 epidemic, which provided a dynamic situation of unexpected population challenges. The research and evidence showed us that first, the demographic transition in the Cook Islands is already well-advanced. The Cook Islands does not have the high birth and death rates typical of less-developed countries. That phase was passed two decades ago and without the help of an explicit population policy. This means that the present policy is not directed at reducing the overall birth rate in the context of declining mortality as traditional population policies are. Rather, a more complex set of issues arising from a rapidly changing age structure and dynamic patterns of emigration and immigration have arisen. This together with our nation's 100 year vision towards Turanga Memeitaki – provides a backdrop of aspiration and strong direction towards being people centred and finding solutions from our own knowledge bases. The policy provides information on population trends and dynamics in order to raise awareness of population matters and due to the varied nature of issues covering many thematic areas the policy has taken a "multi-sector" approach in addressing these challenges. May we as navigators positively enrich our nation and always find home.

Hon. Mark Brown
Prime Minister

Abbreviations and Acronyms

ABR	Adolescent Birth Rate
ADB	Asian Development Bank
CBR	Crude Birth Rate
CBR	Crude Death Rate
CIG	Cook Islands Government
CIIC	Cook Islands Investment Corporation
CINDC	Cook Islands National Disability Council
CISO	Cook Islands Statistics Office
CPPO	Central Policy and Planning Office
EDS	Economic Development Strategy
EMCI	Emergency Management Cook Islands
FDI	Foreign Direct Investment
GDP	Gross Domestic Product
GNI	Gross National Income
ICI	Infrastructure Cook Islands
ILO	International Labour Organization
INTAFF	Ministry of Internal Affairs
MFAI	Ministry of Foreign Affairs and Immigration
MFEM	Ministry of Financial and Economic Management
MOE	Ministry of Education
MOJ	Ministry of Justice
NCD	Non-Communicable Disease
NCEA	National Certificate of Educational Achievement
OECD	Organization for Economic Cooperation and Development
SME	Small and Medium Enterprises
TMO	Te Marae Ora (Ministry of Health)
TOR	Terms of Reference
USP	University of the South Pacific
WHO	World Health Organization

Definitions

Ageing	The tendency of a population to get older. Usually measured by the median age.
Cook Islands Maori	a. A person who is part of the Maori race indigenous to the Cook Islands; and b. Includes a person descended from a person referred to in paragraph (a).
Demographic transition	The process by which a country evolves from having high birth and death rates to having low birth and death rates.
Depopulation	Persistently negative population growth leading to population decline
Elderly	The population aged 60 years and over
Epidemiological transition	A change in the causes of death from infection disease being the main cause to non-communicable diseases (NCDs) being the main cause.
Life expectancy	The average number of years that a person can be expected to live given current age-specific death rates
MIRAB	An economy based on Migration (M) Remittances (R) and Bureaucracy (B)
Morbidity	To do with sickness or illness
Net migration	The difference between immigration and emigration, or in-migration and out-migration
Oldest old	The population aged 85 years and over
Pa Enua	All islands of the Cook Islands outside of Rarotonga.
Permanent resident	A person who has the status of a permanent resident of the Cook Islands pursuant to Article 76A of the Cook Islands constitution (as enacted by section 13 of the Constitution Amendment (No.9) Act 1980–1981.
Resident	In the population census, a resident is someone who has lived in the Cook Islands for 12 months or more. Other definitions are used by different ministries.
Sex ratio	The number of males per 100 females (M/Fx100)
Sex-selective	Applied to migration. When one sex has a higher rate of migration than the other
SITE	Small Island Tourist Economy
Visitor	Any person who enters the Cook Islands solely for the purposes of holiday or recreation and who does not[...]engage on his own behalf or on behalf of any other person or any body corporate, in the practice of any profession, or in any occupation, business, trade or other commercial enterprise.
Wellbeing	In this policy this includes socio, economic, cultural and spiritual aspirations. Note that there is a general definition under the NSDA 2020+.
Youth	The population aged between 15 and 24



THE POLICY VISION

Population patterns and trends that support and advance the wellbeing aspirations of the Cook Islands people.

Introduction

1 The purpose of the population policy

Population trends and patterns can have a major impact on the development and quality of life of a country. In less developed countries, the primary policy issue is the high rate of population growth as countries pass through the demographic transition¹. In middle- or high-income countries reaching the end of the demographic transition, internal and international migration as well as urbanization and ageing play a larger role. Most developing as well as developed or high-income countries have an array of sector policies (such as health, education, immigration) that, intentionally or otherwise, have an effect on population. A dedicated population policy is a way of extracting from those sector plans and strategies those goals, objectives or actions that potentially affect population trends and dynamics and packaging these together in one document. The advantage of doing this is that the links and interrelationships between various plans and strategies can be seen more clearly. This allows for greater policy harmonization and alignment across the sectors as well as with national development policies. At the same time, by placing sector-specific plans within a population policy, it is possible to see how these can be updated and improved. In this sense, a population policy provides feedback to sector plans through a process of cross-examination.

Although several countries in the Pacific have formulated population policies (some of which are in their third revision), this policy is the first of its kind in the Cook Islands. This presents a challenge in a number of respects. First, the demographic transition in the Cook Islands is already well-advanced. The Cook Islands does not have the high birth and death rates typical of less-developed countries. That phase was passed through two decades ago and without the help of an explicit population policy. This means that the present policy is not directed at reducing the overall birth rate in the context of declining mortality as traditional population policies are. Rather, a more complex set of issues arising from a rapidly changing age structure and dynamic patterns of emigration and immigration have arisen.

Issues arising from age structure change, population mobility, urbanization and changing causes of death, present significant challenges to public policy. Emigration from one's country and freedom of movement within it are fundamental human rights and cannot be directly restricted by government policy.² No government can prevent its citizens from leaving. In the case of the Cook Islands, freedom to move to New Zealand is facilitated by the fact that Cook Islanders are New Zealand citizens and can enter and leave that country freely. By virtue of the Trans-Tasman Travel Arrangement (TTTA), Cook Islanders are also able to freely enter Australia, although not without certain restrictions. The ease with which Cook Islanders are able to enter and reside in New Zealand and Australia provides a strong "pull" factor that is difficult to overcome.

In the absence of legal means to limit or control population movement other than by legislation, government policy tools are limited to inducements of various kinds (monetary, privileges or other benefits) that can only be accepted voluntarily on the part of those to whom they are directed. Government efforts to modify the

¹ The demographic transition is the evolution of birth and death rates from high to low. See Annex 1 for further details.

² The Universal declaration of Human Rights of 1948 (Article 13) states that "1. Everyone has the right to freedom of movement and residence within the borders of each state"; and "2 Everyone has the right to leave any country, including his own, and to return to his country". However, a government can restrict movement according to law on public health or law and order grounds.

demographic behaviour of individuals or groups can be described as “population influencing” policies. There is another group of policies, namely “population responsive” policies. These types of policies are intended to mitigate or relieve the effects of demographic processes that have occurred in the past in order to enhance public welfare. A key example is age structure. The age-sex distribution of the current population is a result of patterns of births, deaths and migration that occurred up to seven decades ago. In the short term, it is difficult for policy to change an age distribution. It is possible, however, to design policies that can reduce the negative effects (or enhance the positive effects) of an age structure. Examples include employment–creation policies in response to growth in the young working age population or enhanced pension allocations where the older population is increasing rapidly.

It can be argued that international migration (primarily emigration) is the biggest population challenge in the Cook Islands. Concerns about the possible “depopulation” of certain islands is long-standing. While “free movement” is the primary facilitator of emigration, by itself this does not cause people to move. Not everyone with the right to move does so. The main determinants of emigration are economic and social. These factors can be described simply as “push” and “pull”. Push conditions refer to situations of relative deprivation in the place of departure. Pull conditions refer to situations of relative advantage at the place of destination. These factors change over time and are of different relevance to different persons depending on their characteristics. In broad general terms, people tend to move from places of lower income to places of higher income. Changing the income balance between locations is a significant policy challenge in the Cook Islands case.

Even in the face of serious policy challenges, a population policy can be useful in that it provides the people at large with an official picture of the population situation and makes transparent the rationale for government action to address population issues. Ideally, a population policy reflects a national consensus on the population questions facing the country and how the community should address these issues. Wide consultation with stakeholders is one means of ensuring that the policy is consistent with community views and national aspirations.

2 The policy formulation process

The Central Policy and Planning Office of the Department of Prime Minister was assigned the responsibility for developing a population policy for the Cook Islands. In December 2020, an international technical adviser (TA) and a local consultant (LC) were recruited to prepare background material and draft a policy document. A “working group” (WG) consisting of representatives of relevant ministries and departments was formed in late 2020 and held its first meeting in January 2021 (A list of working group members is in Annex 2).

The WG considered various models for a population policy and endorsed the concept of a “multi-sector” approach. The essence of this approach is that policy actions and strategies to address population issues are already contained within sector plans and strategies and do not necessarily have to be newly formulated. However, sector plans and strategies may need upgrading or modifying to suit the population context. The multi-sector approach ensures that there is policy cohesion across the sectors.

The LC and CPPPO staff conducted consultations throughout the Pa Enua and in Rarotonga during 2021 to obtain the views of relevant stakeholders on population issues and possible solutions to them. The results of these consultations were written up in two reports which were made available to the WG. These consultations

were also taken into account in the formulation of strategies to address population issues in the Cook Islands. In the specific case of Pa Enua “depopulation”, the lack of quality social services (health and education) and inadequate infrastructure (transportation and communications) were highlighted as factors contributing to out-migration and emigration.

A set of key policy goals was drafted by the TA and LC and presented to the WG for endorsement. Subsequently, the goals were further revised by the WG in collaboration with the CPPO.

3 The policy timeframe

The WG endorsed a 10-year policy timeframe covering the period 2022–2032. A 5-year review would be conducted in 2027 after the 2026 census results have been released. If necessary, the policy would be revised for the second 5-year period. The review would be conducted by an independent consultant under the direction of the CPPO. Another review would be conducted at the end of the implementation period in 2032 – informed by the censuses of 2026 and 2031, as well as other studies of population trends.

4 The implementation strategy

As a multi-sector policy, the implementation of the population policy is largely the responsibility of the ministries, department and other agencies (including NGOs) that are identified in the implementation framework and the annual or bi-annual work plans. The CPPO provides the overall coordination of policy implementation. A coherent action plan should be drawn up every two years in advance and budgeted for in the same manner as normal budgets. Where ministry budgets have not allowed for or are insufficient for the implementation of agreed actions, CPPO in coordination with MFEM will seek appropriate allocations supported, where possible, by donor funds.

To ensure that population policy actions are actually implemented by relevant ministries and departments, members of the WG will become “focal points” once the policy is operational. Population focal points will meet annually under the auspices of the CPPO to review the implementation of the work-plans of the previous year and identify any difficulties experienced in implementing the policy actions – including funding, staffing or other impediments. The CPPO will produce a report once every two years on the implementation of the policy. In the absence of a National Population Council, this report will be presented to the Prime Minister who may wish to share it with the Cabinet.

Te Ara Akapapa’anga Nui 2020+-National Sustainable Development Agenda (NSDA 2020+)

The formulation of Te Ara Akapapa’anga Nui- National Sustainable Development Agenda (NSDA) 2020+ takes an extended outlook over 100 years and prioritises a generational scale. This period will be interspersed with short to medium-term plans that will be adjusted as our Nation and our people continue to evolve. This is tentatively planned at 5- 10- and 25-year intervals. These planning periods align with the philosophy and practice of ‘Akapapa’anga: the use and importance of genealogical legacies to and for the Cook Islands and its people.

‘Akapapa’anga is a cornerstone of Cook Islands Māori society. It informs the way our society is built and the collective enterprise of our people. For example, it underpins our connection, rights and management

of land, records the interrelation of our islands over generations, and informs the relationships we have with our people and kin in the Ipukarea and further abroad. It is the relationships inherent in papa'anga (genealogies) that drives our preparations, an impetus to build a strong future for our society, our 'enua and the descendants to come.

The Cook Islands is at a crossroads of change. The country has graduated to a developed nation status according to the OECD and World bank definitions-at the same time the Nation and the world is having to deal with a global pandemic but where to from here? The NSDA 2020+ is a new sustainable development direction which is the center of this proposal. It will delve into the country's development challenges and use the lessons from past development and best practice to propose a way forward. At the heart of the NSDA 2020+ Agenda will be the 100+ year Roadmap – a living framework which will guide the Cook Islands into the future.




Central to Te Ara Akapapa'anga Nui- NSDA 2020+ will be the aspiration towards Turanga Memeitaki- Wellbeing for all. A vision where each person attains, at its most basic-a state of being comfortable, healthy, and happy. There is general agreement that at minimum, wellbeing includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), and satisfaction with life, fulfillment and positive functioning. In simple terms, wellbeing can be described as judging life positively and feeling good. Albeit wellbeing may seem more subjective it is our job to measure the best way possible so that we can track attainment of wellbeing for all across the Nation.

The NSDA 2020+ is important to understand for future direction.






Te Ara Akapapa'anga Nui 2021–2121 Snapshot

Tupa'upa'u Tuatau – Kaveinga Nui 100 year legacy

-  **To tatou Orama: Turanga Meitaki** – an empowered, dignified and innovative people with the highest quality of wellbeing in life.
-  **To tatou Vaerua Kia Orana e to tatou pirianga mou** – our shared understandings between our people and nation. It underlines who we are and what we stand for.
-  **To tatou aka'atinga mou** – 15 star pledge which delves into the areas of importance that we will focus on into the future.


Te Ara Akapapa'anga uki – 25 mataiti

-  Named the kōua generation after the first stage of growth for a Nu tree.
-  Includes expected outcomes and the target areas of importance.
-  Include special projects to be implemented over the kōua generation.

There are six (6) targets that have been set for the kōua generation (first generation):

- **Golden standard of wellbeing achieved**
- **Food import free** – getting to below 5% of 2020 imports of the following products (vegetables, fruits, root crops, livestock or crops and meat.
- **NCD reduction** – reducing the 2020 NCD rates by 25% of 2020 levels.
- **Zero waste** – is a set of principles focused on waste prevention that encourages the redesign of resource life cycles so that all products are reused. The ultimate goal is for no solid waste to be sent to landfills, incinerators or the ocean.
- **Reo Maori vitality** – Reo Maori as a language in daily use for (50%) of our tamariki
- **Net zero** – means a nation that is removing as much anthropogenic emissions from the atmosphere as it's putting in.

Te Kaveinga iti – 5 years

-  **Short term targets on wellbeing** – which include Indicators to measure progress over that time period.



CHAPTER 1

The Population Situation and its Implications³

1.1 Population growth and trends

There is no evidence that the total population of the islands that now make up the Cook Islands ever had a population exceeding 20,000 prior to the arrival of Europeans in the 19th century (ESCAP, 1983). There is, however, plentiful evidence to show that European contact introduced a range of new infectious diseases that elevated the death rate. When combined with voluntary and forced emigration, the impact was serious depopulation on several islands and in the group as a whole. In Rarotonga and Tongareva (Penrhyn) the population dropped by 70 percent between 1827 and 1902 and overall, the Cook Islands lost 52 percent of its population over this period. The population did not recover to its pre-contact number until the mid-1950s. The decline and recovery phases therefore covered a period of around 135 years – 100 years of decline followed by 35 years of first gradual and then rapid recovery.

The total population of the Cook Islands reached a historical peak of 21,300 in 1971, after which it has fluctuated somewhat but within a declining trend up to 2001. (Figure 1). From 1976 onwards, the “total” and “resident”⁴ population have diverged, as the flow of “visitors” expanded rapidly, but again the total and resident population converged in 2021 as the non-resident population virtually disappeared as a result of border closures. Since 2001, however, the resident population has remained almost stable at around 15,000 people (+/- 500). The provisional 2021 population census results suggest that the expectation that the Covid-19 pandemic would produce a large outflow of Cook Islands residents was not realized. The 2021 census data indicate that it was the non-resident or “visitor” population that declined while the resident population has remained relatively stable. Once the final results of the census are available it will be possible to confirm this.⁵

Consequently, there has been no repeat of the large-scale exodus of population as occurred between 1996 and 2001 or between 1971 and 1976. In the latter period, which coincided with the upgrading of the Rarotonga airport to accommodate jet aircraft, the population dropped by 3,200 people. Between 1996 and 2001, the drop in the resident population was 3,020. In this period the upsurge in emigration was precipitated by a fiscal crisis in the Government and the consequent restructuring of the Public Service. By comparison, the advent of the Covid-19 pandemic has apparently had no impact on the size of the resident population.

³ A list of the documents consulted for this policy is provided below under the heading “References”. Statistical data on population and socio-economic indicators are provided in detail in the “Background Paper” prepared by CPPO to provide a situation analysis that would inform policy formulation. For details of the sources used in this policy document readers should refer to this Background paper, which is available at: (.....link). Unless otherwise indicated, population data are derived from official Cook Islands Government sources.

⁴ The term “resident” is used differently by different agencies. In this policy a resident is defined by the Cook Islands Statistics Office. (See definitions).

⁵ A date for the final release of census data has not been announced.

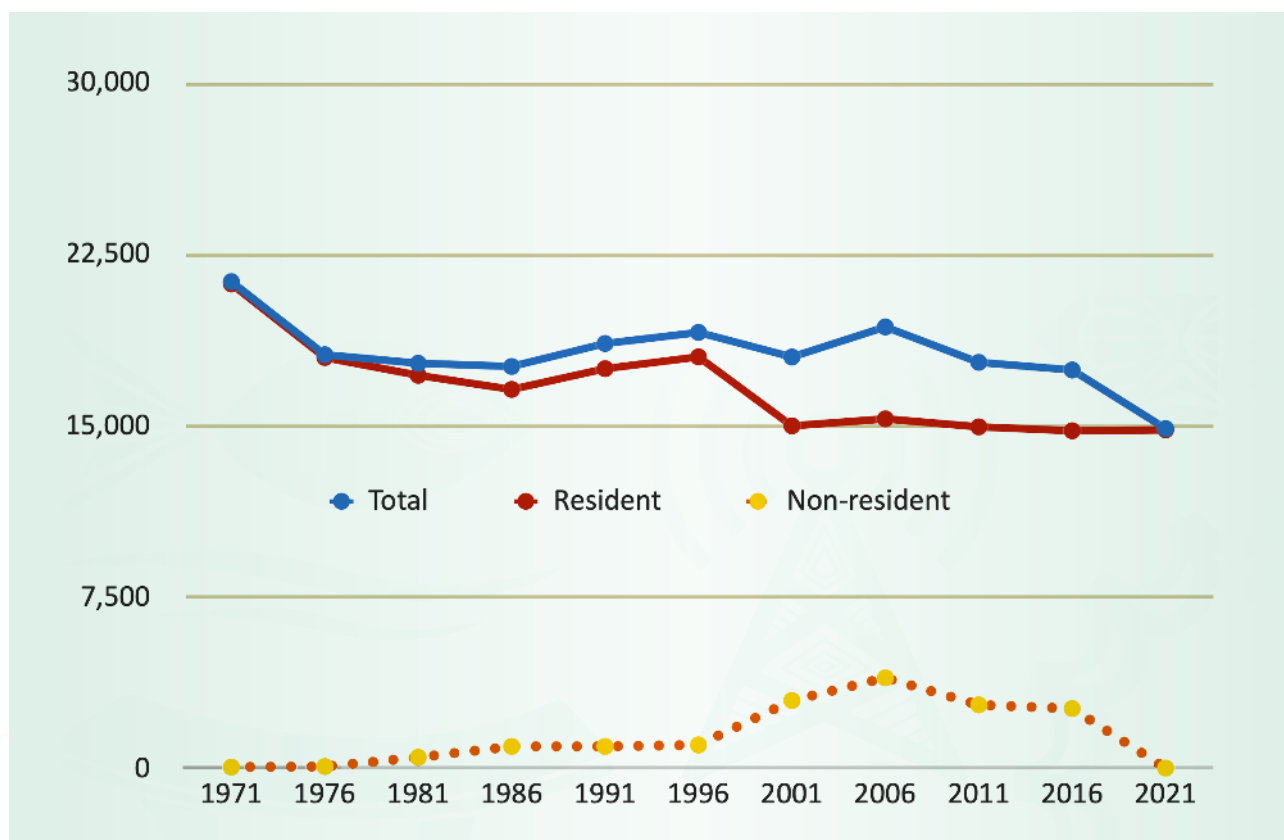


FIGURE 1 Population change 1971–2021, total and resident population

Source: Cook Islands Statistics Office (1977, 2012, 2018, 2022)

Trends in the population of the whole country present only a partial picture of population change in the Cook Islands. Underlying the overall trend is a number of variations and sub-trends. First, the population history of each island and sub-region is somewhat different. Second, the ethnic composition of the population has been changing significantly over time. Third, the age composition has also been changing.

i Regional variations in trends

In general, the Pa Enea (outer islands) have been losing population since 1971 while Rarotonga has been gaining since 2001 (Figure 2). As a result, the geographical distribution of the Cook Islands population has changed. Rarotonga's population has grown from 50 percent of the Cook Islands total in the early 1960s to 72 percent by 2021. As recently as 1981, the population of the Pa Enea made up 45 percent of the total; by 2021 this proportion had dropped to 28 percent.

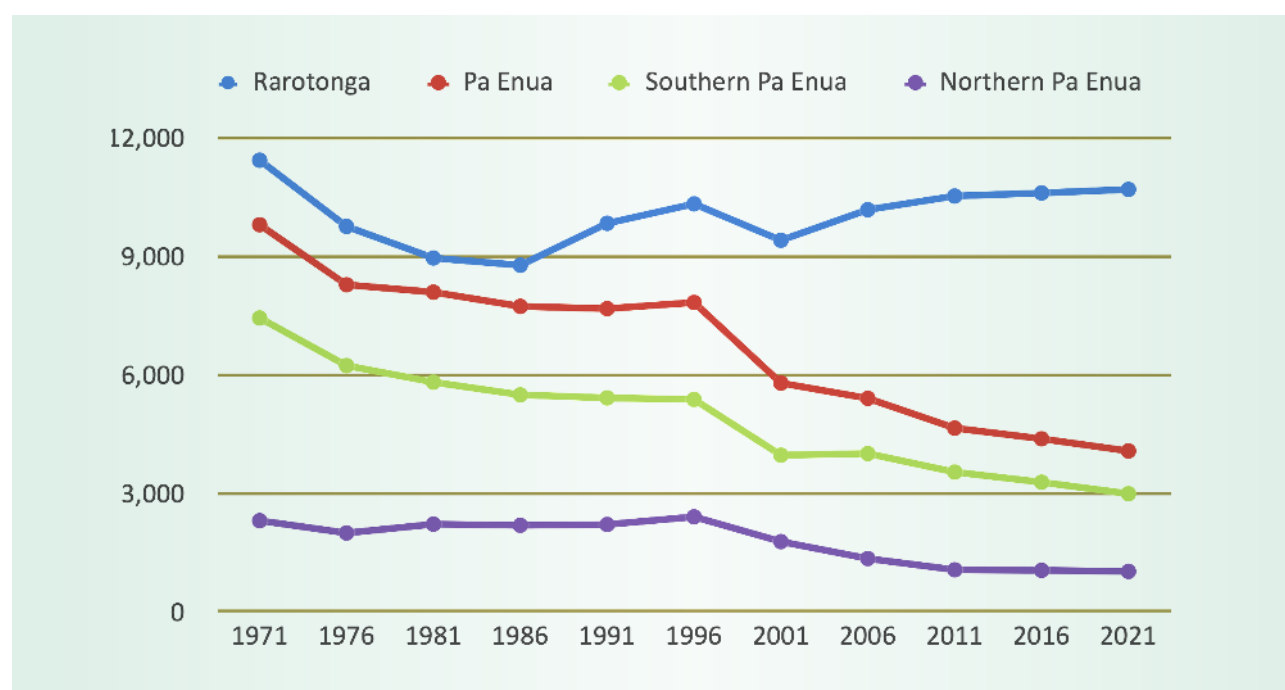


FIGURE 2 Population trends in sub-regions, 1971–2021 (resident population only)

Source: Cook Islands Statistics Office (nd, 2012, 2022); ESCAP (1983)

The Southern Pa Enea have been the main contributor to total population loss since 1971. By 2021, the Southern Pa Enea had lost 58 percent of its 1971 population. Mangaia had the largest decrease (77 percent) followed by Atiu (74 percent) and Aitutaki (37 percent). These three islands contributed over 80 percent to the drop in population up to 2021. Overall, the population of the Southern Pa Enea declined by 60 percent over the period 1971–2021.

The population of the Northern Pa Enea, declined by 55 percent between 1971 and 2021, but because these islands have relatively small populations, the absolute decline was smaller than in the Southern Pa Enea. Penrhyn and Pukapuka contributed most to the decline in the Northern Pa Enea. Penrhyn is the stand-out island in the north, losing 389 persons (64 percent of its population) between 1971 and 2021. Pukapuka's population loss was less dramatic but that island had nevertheless lost 40 percent of its 1971 population by 2021. There are indications that the Northern Pa Enea population has stabilized since 2011 (see Figure 2).

As of 2021, several islands have resident populations below or just above 200 people. These include Mitiaro (152), Palmerston (25), Manihiki (203), Rakahanga (81) and Penrhyn (230). With populations well below their previous peaks, the conditions of life on these islands and atolls may foreshadow the conditions to be expected in other Pa Enea islands should population decline continue. Reversing population decline in the Pa Enea is a major challenge to both the government and the communities themselves.

ii Ethnic composition and national origin

At the time of self-government in 1965, 97 percent of the population of the Cook Islands were classified as Cook Islands Maori⁶, with around 3 percent “Other”. By 2016, 86 percent was Cook Islands Maori and 14 percent other. Among the Cook Islands Maori population (which includes part-Cook Islands Maori), 71 percent were born in the Cook Islands and 29 percent elsewhere, predominantly New Zealand. Of the 14,800 residents in 2016, 29 percent were born outside the Cook Islands. This is similar to the situation in New Zealand, where 27 percent of the population is foreign-born. In summary, the Cook Islands has gone from being an ethnically homogeneous society in 1966 to a more diverse and heterogeneous society 50 years later. This suggests that the Cook Islands is transitioning to a multi-cultural society, much like other high-income countries.⁷

Data on ethnic composition are not available from the 2021 census as yet. However, given the decline in the non-resident population, it is possible that the proportion of the total population (including visitors) that is Cook Islands Maori has actually increased while the Cook Islands Maori proportion of the resident population has remained much the same at about 85 percent. These figures will need to be confirmed once the detailed results of the 2021 census are available.

The other compositional change that has occurred is that at any point in time, a significant proportion of the population is made up of “visitors”. In 1976, prior to the commencement of mass tourism, less than 1 percent of the Cook Islands population was made up of people who were not usual residents of the country. The proportion of the census population that were classified as “visitors” grew steadily to reach 21 percent of the population by the time of the 2006 census. This proportion has since declined to 15 percent in 2016 and then dropped to less than 1 percent in 2021. Conversely, the usually resident population had dropped from 18,000 in 1976 (99.3 percent of the population) to 14,841 in 2021. Due to the outflow of visitors in 2020 and 2021, the resident population once again comprised over 99 percent of the total population.

The advent of the Covid-19 pandemic in early 2020 had a dramatic effect on the flow of population to and from the Cook Islands. In May 2020 total arrivals dropped to zero as the borders were closed and external passenger air services ceased to operate. The net movement of people remained low until July 2021 when the border was re-opened, as a result of which total arrivals increased to 13,100 and the net balance of movement reached 1,280. The year 2021 was characterized by monthly fluctuations in arrivals and departures. By the end of the year a net outflow of -651 residents was observed while there was a net inflow of 752 visitors, giving a balance of 110 in the total population. In other words, there was almost no net change in the total population over the year.

The changing ethnic composition of the population and the large-scale ebb and flow of visitors and residents alike has created a situation of considerable demographic complexity in the Cook Islands. This complexity creates challenges in the area of social and economic policy because the beneficiaries of policy are no longer a homogeneous group. What remains unclear is whether the “resident” population has changed its composition. That is, it is possible that an increasing number of foreign-born persons have acquired residency status over the five years between the last two censuses.

⁶ The definition of Cook Islands Maori used in this document is that employed by the Cook Islands Statistics Office in its various official publications. (See definitions).

⁷ The designation of “high income” is based on OECD criteria. The relevant statistics and further explanation is provided in the Background Paper prepared to support the present policy.

iii Age-sex composition

In the 1970s the population of the Cook Islands was very young. Over half the population were under 15 years of age. The average (median) age was 14.7 years, one of the youngest found anywhere in the world at that time. By 2016, the median age had climbed to 32 years, more than double the rate of the 1970s.⁸ The radical change in the distribution of the population by major age groups is evident in Figure 3, where it will be seen that the proportion of the 0–14 age group has decreased by more than 50 percent, while the 15–64 (working age) population and the older population have increased significantly.

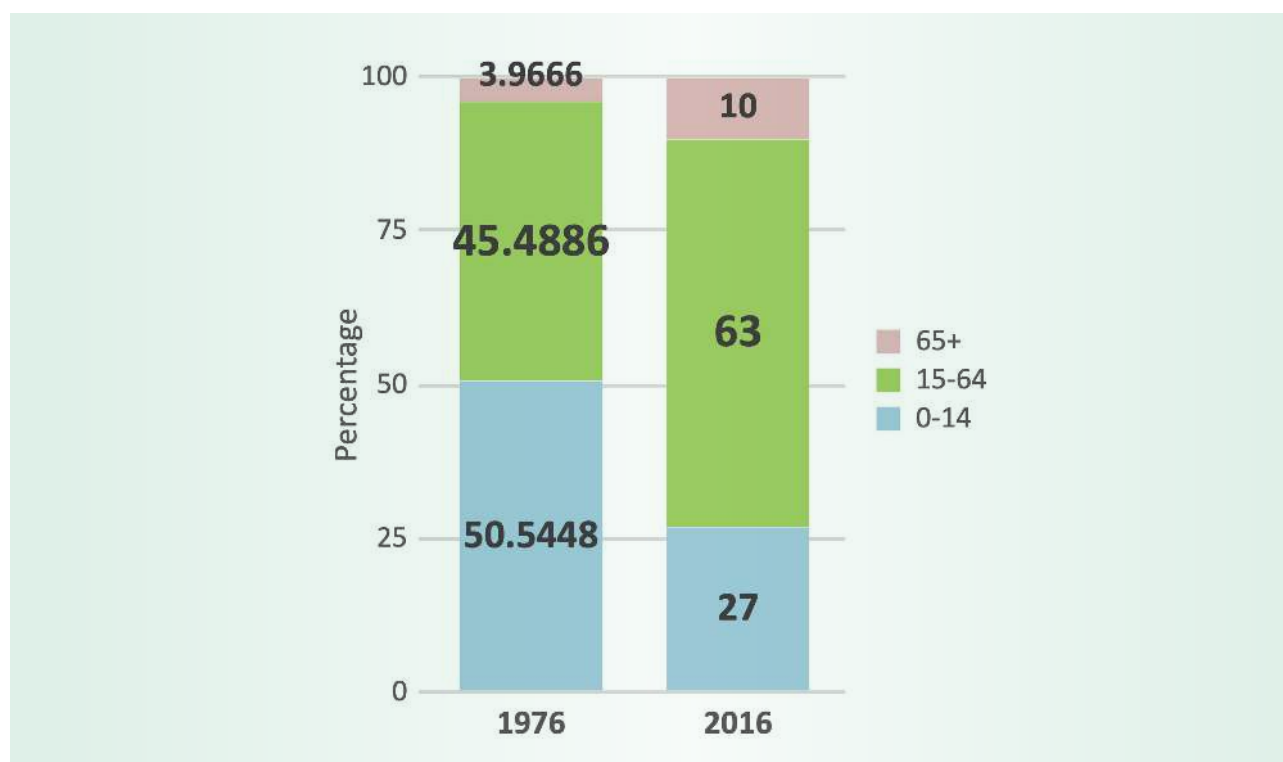


FIGURE 3 Distribution of population by main age groups, 1976 and 2016

Source: Cook Islands Statistics Office (1977, 2018)

Another way of describing these changes is in terms of “dependency”. In 1971, 55 percent of the population was in the dependent age groups and only 45 percent of working age. In 2016, 37 percent of the population was in the dependent age groups and 63 percent were in the working age range of 15–64. From a social and economic perspective, the 2016 age distribution was much more favourable than the 1971 one. The dependency “burden” was significantly lower in 2016. On the other hand, dependency is shifting from the young to the old, with 10 percent of the population aged 65 and over in 2016. The proportion of older persons in the population will continue to grow in the future.

The age group 15–24, which defines “youth”, is a crucial one in terms of economic growth and development. As the youth population grows in number and proportion, a potential “demographic bonus” can be obtained. An increasing population of youth relative to the elderly means that old age dependency is low. The period when the labour force is both expanding and growing younger can provide a significant boost to the economy, providing education, training and employment are available. From 1976 to 1991, the youth population

⁸ Data on the age-sex distribution in 2021 are as yet unavailable.

increased from 17.5 percent of the population to 21.8 percent – reflecting a potential demographic bonus during the 1990s. In numerical terms, the youth population actually peaked in 1981 at 3,835, but thereafter declined to 2,087 by 2016. In percentage terms, the youth population peaked in 1991 at 21.8 percent, but from then on declined steadily to reach a low point of 14.1 percent by 2016. In other words, the potential economic boost provided by a young population either entering the labour force or about to enter it would not have been achieved. The primary reason for the decline in the youth population could only be emigration, although declining fertility in previous decades also played a role.

Population projections suggest that the number and proportion of the population of youth could increase over the next few years but would decline again after 2021. Emigration and fertility decline are the crucial factors.

The distribution of the population by sex is also changing. In 1976 the population aged 40 years and above was predominantly male (that is, the sex ratio⁹ was over 100). By 2016, sex ratios had decreased to below 100 and females exceeded males in almost all age groups from 15 and over. In short, the population has become more female dominant over time – particularly from age 15 to 45. The reasons for this are that males have higher mortality than females as well as higher rates of emigration.

1.2 The demographic causes of population change in the Cook Islands

Population change in the Cook Islands, as elsewhere, is the product of three factors: mortality, fertility, and net external migration. Each of these factors has played a role in creating the demographic situation of today.

i Mortality (death rate)

The death rate increased and remained very high for about 80 years after the arrival of the missionaries due to imported infectious diseases. Sustained decline in the death rate did not occur until the 1920s as public health programmes became effective. At the same time that the death rate started its sustained decline, the birth rate accelerated until it reached a historical peak in 1961. The result of a falling death rate and a rising birth rate was an “explosive” rate of population growth, that peaked at 4.0 percent per year in 1961. Such a high rate of growth is rare at the national level and there is no doubt that this demographic pressure set the scene for large scale emigration starting in the early 1970s. The “mortality transition” (the drop from high to low death rates) is now almost complete in the Cook Islands. As is common in developed countries, however, the crude death rate is climbing, but, due to the drop in deaths in the younger age groups, life expectancy at birth is continuing to increase.

ii Fertility (birth rate)

Sustained decline in the birth rate commenced in the first half of the 1960s as the death rate stabilized. Aside from a slow-down in the mid-1990s, fertility has continued to decline as the death rate increases with population ageing. The rate of natural increase has averaged 0.8 percent over the period 2013–19. The number of lifetime births per woman has dropped from an average of 7 in the mid-1960s to a historical low of 2.1 in 2015 but has since increased to 2.5 (it averaged 2.4 over the period 2013–19). The “fertility transition”

⁹ The sex ratio refers to the number of males per 100 females. See Definitions for further details.

(from high to low birth rates) is well-advanced in the Cook Islands, although perhaps not yet complete. The number of lifetime births per woman (Total Fertility Rate – TFR) remains well above New Zealand’s (2.4 compared to 1.6), but other Pacific countries have already dropped to below the “replacement”¹⁰ level of 2.1. Whether the TFR will continue to decline to replacement or below is presently an open question.

iii International migration

Originally settled from Tahiti and Samoa, the Cook Islands have always been “migration-oriented” societies. Cook Islands women migrated to Tahiti in missionary times on a small scale (as domestic workers) and men to Makatea for guano mining with movement continuing in various forms through to the 1950s. However, large-scale emigration did not commence until the early 1970s – facilitated by the expansion of the Rarotonga airport enabling the use of large jet aircraft. Since 1971, there has been a net outflow of “residents” in all years other than 1991–1995 and 2017–2020 according to border statistics. In 2021, net migration again turned negative (Figure 4).

Taken at face value, these numbers suggest that more residents have emigrated from the Cook Islands in the last 50 years than were actually born there. This is not logically possible, but is a statistical anomaly caused by border statistics overstating the departure of “residents”. This could come about if previous arrivals had changed their status while staying in the Cook Islands. The other side of this story is that a large number of visitors are still in the country according to the border statistics. The 2021 census present a different picture with the number of visitors dropping to less than 100. These statistical anomalies need to be corrected.

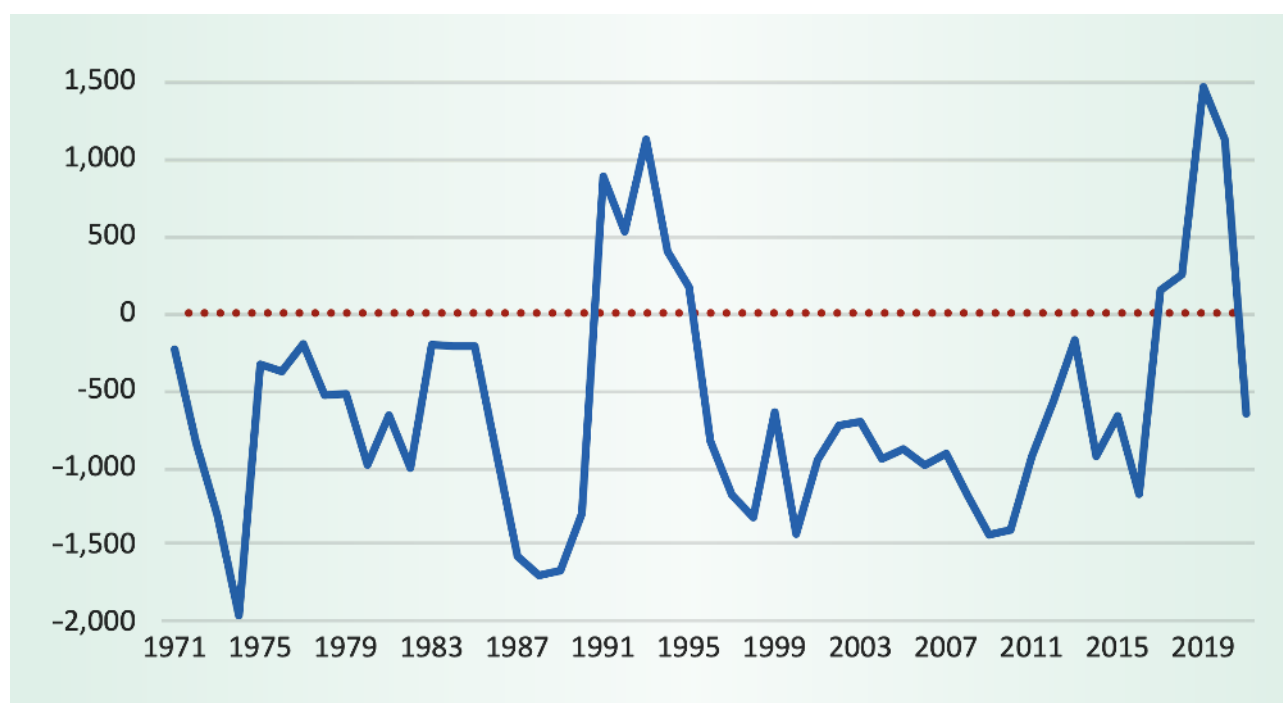


FIGURE 4 Net departures of Cook Islands residents 1971–2021

Source: Cook Islands Statistics Office (2022)

¹⁰ The replacement rate of the TFR is the rate necessary to maintain the current population size.

A more robust estimate using demographic methods¹¹ of net migration between the two census dates of December 2016 and December 2021 can be found in Table 1. It is clear that all regions of the Cook Islands experienced a net migration loss during the intercensal period 2016–2021. For the country as a whole there was a net emigration loss of 565 people, or 113 people per year on average. Figure 5 shows how this level of net emigration compares with previous intercensal periods. It is apparent that net emigration (migration loss) in the 2016–2021 period is the lowest over the last 30 years and well below the peak period of 1996–2001 when there was a net migration loss of nearly 4,300 people.

Regional variations in net migration are also shown in Table 1 where it can be seen that the Southern Pa Enua contributed the most migrants compared to Rarotonga and the Northern Pa Enua. This was also the case in the 2006–2011 and 1996–2001 periods. In 2001–2006, however, the Northern Pa Enua was the main source of migrants.

TABLE 1 Estimated net migration by region, 2016–2021 using demographic methods

	Cook Islands	Rarotonga	Southern Pa Enua	Northern Pa Enua
(1) Population 2016	14,802	10,649	3,329	1,099
(2) Population 2021	14,841	10,739	3,083	1,072
(3) Population Change 2016–2021	39	90	-246	-27
(4) Births 2016–2021	1,136	695	208	71
(5) Deaths 2016–2021	532	369	111	37
(6) Natural increase (4)–(5)	604	326	98	33
(7) Expected pop 2021 (1)+(6)	15,406	10,975	3,427	1,132
(8) Actual population 2021 (2)	14,841	10,739	3,083	1,072
(9) Net migration* (8)–(7)	-565	-236	-344	-60

*The net migration estimate for the Cook Islands total is not the same as the sum of the regions because natural increase has been estimated on the assumption that all regions had the same birth and death rates during the intercensal period 2016–2021. More than likely the birth rate would be higher in the Pa Enua if all births occurred and were recorded there rather than in Rarotonga or New Zealand.

¹¹ The method involves calculation of the “expected” population based on the current population plus natural increase over the intercensal period and deducting the actual population measured at the census. Table 1 shows the logic and calculations.

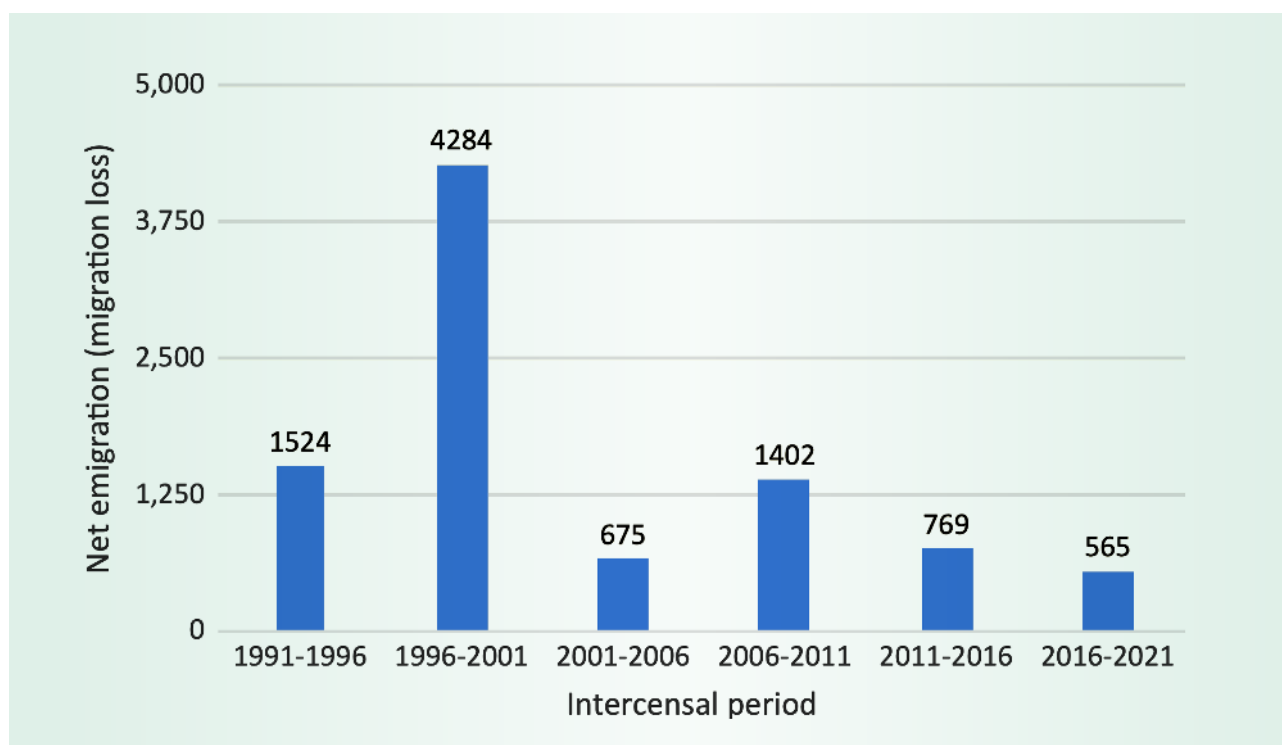


FIGURE 5 Net international emigration, 1991–1996 to 2016–2021

Source: CPPO estimates using census and vital statistics data 1991–2021

1.3 Summary of population trends

Rarotonga’s resident population has remained relatively stable in the range 9,500–10,700 between 1981 and 2021, despite declining natural increase and high levels of emigration from the country. Since 2001, Rarotonga’s resident population has grown at an average rate of 0.6 percent, which is about the same as the rate of natural increase. When “visitors” are included, total (enumerated) population of Rarotonga reached a peak of 13,900 in 2006, but this has been caused by the steady increase in the number of visitors on the island at the time of the census. Visitor numbers peaked at 3,754 in 2006 (27 percent of the total) but declined to 2,395 or 18 percent in 2016 and to less than 100 by the time of the 2021 census.

The prospect of “depopulation” has been raised in many planning documents and media commentary over the years. As noted, however, Rarotonga’s population has been growing over the past two decades. “Depopulation” in the sense of a negative population growth rate resulting in population decline has only been occurring in the Pa Enua, while Rarotonga has been experiencing positive population growth over the past 20 years – albeit at a slow rate. If we measure the rate of population decline from 2001, the largest numerical decreases have been in Manihiki (-294) and Pukapuka (-218) in the Northern Pa Enua and Mangaia (-268) and Atiu (-218) in the Southern Pa Enua. These are the islands that had the biggest populations to begin with, so the largest number of potential migrants. These declines in population have not occurred steadily over the past two decades. For most islands, the drop in population was concentrated either in the 2001–2006 period or the 2006–2011 period. In the case of Manihiki, for example, just over half of the drop in population between 2001 and 2021 occurred in the five years 2001–2006. In Mangaia, 40 percent of the total drop in population occurred in these years. So far as the Pa Enua as a whole are concerned, 48 percent of the

population decline since 2001 occurred in the 2006–2001 period and 80 percent in the 2001–2011 period.

A similar pattern can be observed when percentages rather than absolute numbers are employed. In the Northern Pa Enua, the period 2001–2006 saw the largest percentage drop (-5.8 percent). In the Southern Pa Enua the largest percentage drop of -2.5 percent occurred between 2006 and 2011. For all islands that have experienced negative growth since 2001, the rate of population decline has been dropping through time.

The implication of these trends is that significant depopulation is a thing of the past and that the rate of depopulation (negative population growth) has declined dramatically in the past decade and particularly in the five years 2016–2021. In other words, it appears that the populations of most Pa Enua islands have stabilized. The reasons for this require further investigation.

The primary cause of population decline in the Pa Enua is high levels of net emigration within the context of declining birth and death rates. In the past, however, Pa Enua residents who wished to emigrate first moved to Rarotonga in a form of “step-migration”. It is believed that Pa Enua emigrants now move directly to New Zealand or Australia, although further analysis of recent censuses is needed to confirm this shift.

The mortality and fertility transitions in the Cook Islands have largely, though not completely, run their course with both birth and death rates reaching historically low levels. The demographic picture now has more in common with the developed rather than the developing countries of the Pacific. The exception is international emigration. In a typical year, net emigration of residents exceeds natural increase, resulting in slow or negative growth. Up until 2016, the net emigration of residents was more than offset by the net immigration of “visitors”. More than likely this is a statistical anomaly caused by people arriving as visitors and being re-classified as “residents” on their departure.

In terms of age composition, major changes have occurred in the Cook Islands population in recent decades. The median age has doubled since 1971 and now sits at 32 years. This is a consequence of the 0–14 age group having declined and the 65 and over population increasing. The proportion of the population of working age is higher than it has ever been. On the other hand, the 65 and over population has doubled since 1981 – an indication that structural ageing is taking place. The youth population has dropped by about 45 percent relative to its peak in 1991.

At the same time, there is a trend toward fewer Cook Islands Maori or Cook Islands-born in the population. About 29 percent of the population were “lifetime in-migrants” (born elsewhere) in 2016.

The other noticeable trend since the late 1970s is that the female population out-numbers the male population in the prime working ages. Although low sex ratios (less than 100 males per 100 females) have been evident for a long time in the age range 15–45, the most recent census data (2016) show decreasing sex ratios (fewer males) in the age range 25 to 44. There are two possible causes of this: 1) sex-selective emigration; 2) excessive mortality among males aged 20 to 44.¹²

¹² “Sex-selective migration” refers to a situation where more males in a given age group migrate than females or vice versa. For data on male-female mortality differentials see Background paper.

1.4 Other population issues

i Male/female life expectancy gap and premature NCD mortality

According to the most recent estimates, life expectancy at birth is 77.6 years for females and 69.6 years for males. On average, women in the Cook Islands live 8 years longer than men. This is a wide gap and it has been increasing since the 1980s when it was only 5.5 years. The probability of males dying prematurely of a non-communicable disease before the age of 70 is double the rate for women. In addition, men are at greater risk of other causes that tend to reduce life expectancy, including motor vehicle accidents and suicide.

ii Teenage (adolescent) birth rate

While the teenage (15–19) birth rate in the Cook Islands has dropped from its previous high levels, there is scope for further reductions. The rate has dropped from 66 per 1,000 in 2011–13 to 41 per 1,000 in 2016–18. A further decrease to below 20 per 1,000 would be beneficial in terms of the prospects for young women to complete their education and training for work.

iii Premature NCD-related mortality and morbidity

Aside from the specific issue of the male-female gap in life expectancy, the issue of NCD morbidity in the Cook Islands is a significant one. Although the prevalence rate of many of the risk factors contributing to NCD morbidity have been declining, others have been increasing over the period 2003–2015. The prevalence of smoking and excessive alcohol consumption has declined in recent years. On the other hand, there has been no improvement in dietary intake of fruit and vegetables and the prevalence of obesity has increased.¹³ A high proportion of the population had multiple risk factors for NCDs with 57 percent of men and 52 percent of women having 3 to 5 risk factors during the most recent STEPS survey.

While risk factors are high, mortality from NCDs is low compared to other Pacific countries. This is possibly a consequence of the medical referral of chronically ill patients to New Zealand whose subsequent death is not recorded in the Cook Islands but rather New Zealand. In the years 2007–2016, an average of 150 persons per year have been referred to New Zealand. Given that only chronically ill persons are transferred to New Zealand hospitals, the death rate in this group would be above average and their exclusion from the Cook Islands vital statistics would result in life expectancy being over-estimated.

¹³ See Steps reports for 2003 and 2015 (TMO, 2011, 2015).

iv Disability

The 2016 population census reported that 24 percent of the population aged 10 years and older indicated that they had a “disability or a health problem”. Although detailed tables were provided to permit further analysis of disability by region, age, sex, and severity, no further analysis was provided in the census report. A preliminary analysis of the detailed data showed that 41 percent of the population aged 10 and over had reported at least some form of disability (seeing, hearing, walking, learning, communicating, using hands, and self-care). There was little variation either by region and sex in disability rates, although the Southern Pa Enua had a somewhat higher disability rate than other regions.

These data suggest that disability is an issue that needs to be addressed by policy. However, further analysis of census and other data is needed to further identify the main forms and patterns of disability in the country.

v Gender equality and women’s empowerment

Gender matters are relevant to population patterns because gender inequality has implications for women’s decision-making within the family and society at large. Related to this is the issue of Violence against Women (GBV), potentially is highly disruptive of family line and the welfare of women.

Although relevant to population, these issues are not addressed in this policy given that the National Policy on Gender Equality and Women’s Empowerment and Action Plan 2019–2024 remains in effect and adequately covers the key issues.¹⁴

vi Family

The family is the central institution in the social life of a country and plays a key role in various population processes – ranging from migration decisions to family size choices. The strength of the family can be affected by social welfare policies as well as by taxation laws. The Ministry of Internal Affairs is in the process of formulating a “Family Well-being Country Plan (Kopu Tangata Matutu) that will develop strategies to strengthen the family in all its forms.

¹⁴ Ministry of Internal Affairs (2019)

1.5 Future population growth

Given the general uncertainty in population dynamics, it is difficult to project the future population trends in the Cook Islands. However, since fertility and mortality are unlikely to change radically in the future, the key factor to be taken into account is international migration. As an age-sex distribution for 2021 is not yet available from the census, it is not yet possible to make a set of population projections based on 2021 data. The projections discussed in this section are based on the 2016 census.

If the migration trends of the 2011–16 period were to continue through to 2036, then the resident population of the Cook Islands would more or less stabilize, although the population of the Pa Enua would continue to decline steadily at a moderate rate (Figure 6) while Rarotonga's population would be steady at just under 11,000. This suggests that the population will stabilize in the near future.

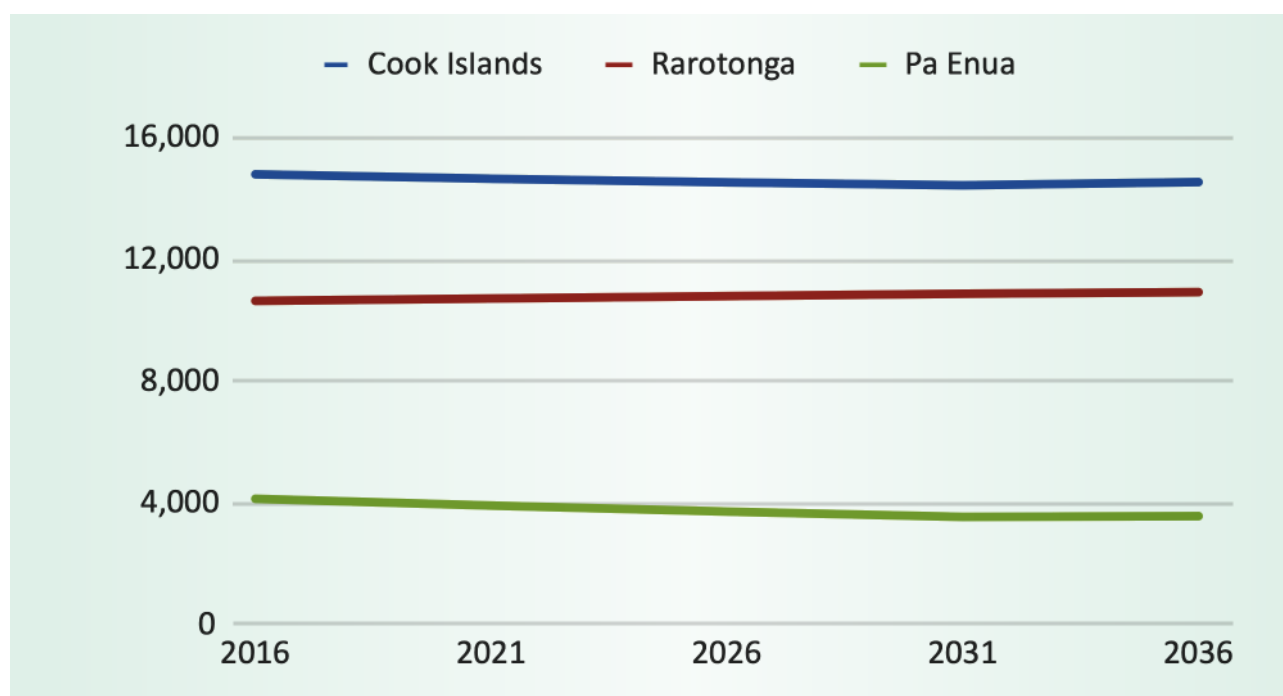


FIGURE 6 Future population by region assuming continuation of 2011–2016 trends

Source: Custom projections by CPPO.

Despite concerns that the Covid-19 pandemic would result in a mass exodus of the labour force to New Zealand or Australia, the preliminary results of the 2021 census suggest that this did not occur during the 2020–2021 period when Covid-19 had its most severe impact on the tourism sector. The resident population in December 2021 (14,841) was little changed from December 2016 (14,802). What did happen was that the “visitor” (or non-resident) population dropped dramatically – from 2,660 at the time of 2016 census to only 56 in 2021, a decline of 98 percent. Given that some “visitors” may have been migrant workers who had not acquired resident status, the main impact of the downturn in tourism would have affected this group rather than residents.

The 2021 census population of 14,841 is consistent with the “low migration” scenario of the projections based on the 2016 population and age distribution (see Figure 7). This scenario was based on net migration of -100 residents per year. This number of net migrants would result in a relatively stable population at least up to 2036, but ageing may result in a declining rate of natural increase, thereby accelerating the speed of population decline after 2036. If net migration were to increase to -190 per year, combined with little change in the rate of natural increase, then there would be a steady decline in the population to about 9,000 by 2056 – the final year of the projections.

Even a moderate increase in emigration (relative to the 2011–2016 period) to net -190 people per year would result in a steadily declining population over the next 35 years, with the total population dropping to about 9,000 by 2056 (Figure 7). Low emigration (-100 persons per year net) would result in a stable population up to 2036 but after that a decline would set in because natural increase would also be declining gradually as the death rate increased due to ageing.

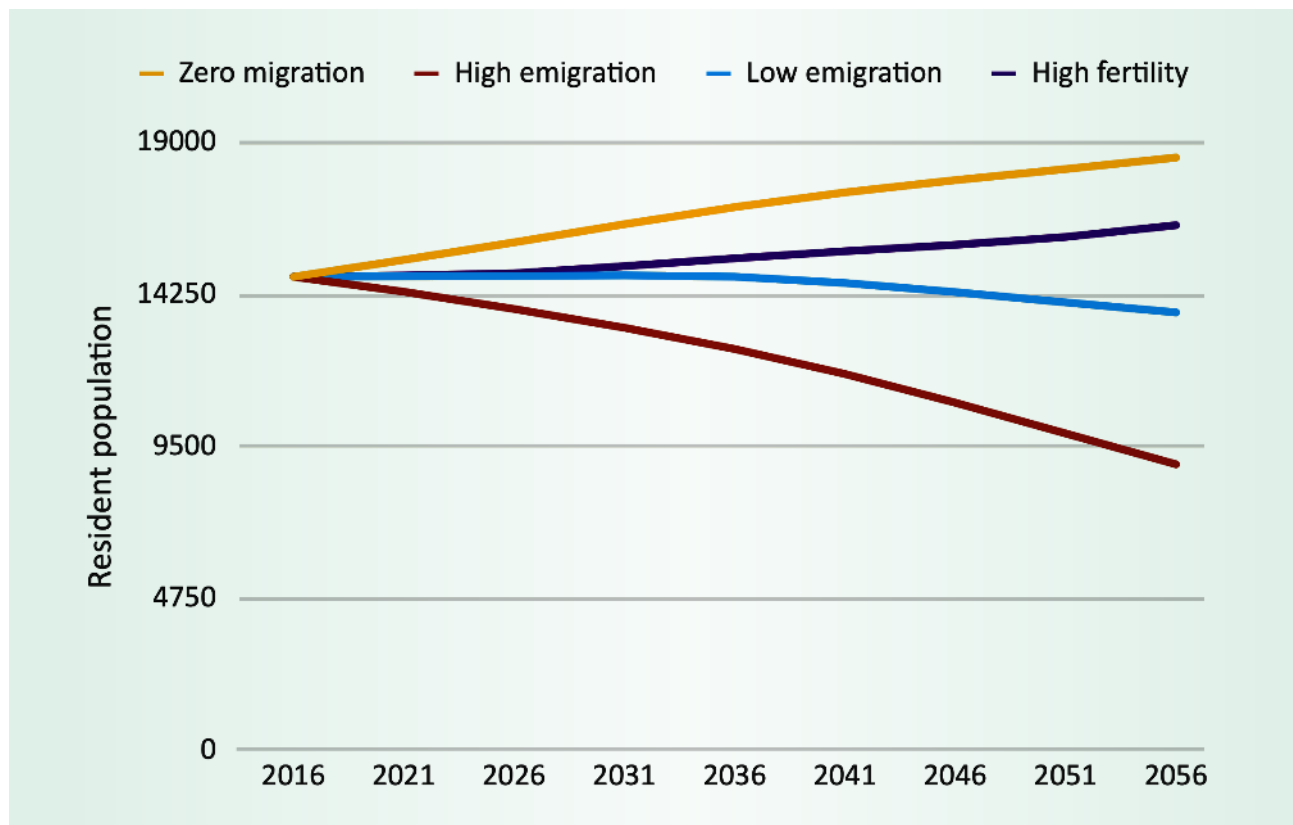


FIGURE 7 Long term population prospects based on four migration scenarios

Source: CPPPO projections

To achieve population growth, net migration would have to decline to zero or the fertility rate would have to increase to offset the migration outflow. There is still sufficient potential for natural increase to grow in the absence of net emigration. In this scenario (“zero migration” in Figure 7), the total population could increase to 18,500 by 2056. An increase in fertility (from a TFR of 2.4 to 3.0) combined with low net emigration would also have a positive effect on population growth (the “high fertility” scenario). However, this would constitute a reversal of the fertility trends of the past two decades.

1.6 The policy implications of the population situation

i Population statistics

The present supply of population statistics is inadequate for the monitoring of population change and assessing the impact of population dynamics on development and social welfare. The measurement of various categories of migrants needs to be improved to remove anomalies. Better data are also needed on the composition of the labour force to clearly differentiate local from migrant workers. A review is needed on a range of statistical series, including vital statistics. Related to this is the relative absence of research studies on population that might guide policy.

ii Depopulation

There are two aspects to “depopulation” in the Cook Islands. (1) the decline in population in the Pa Enua, which is particularly evident in Manihiki, Atiu and Mangaia; (2) The decline in the Cook Islands Maori population of Rarotonga, which has compelled many private businesses to import migrant workers from low-wage countries in the Pacific and Asia. There is an apparent consensus that a declining population presents socio-economic problems for the Cook Islands, or certain groups within it. Decreasing Pa Enua populations creates diseconomies of scale in the delivery of social services and makes economic development there more difficult. The declining Cook Islands Maori population of Rarotonga has social and cultural implications, not least the maintenance of cultural knowledge including language. The ethnic composition of the 2021 census population has yet to be reported.

Halting and/or reversing the outflow of population, whether from the Pa Enua or Rarotonga, is a major policy challenge. The free movement of Cook Islanders between the Cook Islands and New Zealand (and to Australia through the Trans-Tasman Travel Arrangement) is a right that follows from shared New Zealand citizenship. Policy options are therefore limited to the provision of various kinds of incentives – whether financial or through the provision of subsidized services or other inducements. The number of return migrants in the population is presently small (possibly 5 percent) and there are no research studies to indicate what motivates return. There is some indication that people return to retire; but this type of migration does not help maintain or increase the labour force, which is the principal issue in Rarotonga.

It is often suggested that the economic development of the Pa Enua islands would help retain population and discourage emigration. Manihiki and Aitutaki are two islands that have had periods of economic development. Aitutaki has seen significant tourism development, and this may account for the fact that its population has been relatively stable – at least since 2011. Manihiki is a special case due to the difficulties of sustaining the pearl industry. Extreme population flows have followed from the development and then decline of pearl farming. Opportunities for investment and job creation in other islands are limited.

The main waves of emigration from the Cook Islands have been associated with economic crises that resulted in the loss of jobs or livelihoods, although most years register an outflow. The reduction of the civil service in the mid-1990s following a fiscal crisis of the Government produced a large outflow. But significant flows also occurred in the 1970s as the country faced difficulty absorbing the growing population of labour force age into work and transport became easier. In simple terms, population movement is driven by both “push” and “pull” factors. The limited range of attractive occupations in a small economy provides the push; the higher wages available in New Zealand and Australia provide a relentless “pull”. These economic forces are very difficult to change by means of government policy, but development strategies may have an impact in the longer term.

iii Fertility decline

A contributing factor in population decline in the resident population of the Cook Islands since 1971 is the drop in fertility, which has brought the rate of natural increase to below 1 percent per year. The average number of lifetime births per woman declined from nearly 8 in the early 1960s to about 2.4 today. In itself, this is an indication of social change, reinforced by economic factors such as the cost of raising children. Migration also contributes indirectly to fertility decline in that women who intend to migrate may delay pregnancy until after they have migrated.¹⁵ Higher education, particularly for women, also tends to depress the fertility rate because more highly educated women have a higher labour force participation rate and fewer births. Also, undertaking higher education is not always compatible with child-bearing.

Universal primary education was achieved some time ago in the Cook Islands, but secondary enrolment is well below 100 percent (72 percent for men and 76 percent for women in 2019). Literacy at NCEA level 1 was 96 percent in English and 95 percent in Cook Islands Maori in 2018, indicating a high level of literacy in both languages. However, statistics on adult literacy in the general population do not appear to be available.

In recent years, the total fertility rate has occasionally dropped to 2.1, which is the “replacement” level (the number of births necessary to maintain the current population size). Among Pacific Island countries, only Palau and French Polynesia have a TFR below replacement (1.7), but other Polynesian countries, including Wallis and Futuna and Niue have a TFR at or slightly above replacement. It is probably in the general interest of the Cook Islands to keep the TFR somewhat above replacement level if possible. Although government efforts to increase the birth-rate are rarely successful, there are possibly measures such as child allowances and birth payments that can make a difference. Research on pro-natalist policies in other countries suggests that they are very expensive and make only a small difference in the TFR.

iv Migrant labour force

To replace emigrating Cook Islanders, business enterprises in the Cook Islands, particularly in the tourism sector, have recruited workers from elsewhere in the Pacific and Asia. Just as Cook Islanders are emigrating from a place with relatively low wages to one with relatively higher wages, so migrant workers are recruited from low-wage countries in order to receive the relatively higher wages on offer in the Cook Islands. This is how a globalized labour market works. Government policy has facilitated labour migration to meet business demand. The primary consequence has been a decline in the number and proportion of Cook Islands Maori in the labour force and a more ethnically diverse population. Insofar as labour power is a commodity, this is perhaps not a problem. The danger is that the culture will become further diluted, which could undermine the tourism industry in the longer run.¹⁶

Formulating policy to increase the proportion of Cook Islanders in the labour force and reduce the need for migrant labour is challenging. Options include raising the minimum wage and legislating a “living wage” for local residents. Exploring the potential for inducing return migration from New Zealand by providing incentives or inducements is another approach. A tax exemption on incomes up to \$60,000 for those living in the Pa Enua has been proposed and this could help retain population or encourage return migration among those able to work remotely or establish businesses. Similarly, a proposal to provide reduced interest rates for first time home buyers may also have an effect over the medium term – particularly for young families.

¹⁵ This has not been confirmed in the Cook Islands but has been observed elsewhere.

¹⁶ In 2019, the last normal year for tourism prior to the Covid-19 pandemic, the ratio of visitors (excluding persons visiting residents or seeking employment) to population in the Cook Islands was 10.2 to 1 (153,700 visitors and 15,000 residents). This compares with a ratio of approximately 1:1 in Fiji and French Polynesia, 4:1 in Jamaica and 7:1 in Hawaii. The optimum ratio will depend on the type of tourism.

v Population ageing

The combination of declining fertility and net emigration results in population ageing, as evidenced by a rising median age. Emigration reduces the number of workers relative to the number of older people because it is mostly the working age population that emigrates. Declining fertility increases the proportion of old people in the population. Rising life expectancy increases the number of elderly people in the population. The policy challenge is to ensure the wellbeing of older persons and especially the oldest old (85 years and over) as the number and proportion of these age groups is increasing. Financial security and health care are the primary challenges. Health care for the older population is particularly challenging in the Pa Enua where most islands lack a resident doctor.

A draft National Policy on Ageing 2019–2023 has been prepared but has not been officially endorsed. This policy needs to be reviewed, updated, approved and implemented.

vi Youth

The size of the youth population is affected by the level of emigration. With a high or moderate rate of emigration, the number of youth can be expected to decline in the long run. A low level of emigration combined with stable fertility will result in the youth population increasing moderately over the next decade before stabilizing. Although a youth policy has been developed to cover the period 2021–26, its primary focus is on language, culture and personal identity with little attention paid to employment issues. While youth unemployment is low, a significant number of youth are classified as not in employment, education or training (NEET). In the Pa Enua, 24 percent of youth are considered NEET, double the rate for country as a whole. The current youth policy needs to be reviewed so that the gaps can be filled.

vii Life expectancy gap

The wide gap between male and female life expectancy is a function of higher mortality rates among males. Male premature mortality from NCD-related causes is double the female rate. In addition, males are at higher risks of death from accidents and suicide. Programmes aimed at reducing the risk factors associated with NCDs in the population as a whole will obviously benefit males, but it is also necessary to target male health and wellbeing specifically. Policies that might reduce heavy alcohol consumption and tobacco use by men, would be beneficial. A suicide prevention strategy is also essential, with a specific focus on men.

viii NCD morbidity, risk factors and premature mortality

An increase in the proportion of deaths attributed to NCDs is a normal consequence of the demographic and epidemiological transitions¹⁷. If the number of deaths due to infectious diseases declines then other causes will increase proportionately. The main policy challenge is to reduce premature mortality (deaths under the age of 70) and to reduce NCD morbidity and disability. Policies to address NCD prevalence rates in the Cook Islands have existed for many decades. Some reductions in the main risk factors that are conducive to NCDs have been observed, but the strategies that have worked or not worked have yet to be identified. The current NCD plan 2021–25 was prepared without the benefit of a recent STEPS survey (the most recent one being nearly a decade old)¹⁸. A new STEPS survey is clearly needed, along with a review of the effectiveness of previous NCD plans aimed at reducing the risk factors associated with NCDs.

¹⁷ The “epidemiological transitions” refers to the changes in the causes of death from mainly infectious diseases to mainly non-communicable diseases (NCDs).

¹⁸ The STEPS survey is a standardized method developed by WHO to measure changes in the risk factors that contribute to NCDs. The Cook Islands had had two SEPS surveys, one in 2003 and one covering the period 2013–2015. A third STEPS survey is planned for 2022.



CHAPTER 2

The Socio-economic and Cultural Context

Introduction

Population change does not take place in a vacuum but is an outcome of economic, social, cultural and environmental conditions. For example, as average income increases, birth and death rates decrease. In turn, increasing income is usually linked to higher levels of completed education as well as changes in the occupations that men and women engage in. Associated with these trends are changes in cultural norms and social values – including values related to consumption. The Cook Islands has undergone a transformation in its economy and social structure since achieving self-government. The key changes that play a role in population change are summarized below.

2.1 Economic growth and per capita income

A rapid rate of economic growth over the past decade, built on the basis of investment in tourism, resulted in the Cook Islands officially crossing the threshold from a middle-income country to a “high income” effective 1 January, 2020.¹⁹ According to the Asian Development Bank, per capita GDP peaked at \$NZ28,486 in 2019, but dropped to \$NZ24,427 in 2020 due to the effects of the decline in tourism caused by the COVID-19 pandemic. These figures show that Cook Islands has the highest per capita income in the Pacific outside the U.S. and French territories. Given the decline in economic output following the COVID-19 pandemic, which cut-off tourism, GDP has dropped significantly. According to the ADB, the accommodation and services sector declined by 80 percent between 2019 and 2020. Although this is an extreme occurrence, volatility has been a feature of the Cook Islands economy over the past two decades.

Rapid economic growth would normally be expected to improve the conditions of life and reduce the incentives for emigration from the source country. However, emigrants are more likely to respond to income differentials between countries rather than the absolute level of income at home. Despite rapid economic growth in the Cook Islands, the ratio of median income in the Cook Islands to median income in New Zealand and Australia is currently 1:3.2 and 1:4.3, respectively. Even allowing for the higher cost of housing in these destination countries, the economic incentive to emigrate is considerable. For residents of the Pa Enua, the economic incentive is even higher. In 2015, the median income in the Pa Enua was estimated at \$8,050, about 60 percent of “urban” (i.e., Rarotonga) income or about 20 percent of the median income in New Zealand and 15 percent of the median income in Australia.

The monetary incentive to emigrate to New Zealand or Australia is obviously greater for some occupational groups than others because median income is mostly a function of occupation. Also, incomes are generally lower in the Pa Enua than in Rarotonga for most occupations.

However, monetary incentives are only part of the picture. Migrants are also motivated by the possibility of finding educational or occupational opportunities that are not available at home and not likely to be due to the diseconomies of scale. Research has shown that nurses, for example, are attracted by the possibility of increasing their skills by emigrating to places where more sophisticated medicine is practiced, such as open-heart surgery.

¹⁹ MFEM Media Release, October 2019.

2.2 The structure of the economy and the labour force

The Cook Islands economy was more diversified in the 1970s than it is today. In 1971, 22 percent of the labour force was working in industry and 23 percent in agriculture – 45 percent of the total economy. By 2019, agriculture and industry combined had declined to 12 percent and 88 percent of economic output was generated by services. This is a consequence of the massive expansion – facilitated by local and foreign investment – of the tourism sector. The predominant form of employment in this sector is sales and service workers. These workers are the lowest paid employees of any economic sector in the Cook Islands. In Rarotonga, even workers in “elementary occupations” are better paid²⁰. Overall, sales and services workers made up 26 percent of the labour force in 2019 – about 2000 workers in total. It is among this group that the incentive to emigrate is the strongest, even in normal times. After COVID-19 decimated the tourism sector in 2020, the incentive to emigrate was not the normal “pull” of higher wages, but rather the “push” of disappearing jobs. In some cases, wage subsidies would have mitigated this factor to some extent, thus reducing the pressure to emigrate. The situation of the mid-1990s when the restructure of the public service caused the loss of many jobs was somewhat similar. The difference in 2020–21 is that it is private sector jobs that have been lost and government support was available to maintain livelihoods and support businesses.

The relatively low wages paid to sales and services workers is in part a function of the role of migrant workers in the economy. While migrant workers fill an important gap in the labour force, their availability also maintains downward pressure on domestic wage rates. This is because mass tourism is a competitive industry and costs are sensitive to wage rates.

The transition from a “MIRAB” economy (one based on public sector jobs, foreign aid and remittances from abroad) to a “SITE” (small island tourist economy) has occurred over the past two decades. Both types of economy reflect different ways of adapting to the limited scope for conventional development, such as industrialization or export-oriented agriculture in small island developing states. Of the two models, SITE is the most vulnerable to international economic forces. On the other hand, tourism has made it possible for the Cook Islands to graduate to “developed” country status.

²⁰ See the Labour Force Survey, 2019 for details. By ILO definitions, “elementary occupations consist of simple and routine tasks which mainly require the use of hand-held tools and often some physical effort.”

BOX A The Impact of the Covid-19 pandemic on population in the Cook Islands

The Covid-19 (SARS-CoV-2) pandemic that arrived in New Zealand in late February 2020, had – and continues to have – a significant impact on the Cook Islands economy and population in several ways. The most obvious of these is the effects of border closures in New Zealand and Australia in March 2020 and the Cook Islands in April 2020. With border closures and the introduction of quarantine requirements for citizens, air travel declined rapidly with severe consequences for the tourism industry in the Cook Islands. With the decline in air services, visitor numbers declined to zero in April 2020, but the movement of Cook Islands residents also declined due to the need to quarantine in New Zealand as well as to the decrease in passenger air services. In turn, Cook Islands residents who may previously have travelled to New Zealand to receive medical treatment, or to give birth, were unable to do so. Potentially, this may have resulted in an increase in the death rate as well as the birth rate as these vital events would have been more likely to occur in the Cook Islands rather than New Zealand.

The actual impact of these conditions on vital events cannot be measured at present because there is a delay between the occurrence of births and deaths and their official registration and reporting. The latest data only cover the first six months of the pandemic in New Zealand (up to June 2020). Because both births and deaths fluctuate significantly on a quarterly basis, it is not possible to discern any trend.

On the other hand, migration statistics are reported more frequently and with less delay, so the impact of border closures on population movement can be measured. As can be seen from Figure 8 (below), from nearly 20,000 arrivals in July 2019, both visitor and resident arrivals dropped to zero in April 2020. Monthly visitor flows remained very low until May 2021 when a “bubble” was opened with New Zealand and arrivals started to increase. In July 2021 12,400 arrivals were registered but both visitor and resident arrivals again dropped to zero in September 2021.

In terms of the impact of population movement on total population, the key factor is the net balance of the inflow and outflow of residents. The movement of visitors is economically important but their impact on population should be negligible unless some visitors change their status to resident inside the country.

The movement of residents from the beginning of the pandemic in early 2020 to early 2022 can be seen in Figure 9. The trends follow a “V” pattern, with the net flow dropping from a net inflow in February 2020 to a net outflow by March 2021. Subsequently there was a trend toward a net inflow, although there were fluctuations from month to month. In January 2022, the net inflow of residents reached 325. The end result of these inflows over the Covid-affected period Feb 2020 – Feb 2022 was a net inflow of 280 residents. In other words, the impact of population flows during the Covid-19 affected period on population size was very small, despite the reports of large outflows of population reported in the news media.

The provisional figures from the 2021 census confirm that despite large fluctuations in the movement of people across the border, the resident population of the Cook Islands has remained almost unchanged from where it was in 2016. This is unexpected and needs further investigation.

The second phase of the Covid-19 emergency in the Cook Islands began with the introduction of the Omicron variant into the country in February 2022 – with 5,400 cases reported up to mid-May 2022. The number constitutes about 36 percent of the estimated resident population. It is too early to estimate the effects of this phase. Although borders between Cook Islands and New Zealand are open to vaccinated and persons with a negative test result, it is not yet clear if potential visitors will defer trips to the Cook Islands, given the financial and health risks associated with contracting Covid-19 there compared to their home countries of Australia and New Zealand. In this phase, it is not official measures that deter travel but rather the perception of risk that travellers have (“visitor hesitancy”).

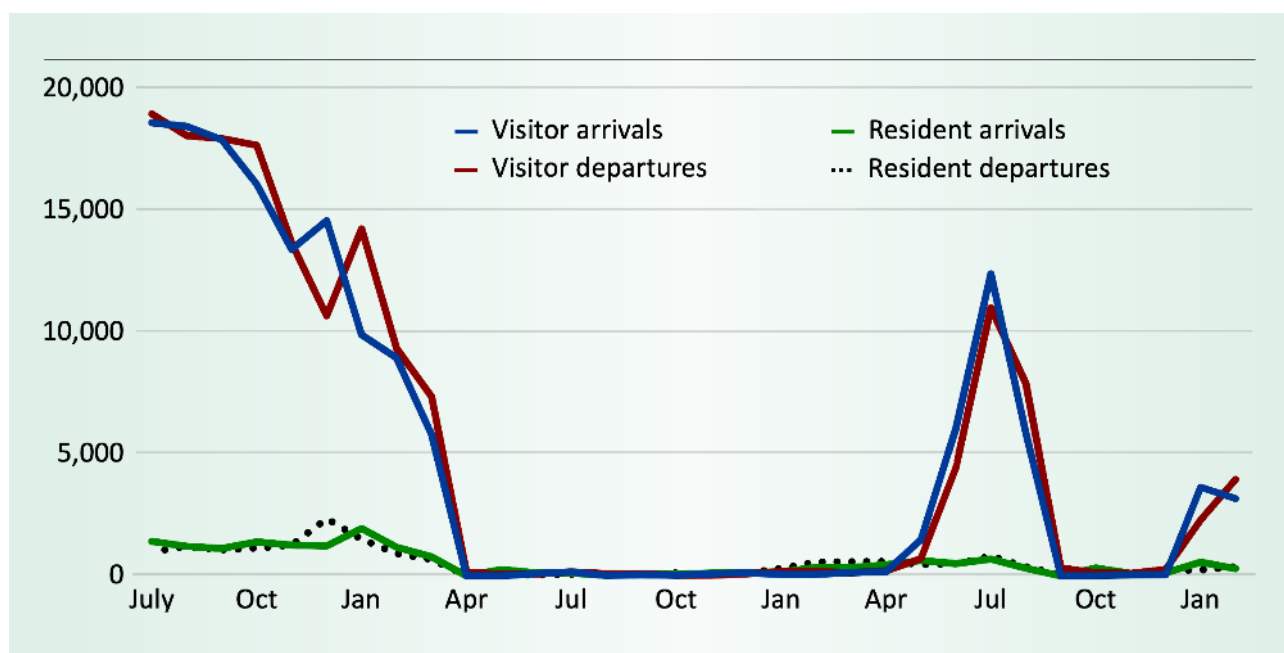


FIGURE 8 Arrivals and departures of visitors and residents by month, July 2019-Feb 2022

Source: Cook Islands Statistics Office (2022a)

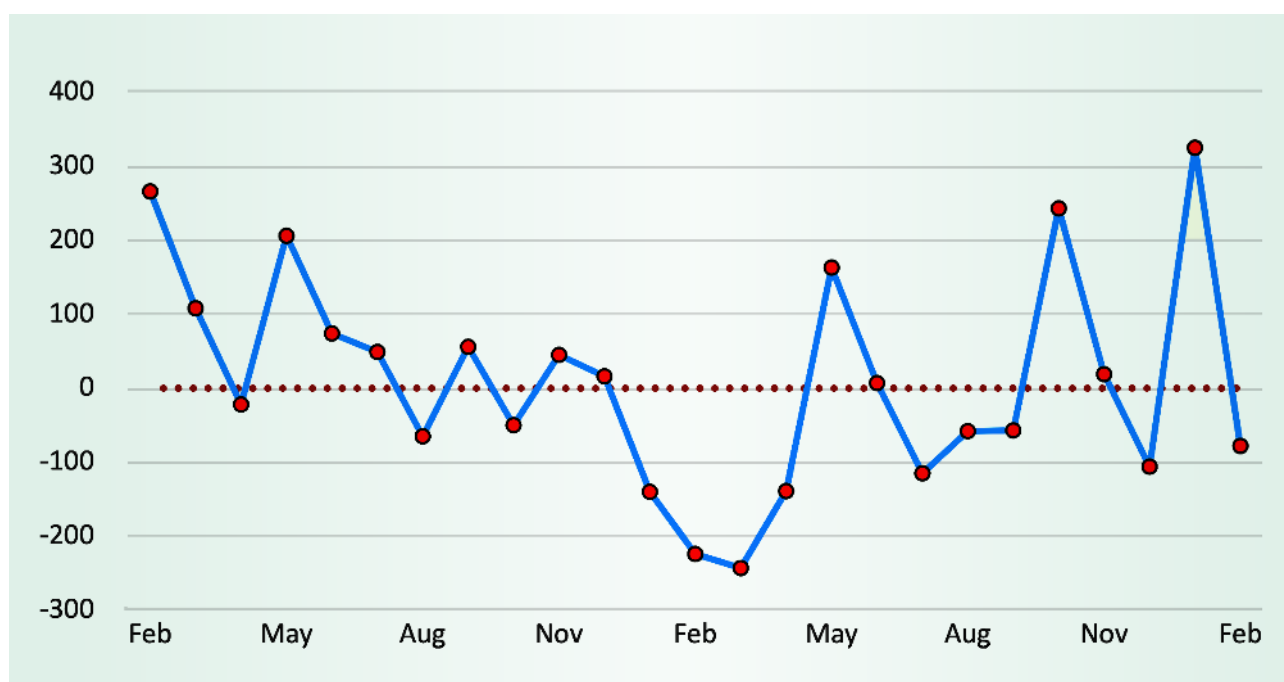


FIGURE 9 Net flow of residents, Feb 2020 to Feb 2022

Source: Cook Islands Statistics Office (2022a)

BOX B The Economic impact of Covid-19 in the Cook Islands

The Cook Islands economy is the most dependent on the tourism industry in the Pacific Islands region. The severe decline in visitor arrivals over the period from April 2020 to April 2021, inclusive, resulted in a 29 percent drop in GDP in calendar year 2021 according to the Asian Development Bank (ADB, 2022). This is the largest GDP decline of any ADB member country. The MFEM's estimates based on financial years 2019–2020 and 2020–2021 were a drop in nominal GDP of 7.9 percent and 14.6 percent, respectively (MFEM, 2021). In the absence of regular household surveys, the impact of these trends on employment, income and consumption cannot be determined. However, the impact on these aspects of the economy was mitigated to some extent by fiscal expansion through the government's Economic Response Plan (ERP), which included wage subsidies for affected employees and assistance for companies. This programme was supported by large grants from the New Zealand Government.

MFEM forecasts GDP growth of 11.8 percent in the financial year 2021–2022, but this may depend on whether the arrival of the Omicron variant of the Covid-19 virus will reduce tourist arrivals. While the Government's Economic Development Strategy 2030 remains in effect, the Government may not be able to implement some activities in the short-term, including improving transportation infrastructure. Other activities, such as improving internet connectivity in the Pa Enua are expected to continue. Whether out-migration from the Pa Enua will increase as a result of a slow-down in expenditure remains unclear, but it cannot be ruled out.

2.3 Socio-culture factors

Culture refers to the values, attitudes and beliefs that guide behaviour within a given society. Although some aspects of culture in the Cook Islands vary between islands, the overall culture contains elements from Polynesian tradition and customs as well as introduced components derived from Christianity as interpreted by protestant missionaries beginning from the 1830s. In addition to traditional and Christian precepts of morality, formal law as derived from British jurisprudence has been incorporated into the cultural outlook of Cook Islanders.

Traditional attitudes and values are most evident in the ownership and control of land. Most land in the Cook Islands is collectively owned by tribes whose members trace their origin to one of the first settlers. Everyone who can trace their descent to a landholding ancestor can exercise a right to land according to certain traditional rules. The most important of these rules is primogeniture: the special rights that are accorded to first-born males. This means that, rights to land are inseparable from rights to a chiefly title. The link between control over land and chiefly titles (which can only be inherited) explains why there is often conflict over the inheritance of titles. With modernization and Christianization, women have gained more rights to titles than they had in traditional times.

Title holders remain respected as custodians of tradition, but have no executive authority outside land matters and other aspects of custom within their vaka (tribe) that are not covered by formal law. The making of laws is the sole prerogative of the Parliament. However, under the constitution, Parliament is expected to “have regard to” the customs, traditions and values of the indigenous people of the Cook Islands. What those traditions actually are is a matter for the Aronga Mana (ruling authorities) of each island and cannot be questioned by a court of law. On the other hand, any law passed in the Cook Islands, whether a reflection

of tradition or not, is invalid if it conflicts with the Constitution. Of particular importance is Article 64 of the Constitution that defines “Fundamental human rights and freedoms”, which reflect Western concepts of civil liberty. (see “principles”, below). Thus, modern concepts and traditional practices are interwoven and where there is contradiction, Constitution law prevails

Respect for elders and title holders is an important value deriving from traditional customs. In particular, children and youth are expected to show deference to elders. Education is also accorded high importance in the Cook Islands. This derives in part from the emphasis given to bible study by the early congregationalist missionaries. Another Christian value is familism – providing priority support to one’s own family, which can extend to a larger group of relatives who are genealogically linked. At the same time, there is a tendency of branches of families to compete in terms of the achievement of their children. Occupational success is also highly valued. Prowess at sports is another aspect of this. Given the origin of Cook Islands Christianity in the Congregationalist and evangelical tradition, the churches have remained socially conservative.

2.4 Principles

i Constitutional rights

The Cook Islands Constitution includes a section on fundamental human rights and freedoms, which include:

- The right of the individual to life, liberty and security of the person, and not to be deprived thereof except in accordance with law;
- The right of the individual to equality before the law and to the protection of the law;
- The right of the individual to own property and the right not to be deprived thereof except in accordance with law;
- Freedom of thought, conscience and religion;
- Freedom of speech and expression;
- Freedom of peaceful assembly and association;

These constitutional rights and freedoms exist “without discrimination by reason of race, national origin, religion, opinion, belief, or sex”. Policy making therefore needs to take these rights into account and ensure that they are not undermined. The NPP has been formulated accordingly.

ii International principles

The international principles that govern the formulation of population policies and programmes are laid out in the Programme of Action of the International Conference on Population and Development (ICPD) that was agreed to in Cairo in 1994 and affirmed in 2005 as well as in subsequent international forums. The key principles include:

- All human beings are born free and equal in dignity and rights;
- Human beings are at the centre of concerns for sustainable development;
- The right to development is a universal right and an integral part of fundamental human rights;

- Advancing gender equality and equity and the empowerment of women and the elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are the cornerstones of population and development related programmes;
- Population related goals and policies are an integral part of cultural, economic and social development, the principle aim of which is to improve the quality of life;
- Sustainable development as a means to ensure human well-being... requires that the interrelationships between population, resources, the environment and development should be fully recognized, properly managed and brought into harmonious and dynamic balance;
- All states and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development...;
- All people have the right to the enjoyment of the highest possible standard of physical and mental health;
- States should take all appropriate measures to ensure, on the basis of equality of men and women, universal access to health care services, including those related to reproductive and sexual health care, which includes family planning;
- The family is the basic unit of society and should be strengthened;
- Everyone has the right to education, which should be directed at the full development of human resources, and human dignity and potential with particular attention to women and the girl child;
- All states and families should give the highest possible priority to children;
- Everyone has the right to seek and to enjoy in other countries the right to asylum from persecution;
- In considering the population and development needs of indigenous people, States should recognize their identity, culture and interests...
- Sustained economic growth, in the context of sustainable development and social progress require that growth be broadly based offering equal opportunities to all people.

iii National Sustainable Development Agenda (NSDA 2020+)

National vision and shared understandings

Central to Te Ara Akapapa'anga Nui- NSDA 2020+ will be the aspiration towards Turanga Memeitaki- Wellbeing for all. A vision where each person attains, at its most basic-a state of being comfortable, healthy, and happy. There is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), and satisfaction with life, fulfilment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. Albeit wellbeing may seem more subjective it is our job to measure the best way possible so that we can track attainment of wellbeing for all across the Nation.

The Eternity of KIA ORANA²¹- our shared understandings guides the NSDA 2020+

The Cook Islands Population Policy 2022–2032 has taken these principles into account and has attempted to recognize them in the goals and objectives of the policy.

²¹ Adapted from the book Kama'atu by Jon Tikivanotau Jonassen.

CHAPTER 3

Policy Goals, Strategies and Objectives

Introduction

This chapter discusses the policy goals and the strategies and objectives to achieve them. The over-arching goal and purpose of the National Population policy is to contribute to the general wellbeing and quality of life of the population of the Cook Islands. The National Population Policy contributes to wellbeing by means of the nine specific goals that the policy aims to achieve, along with their supporting objectives and actions. The key population groups whose wellbeing and quality of life the policy aims to improve are: Cook Islands Maori, the Pa Enua population, the elderly and disabled, youth, and labour force-age women. In addition, the policy aims to reduce the gap between male and female life expectancy and to reduce the risk factors associated with premature mortality caused by non-communicable diseases. Improved statistical capacity will support population monitoring across all dimensions.

The main dimensions of wellbeing have been laid out in the Te Ara Akapapa'anga Nui, the Cook Islands National Sustainable Development Agenda 2020+. The specific goals and their indicators contributing to wellbeing are contained in Te Kaveinga Iti, which covers the initial five-year period of the NSDA 2020+, which has a multi-generational time frame. The National Population Policy overlaps with some of the goals of Te Kaveinga Iti but the latter has a much broader perspective. Of the 15 goals identified in Te Kaveinga Iti, the National Population Policy is most closely linked to the following:

GOAL 1 Wellbeing for all (specifically youth, and the elderly)

GOAL 6 Infrastructure, transport and ICT (internet connectivity, improved shipping and air services)

GOAL 7 Health and healthy lifestyles (NCD reduction, sexual health)

GOAL 14 A sustainable population (resident population, economic engagement, migration incentives)

In addition to these goal level links, the National Population Policy also links to some of the "indicators" of Te Kaveinga Iti goals, including: 2.1, "percentage of people under the "minimum liveable income", 3.6 "growth in non-tourist related industries; 9.3, "...facilities for the elderly".

The National Population policy also links to the Economic Development Strategy 2030, particularly in terms of Objective 3 "Developing our people and culture". Actions 3.2 "Population study" and 3.2 "National Population Strategy" are reflected in the National Population Policy (NPP) although selectively. From the perspective of the National Population Policy (NPP), the EDS2030 is a "sector plan", from which certain elements are incorporated, as is the case for other sectors (Health and Education, for example). As a sector plan, the EDS is obviously focused on economic matters (particularly economic growth). The NPP has adopted some of the measures contained in the EDS2030, although not necessarily to explicitly promote economic growth, which is not the purpose of a population policy.²²

²² The primary focus of the EDS2030 is on "quality growth", that is growth that does not threaten the "long-term sustainability of the Cook Islands economy" (p19). The EDS2030 recognizes that "...short-term strategies with a sole focus on GDP growth can lead to an unsustainable cycle of growth driven by the exploitation of human and natural capital." The National Population Policy is compatible with the concept of "quality" growth and "growth with equity", but employs a wider definition of quality to include the "cultural capital" of the Cook Islands Maori population. Cultural capital is that capital which cannot be traded for economic gains and is central to national identity.

A Guide to Terminology

In the National Population policy, “goals” refer to the highest order outcomes to be achieved by the policy. An “objective” is a lower-level outcome that contributes to the achievement of a goal. Objectives are conditions that will contribute to achieving the goals. “Strategies” refer to the means (“how”) by which a goal is to be achieved. “Activities” refer to specific actions to be carried out given the strategy that has been selected. For example, if the goal is to improve skills, the strategy may be “training” and a “training course” would be an activity. These concepts are laid out in the implementation matrix (see chapter 4).

3.1 POLICY GOAL 1

A more relevant, accurate and timely set of population, health and socio-economic statistics and research findings

Reliable, relevant and timely statistics are a crucial precondition to social and economic planning, including its population aspects. The monitoring of population trends in the Cook Islands is challenging because of the large movement of people in and out of the country relative to its population size. The measurement of people crossing the border has created anomalies in the estimates of migration that need to be resolved. Related to this, the movement of residents for the purpose of giving birth or receiving medical treatment presents difficulties when birth and death rates and life expectancy are estimated.

The increasing number of migrant workers in the population also presents statistical challenges. Censuses and survey reports do not provide sufficient disaggregation so that the differences between residents and migrants can be analyzed.

The Cook Islands is also lacking data on key socio-economic indicators such as the Human Development Index (HDI) and Gender Development Index (GDI) and indicators of violence against women. Poverty data is either not collected or not published.

There is also a growing “research gap” as regards to various dimensions and aspects of population. In particular, on the factors that contribute to emigration and the potential for return migration – especially to and within the Pa Enua.

In addition, the issue of an “optimal” population for the Cook Islands needs further research. It is not clear, for example, whether a larger overall population generated through liberal immigration policies would be economically beneficial to the country as a whole. The framework for such a study would need to be carefully worked out to ensure that all relevant dimensions are identified – including economic, social and cultural aspects.

STRATEGIES

1. The overall strategy to support this goal is the institutional strengthening of the Cook Islands Statistics Office. Components of this strategy include improved funding, increased and more highly trained staff, improved management and better technology. These strategies would be further detailed in a National Statistical Development Strategy to be developed by the Statistics Office during the first two years of the National Population Policy. Technical support for the NSDS is potentially available from several agencies, including SPC, PFTAC (IMF) and Statistics New Zealand.
2. Improved knowledge of the causes of the research gap, which may include limitations of funding or other impediments will also be pursued. This may include focused research study to determine the causes of the research gap in population and propose solutions.
3. Develop research capacity in the population-development domain by ensuring that local researchers are able to participate in contracted research.

OBJECTIVES

The key objectives to be achieved in pursuit of this goal include:

- More accurate and useful statistics on population movement
- Better understanding of how to measure the impact of migration
- A transparent data-set on migrant workers
- More accurate estimates of GDP and GNI
- More reliable mortality and fertility rates
- Improved staffing levels and staff skills in CISO
- Increased body of research findings to inform policy development, especially in the area of population-development linkages.

3.2 POLICY GOAL 2

Halting and reversing the decline in population in the Pa Enua

This policy goal is focused on the Pa Enua. The basis for this goal is a general consensus that further population decline in the Pa Enua is not in the national interest. One of the reasons for concern is the fear that population decline will become a “vicious cycle”, making population recovery difficult. The argument is that population decline increases the per-capita costs of providing social services as well as the cost of transportation. Also, the production of exportable goods declines due to reduced supplies of labour, which again increases the per unit costs of transportation. Tourism development is seen as one means of counter-acting the increase in per-capita transportation costs because visitors can pay enough to make inter-island transportation profitable for private operators, while also contributing to the cost of re-paying investment in transport infrastructure. In other words, tourism would in effect provide a subsidy to local travelers.

The issue of depopulation, and measures to address or reverse it, have been considered in the Economic Development Strategy 2030 and the NSDA2020+. Some of the measures contained in these development plans have been incorporated into the population policy. However, population policy goal 2 includes additional measures, mainly to do with improving and expanding the knowledge-base on potential interventions that government or communities might take to influence population trends. Most of the proposals made by persons consulted in population issues, as well as some of the proposals in the EDS2030 do not address the issue of costs and benefits. Also, there is an assumption that people respond to financial incentives. While this may be true, they respond to other factors as well – particularly family matters and opportunity structures. Much more needs to be learned about how migrants and potential return migrants make decisions.

It is important in this regard to have a good conceptual understanding of migration patterns in the Cook Islands. One approach is to see migration as a form of “urbanization”. In Tuvalu, for example, all the outer islands but one has experienced population decline over the period 2002–2017, with a net decrease of 26 percent. On the other hand, the population of the capital has increased by 39 percent. This is clearly a case of urbanization, with the urban population in 2017 making up 63 percent of the total. Despite the fact that Tuvaluans do not have automatic right of entry to New Zealand or Australia, emigration to these countries continues due to family reunification and a small annual quota for entry to New Zealand.

In Tuvalu, as in the Cook Islands, urbanization takes two forms. On the one hand, local urbanization occurs when people move from outer islands to the capital; on the other hand, some people (the majority in the Cook Islands case) urbanize by moving overseas. Presumably, urbanization has a limit. Only city-states like Hong Kong or Singapore are 100 percent urban. It is not clear how urbanized countries like Cook Islands and Tuvalu can become. Australia and New Zealand are 86 percent and 87 percent urban, respectively. If the Cook Islands were to become, say, 86 percent urban (i.e., 86 percent living on Rarotonga) then the Pa Enua population would drop to about 2,000 people. However, population projections based on recent trends do not support this. Rather, urbanization can be expected to level-out at about 75 percent of the population.

Conceptualizing population movement as a form of urbanization leads to the conclusion that reverse movement (urban to rural) is very unlikely. Government-sponsored “rustication” policies, where they have occurred, typically involve some elements of coercion or “pressure”. It is not clear whether financial and other incentives would be effective and whether they promote permanent movement.

Another way of looking at return migration is from a “lifestyle” perspective. Some migrants may be attracted to return because of the “easy life” aspects of living in their home islands, in contrast to the high-stress lifestyle associated with living abroad. Retirees may fit in this category, although most prefer to be close to their children and grandchildren as well as quality health care. These types of motivations have not been studied in the Cook Islands case but need to be.²³

STRATEGIES

To contribute to achieving this goal, multiple strategies are proposed. These include:

1. Developing a better knowledge base on the determinants of out migration and emigration from the Pa Enua
2. Identifying and assessing policy options (including variations in investment and immigration policy for the Pa Enua) and prospects
3. Improving social services in the Pa Enua (health and education in particular)
4. Improved transport infrastructure (ports and airports)
5. Improved and cheaper internet connectivity in the Pa Enua
6. Developing an employment generation strategy for the Pa Enua
7. Increasing incentives to “remain in place” or return to Pa Enua from Rarotonga or abroad.

OBJECTIVES

- These strategies will be supported by 18 objectives, some of which have been drawn from the EDS2030, some from Te Kaveinga Iti, while others are unique to this policy (see the policy matrix in Chapter 4 for details). Among the objectives that are unique to the population policy are:
- An improved knowledge-base on migration patterns
- Identification of policy options
- Prioritizing the Pa Enua islands in greatest need
- Review of immigration policy options
- Review of outer islands development strategies in the Pacific

Additional objectives (2.6 through 2.18 in the implementation matrix) have been drawn from the EDS2030 and Te Kaveinga Iti and therefore overlap with those plans.

²³ The EDS 2030 proposed a population study to “increase the understanding of the drivers behind population movements” (see action 3.2). However, that study has yet to be conducted. Consultations in the Pa Enua indicate that the poor quality and insufficient access to health services education and employment are major factors motivating movement.

3.3 POLICY GOAL 3

Increased proportion of the population and labour force made up of Cook Islands Maori (including part-Maori)²⁴

The proportion of the population – and particularly the labour force – that is Cook Islands Maori by birth or ethnicity has been declining since the 1970s. Since self-government in 1965, the proportion of Cook Islands Maori in the population has dropped from 97 percent to 87 percent and the proportion of Cook Islands-born has dropped from 92 percent to 71 percent. Conversely, the proportion of “other” ethnicities has increased to 14 percent from 3 percent in 1966. These figures indicate that the Cook Islands has become significantly more diverse and multi-cultural society than it has ever been. This is excluding the population that is not officially resident in the Cook Islands.

These compositional changes in the population have been accompanied by economic growth and have no doubt contributed to it. On the other hand, stakeholders in various contexts over the years have expressed concern regarding the cultural and social impact of multi-culturalism. This concern should not be mistaken for xenophobia, but rather is an expression of the need to maintain Cook Islands culture and values in the face of globalization, which is expressed in the growing impact of tourism. The paradox of tourism is that it can potentially undermine the culture that tourists come to enjoy.

STRATEGIES

The strategies selected to contribute to this goal are:

1. Develop more knowledge about factors causing the emigration of labour
2. Improve labour force policies, including minimum wage rules
3. Provide incentives for Cook Islands students to return to the Cook Islands to work after graduating from school and university in New Zealand or elsewhere
4. Develop policies to increase the local ownership of small and medium size enterprises
5. Provide business incentives for youth
6. Improve access to technical training.

OBJECTIVES

- Improved knowledge of labour turnover in the tourism sector
- Study of effects of minimum wage on labour retention
- Review of the possibility of establishing “reserved occupations”
- Enhanced knowledge base of the potential for return migration from the Cook Islands population overseas
- Develop a localization policy in Small to Medium Enterprises (SMEs) and review Foreign Direct Investment (FDI) policies
- Increased proportion of SMEs that are locally-owned
- System established to monitor ownership and control of productive assets
- Assessment of the role of social services (health and education) in motivating emigration

²⁴ As defined by the Cook Islands Statistics Office.

3.4 POLICY GOAL 4

Improved knowledge-base on the situation and aspirations of youth, to support specific and refined interventions supporting increased political participation, employment and social engagement

Although a National Youth Policy 2021–2026 (Te Mana O Te Mapu) has recently been issued, there remain a number of information gaps that need to be filled to further refine and address the issues facing the youth of today. One example is the participation of youth in the labour force. On the one hand, formal unemployment seems to be very low (3.4 percent according to the 2019 Labour Force Survey. On the other hand, the number and proportion of youth who are classified as “NEET” (Not in Education, Employment or Training) is high – especially for males in the Pa Enua. This suggests that youth are likely to be classified as outside the labour force. There are also inconsistencies between census- and survey-based estimates of labour force participation. It is important to reconcile the various data sources and provide a robust measure of the economic activities of youth.

More knowledge and understanding are needed on the social and psychological challenges faced by youth. The list of problems that youth report is long – ranging from low self-esteem, anxiety and stress to family violence, sexual abuse and cyber-bullying. Some of these topics suggest difficulties in the family; others suggest that youth are insufficiently valued and respected by society at large or by specific institutions. It is important to determine the scale of the problems as well as the factors that underlie them. Specialized surveys in which the youth themselves are both the interviewer and the interviewee are needed as censuses and surveys usually require parents to provide information rather than the youth themselves.

STRATEGIES

1. Further research on youth in the labour force, including secondary analysis of censuses, labour force surveys and household income and expenditure surveys;
2. Design and conduct specialist surveys on youth which avoid proxy informants such as parents;
3. Develop a comprehensive database on youth, including surveys and other studies of youth and youth policies from elsewhere in the Pacific and further afield.

OBJECTIVES

- Assess the status of youth by means of a “youth wellbeing index”
- Secondary analysis of census and survey data on the labour force participation of youth
- Improved understanding of youth social problems, aspirations and experience by means of a specialized survey
- Review of Pacific Youth Development Framework and its application in Pacific Island countries
- Research study on the school to work transition (pathways to work)
- A comprehensive database on youth research and policies
- Increased political participation of youth.

3.5 POLICY GOAL 5

Enhanced social and economic well-being of key population groups, including elderly persons and persons with disabilities

The policy challenge in an ageing population is how to ensure the health, welfare and financial security of older people as the number of elderly increases – particularly the “oldest-old” (85 and over). When life expectancy was lower, there were fewer very old people in the population. In particular, there were fewer people living with chronic illnesses. In the Cook Islands, the risk factors that are conducive to NCD morbidity are prevalent. These include obesity, tobacco use and alcohol consumption, poor diet and lack of exercise. These risk factors contribute to premature mortality but also chronic illness that require specialized health care. While the medical referral scheme facilitates the evacuation of seriously ill patients to New Zealand, not all of those living with chronic illnesses are able or willing to be transferred and prefer to remain at home. As the population ages, health care will need to focus more on elderly people – both in terms of prevention and treatment.

It is useful to address the challenges presented by an ageing population by means of a comprehensive ageing policy. Although an ageing policy has been drafted for the Cook Islands, it has not been finalized and endorsed. This goal therefore focusses on updating and finalizing the policy on ageing and the elderly. The current draft ageing policy utilizes census data up to 2016, so there is a need to update the situational analysis as soon as the results of the 2021 census are available. There is also a need to conduct some additional research on the situation of the elderly, especially those living in the Pa Enua. The revised ageing policy should also draw more heavily on the international guidelines on ageing that are contained in the Madrid International Action Plan on Ageing.

The other key population group is persons living with some form of disability. According to 2016 census data the proportion of the population aged 10 years and over living with any form of disability (from minor to severe) is about 40 percent. This is a high figure, but it needs to be further reviewed and assessed. Also, there is a need to conduct an analysis of 2021 census data on disability to highlight the most important forms of disability and to identify any geographical variations that may have policy implications. To guide analysis, as well as data collection in the future, there is a need to review and adapt to Cook Islands circumstances the WHO’s Disability Assessment Schedule (WHODAS 2.0). The use of this framework will ensure that the nature and scope of disability can be accurately compared with other countries.

STRATEGIES

In the case of ageing, the key strategies involve carrying out the actions required to further develop and finalize an ageing policy. This may include seeking technical assistance from agencies such as HelpAge International and the WHO. The starting point is the current draft policy of January 2019. To update this policy requires:

1. Establishment of a task force to update the ageing policy
2. Improve the knowledge base on the situation of the elderly (elderly wellbeing) using all available data sources, including the 2021 census
3. Seek appropriate technical support from relevant international agencies to ensure finalization of the policy.

As regards disability, the key strategies and actions are:

1. Review and assessment of the WHODAS 2.0 methodology for use in the analysis of census and survey data on disability
2. Commission further research on disability and its patterns by age, sex, and geographical distribution using census data
3. Conduct a focused survey to assess the living circumstances of people with a disability and to propose policy options to enhance well-being.

OBJECTIVES

Ageing and the elderly

The objectives aimed at supporting the policy goal include some proposed actions that are included in the NSDS2020+, Te Kaveinga Iti and the Economic Development Strategy 2030 relating to ageing as well as other outcomes that are unique to the NPP. In particular, the NPP objectives relate to the need for more research on the current status of the elderly.

- Establish a task force to review and re-formulate the policy on ageing and the elderly and update the situation analysis to provide the basis for a revised policy
- Review current pension supports available to the elderly
- Assessment of adequacy of health services available to older people (especially in the Pa Enua)
- Review the need for institutional and dementia care in the Cook Islands
- Assessment of elderly “wellbeing” by means of “rapid assessment” methods
- Assessment of current facilities for the care of the elderly

People living with a disability

- Improved knowledge of the scale and geographical distribution of disability in the Cook Islands using census data.
- Assessment of the currently available supports for people with disability and identification of the policy enhancements that are necessary to improve well-being.

3.6 POLICY GOAL 6

Reduced gap between male and female life expectancy

Although women have higher life expectancy than men in the vast majority of countries, the male-female gap in life expectancy at birth is typically 3–5 years in favour of women. In some countries, the gap is wider, usually because men face higher risks of death from accidents, homicide, suicide and non-communicable diseases. A decline in the life expectancy of males is often a result of economic crises that increase unemployment or decrease incomes. In the Cook Islands, the “gender gap” in life expectancy at birth has been increasing since the 1970s and reached 8 years in 2016. This is at the high end of the range internationally, although the gap in the Russian Federation is 10 years.

In the Cook Islands the divergence of male and female life expectancy begins around age 20 and increases with age. The gender gap in life expectancy is sufficient to justify a special focus on male health. Although Goal 7 addresses NCDs among both males and females, Goal 6 focuses on the additional risk factors that tend to increase male death rates relative to females.

The reduction of deaths from NCDs is a goal of Te Kaveinga Iti as well as the Cook Islands NCD reduction strategy. However, these plans and strategies do not focus specifically on men’s health as is the case in the NPP.

STRATEGIES

The proximate cause of the gender-gap in life expectancy is higher age-sex specific death rates among males from around age 20. Therefore, the principal strategy to reduce this gap is to lower male death rates through selective interventions that address specifically male health and lifestyles. The three main strategies are:

1. Reduced mortality rates among middle-aged males aged 30–69
2. Focused approach to health interventions addressed to male health
3. Implementation of the national NCD strategy with a specific focus on men

OBJECTIVES

To apply these strategies adequately, more knowledge of the causes of the male-female gaps in death rates is required. The objectives are:

- Improved understanding of male-female mortality rates
- Identify key strategies to reduce risk factors relating to accidents and suicide
- Reduced alcohol consumption and binge drinking among males
- Proportion of males smoking and smoking intensity reduced
- Improved nutrition and exercise among males
- Implementation of NCD reduction strategy with reference to males

3.7 POLICY GOAL 7

Reduced NCD mortality and morbidity rates in the adult population

Prior to the “epidemiological transition”²⁵ morbidity and mortality are mainly caused by infection diseases. After the transition, non-communicable disease is the main cause of illness and death. This process is quite “normal” and associated with effective public health measures that reduce infectious diseases to a low level or completely eliminates them. A proportional shift from infectious disease to NCDs has been taking place in the Cook Islands since the 1950s. By the mid-1970s, NCDs accounted for 61 percent of deaths and 67 percent on Rarotonga. The proportion of deaths caused by NCDs was lower in the Pa Enua than in Rarotonga (59 percent). Since the 1970s, the proportion of deaths caused by NCDs has steadily increased to reach 72 percent in 2018, not allowing for changes in the age structure.

Because an increasing proportion of NCD-related deaths is to be expected in an ageing population undergoing economic development, policy attention has shifted to “premature” mortality as well as morbidity rather than overall mortality. Premature NCD mortality is normally defined as deaths occurring within the age range 30–69. At the same time, more attention is being paid to the etiology of NCDs, which may develop from an early age. NCD morbidity may have an impact on quality of life and contribute to disability. These issues are addressed in the Cook Islands Strategic Action Plan to prevent and control Non-communicable diseases 2021–2025 (Ngaki’anga Kapiti Ora’anga Meitaki). The reduction of NCDs is also addressed under Goal 7 of the National Sustainable Development Agenda 2020+ (Te Kaveinga Iti). The rate of premature mortality from NCDs is indicator 7.1. The National Population Policy 2022–2032 supplements and reinforces these policy initiatives.

STRATEGIES

The main strategy is to supplement the Cook Islands Strategic Action Plan to Prevent and Control Non-communicable diseases 2021–2025, by improving understanding of the causes of NCDs as well as identifying the most effective interventions to reduce morbidity and mortality.

1. Review and update the national strategy on the prevention and control of NCDs
2. Further analysis of mortality statistics, including a follow-up to the 2015 Vital Statistics Report
3. Assessment of the effectiveness of past interventions to reduce to reduce NCDs.

OBJECTIVES

- Review and revise the NCD Action plan 2021–2025
- Evaluate effectiveness of past interventions
- Increased expenditure on health as a proportion of GDP and per capita
- Accelerated implementation of tobacco control strategies
- Accelerated implementation of alcohol reduction strategies
- Improved public understanding and knowledge of the causes and consequences of NCDs
- Health workers familiar with and able to apply WHO’s PEN guidelines
- Dietary guidelines and nutrition policy developed
- Physical activity campaign in operation
- Improved surveillance and screening programmes
- Improved understanding of the social determinants of health

²⁵ This refers to the change in the main causes of death from infectious disease to non-communicable diseases (NCDs)

3.8 POLICY GOAL 8

Reduced teenage fertility (births), particularly unplanned births

Historically, the Cook Islands has had one of the highest teenage (adolescent) fertility rates in the Asia-Pacific region. Although the adolescent fertility rate (15–19 years) has dropped significantly, it remains high relative to New Zealand or other developed countries. Given that 19 year old youth are legal adults, births to women of this age may not necessarily be “unplanned”.

STRATEGIES

The overall strategy is to improve youth access to reproductive health knowledge and services that are tailored to the needs of youth. Improved reproductive health knowledge among teenagers.

1. Improved access to youth-friendly reproductive health services and advice.

OBJECTIVES

- Universal access to youth-friendly ASRH on all islands, including access to appropriate forms of contraception
- Integrated National Strategic Plan for Sexual and Reproductive Health 2014–2018 reviewed and evaluated
- Comprehensive Sexuality Education (CSE) designed to meet international standards
- Family life education curriculum developed for in-school use
- Quality of ASRH services on Rarotonga and the Pa Enua assessed
- Health and CSE teachers receive further training
- Further recruitment and training of youth volunteer to provide peer-to-peer ASRH programmes
- The Integrated Strategic Action Plan for Sexual and Reproductive Health 2014–2018 reviewed from a youth perspective.

3.9 POLICY GOAL 9

Maintenance of fertility above the “replacement” rate of 2.1 average lifetime births per woman

As the demographic transition reaches its end-point (driven by economic growth and modernization), there is a tendency in some countries for the total fertility rate (TFR) to fall below the “replacement” rate of 2.1 lifetime births per women on average. In the Cook Islands, the TFR has not fallen to this level as yet (it is still about 2.4), but below replacement fertility has already occurred in French Polynesia and Palau (both 1.7) and in New Zealand (1.6). Below replacement fertility may not be in the interest of the Cook Islands society and culture, especially given the high levels of emigration that have occurred from time to time and the ageing of the population.

While this goal does not promote high or increased fertility above current levels (pro-natalism), it does aim to support a floor level of fertility below which it is hoped the TFR would not fall further. This aim is unique in the Pacific Islands region, where high fertility was the main population policy issue until quite recently. Consequently, there are no policy lessons to be drawn from elsewhere in the region and it is necessary to turn to the more developed countries for potential policy measures. In broad terms, however, government efforts to raise fertility or to keep the total fertility rate above replacement have not been very successful or have had unintended consequences²⁶. An approach that focuses on the potential conflict between childbearing and employment, aims to provide paid parental leave (both parents) and early child-care, which makes it easier for mothers with small children to work. The EDS2030 contains measures to increase paid parental leave, early childcare, and after school care, which are incorporated into the population policy as objectives. However, the rationale for these measures is different. The EDS2030 aims to facilitate labour force participation by women; the population policy aims to maintain the total fertility rate. In effect, these are two faces of the same coin.

STRATEGIES

The overall strategy is to make it easier for mothers to have the number of children that they and their partners would like to have if they were better able to balance childcare with labour force participation. One way of doing this is to provide longer parental leave and government-financed child care in the form of early childhood education (0–3 years) and after-school care for primary age children. Aside from these policies, which are included in the EDS2030, the population policy includes efforts to improve knowledge of child-bearing motivations as well as an exploration of policy options.

1. Provide increased incentives for Cook Islands parents living in the Cook Islands to have the number of children that they would like to have if they were not constrained by their participation in the labour force.²⁷
2. Improve knowledge of child-bearing decisions by couples in the Cook Islands
3. Explore other policy options appropriate to the Cook Islands context.

²⁶ For example, offering financial incentives to encourage child-bearing is more likely to influence poorer women and can exacerbate their poverty in the long run.

²⁷ Male involvement in child-bearing decisions has not been studied in the Cook Islands. Ideally, these are joint decisions but in some countries men prefer more children than women.

OBJECTIVES

- Improved knowledge of ideal family size and determinants of fertility, including the effectiveness of current policies
- Paid parental leave increased
- Support for early childhood education
- After-school care facilities
- Newborn allowance increased for second or third births
- Child benefit scheme reviewed
- Exploration of options for paid childcare for children aged 0–3
- Improved housing options for young couples and families, including reduced interest rates for first home buyer.
- Establish or improve the child-care needs and options of tertiary students
- Research on timing of marriage and first births



CHAPTER 4

Implementation Strategy, Framework and Action Plan

4.1 Implementation Strategy

As a “multi-sector” policy, the National Population Policy 2022–2032, does not require a separate institutional structure to implement its activities. This is because most of the activities to be carried out to achieve its goals and objectives are already incorporated into the work plans of ministries or departments. Therefore, the primary implementing agencies are existing ministries or other agencies. However, those activities identified in the NPP that are not already part of ministry action plans should be incorporated in those plans on an ad hoc basis. This would require liaison between the Central Policy and Planning Office (CPPO) and the relevant ministry or agency, which may include an NGO.

While the CPPO is not an implementing agency as such, it plays an important coordinating role and provides various types of support to the main implementing agencies. The CPPO will compile a list of actions that ministries and other agencies will carry out at appropriate intervals, normally every two years. This “action plan” will be distributed to the implementing ministries and agencies for their review and agreement. In situations where no budgetary allocation has been made for the activity, the CPPO will liaise with the appropriate agency to seek finance, which could include development partner funds.

To ensure that population policy actions are actually implemented by relevant ministries and departments, current members of the Population Policy Working Group will become “focal points” once the policy becomes operational. Population focal points will meet annually or bi-annually under the auspices of the CPPO to review the implementation of the work-plans of the previous year or years and identify any difficulties experienced in implementing the policy actions – including funding, staffing or other impediments.

4.2 Monitoring and Evaluation

The primary responsibility for monitoring the implementation of the National Population Policy falls on the Central Policy and Planning Office, which may select to engage other agencies to compile the information required to measure progress. In terms of monitoring the implementation of activities, the cooperation of line ministries and other implementing agencies is, of course, essential. In this sense, all implementing agencies play a role in monitoring the policy in collaboration with CPPO.

In contrast to monitoring, which focuses on activities, evaluation concerns results or outcomes. Even where planned activities have been carried out, the expected results may not have occurred for many reasons. For one thing, circumstances arising from the context may have changed. Examples of changed circumstances include natural disasters or economic recessions. The COVID-19 pandemic is another example. Another reason could be that the linkages between the activities and the expected results were not fully understood and were mis-specified.

While monitoring is an on-going process, evaluation requires a longer time-frame. This is because evaluation requires statistical data that may only be available at specific intervals. Census data, for example, are only available every five years. Some data sources, such as labour force or agriculture surveys, may only be available at irregular or unpredictable intervals. The option of sponsoring independent data collection outside the framework of the Statistical programme of the Statistics Office may be utilized for evaluation purposes but budgetary or technical constraints may make this difficult.

Evaluation should occur only every five years. In the case of the NPP, which has a 10-year time-frame, that implies that a mid-term evaluation would occur in 2027 and a final one in 2032. The CPPO is responsible for conducting these evaluations, but has the option of engaging an outside agency to conduct them, which could include an international agency.



4.3 Implementation Matrix and Action Plan 2022–2026

GOAL 1: A more relevant, accurate and timely set of population, health and socio-economic statistics and research findings

STRATEGIES: (1) Institutional strengthening of Statistics Office and selected research institutions;
(2) capacity building and training);
(3) increase financial support for additional staff);
(4) capacity building and training for management;
(5) Upgraded technology Support and better technology services to assist collection of data

GOAL INDICATORS: Strengthened and updated National Statistical Development Strategy (NSDS);
Number of research activities planned, in process or completed.

TARGETS: NSDS strengthened and updated by 2024; at least two research studies completed by 2024.

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
1.1 More accurate statistics on population movement	Detailed review of current estimates and methodology, including key definitions (“resident”, “visitor”, etc.	CISO	CPPO, MFEM, Immigration (INTAFF), etc.
1.3 Better understanding of how to measure the impact of migration	Develop a model of the economic effects of emigration	MFEM	CPPO, MFEM, Immigration (INTAFF), etc.
1.4 Transparent data-set on migrant workers, including numbers and characteristics	Analysis of 2021 census data and other sources, including Immigration	CISO	CPPO, MFEM, Immigration (INTAFF), Dept of Labour, etc.
1.5 Accurate and reliable estimates of GNI and GDP (Total and per capita)	Finalize estimates of GNI and GDP	CISO	CPPO, MFEM, etc.
1.6 Improved staffing levels and qualifications of CISO personnel	Assessment of staffing needs and required qualifications	OPSC/MFEM	CISO
1.7 More birth and death statistics by including births and deaths to Cook Islands residents in New Zealand	Follow up of recommendations made in Vital Statistics Report of 2015 and CVRS report (2021).	TMO/CISO/ MOJ	CISO,
1.8 Increased body of research findings to inform policy development.	Incorporate consideration of the research gap in the EDS population study (EDS 3.2).	MFEM	CPPO
1.9 Improved understanding of the population-development relationship in the Cook Islands, including the potential impact of a higher rate of population growth on economic output and distribution	Prepare terms of reference and identify an appropriate research institution and funding source	CPPO	MFEM

GOAL 2: Halting and reversing the decline in the population living in the Pa Enua*

STRATEGIES:

- (1) Developing a better knowledge base of the determinants of out-migration;
- (2) Identifying and assessing policy options and prospects;
- (3) Improving social services in Pa Enua (health and education in particular);
- (4) Improved transport infrastructure (ports, airports);
- (5) Better and cheaper internet connectivity in Pa Enua;
- (6) developing an employment-creation strategy for the Pa Enua;
- (7) increasing incentives to “remain in place” or return to Pa Enua from abroad or from Rarotonga.

GOAL INDICATORS: Population growth rates by island and sub-groups

TARGETS: Growth rate above zero by 2026 in Pa Enua islands or sub-groups

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
2.1 Improved knowledge base on migration patterns	(1) Study of migration patterns by island based on 2021 census data and other sources	CISO	MFEM, CPPO
	(2) Research on outer-islands emigration in the Pacific (Polynesia and Micronesia)	Research institution	CPPO
2.2 Policy options identified	Review of relevant NSDPs and sector plans as well as findings of consultations	PEG-OPM	MFEM, CISO, CPPO
2.3 Identify priority for islands or sub-groups	Comparative study of depopulation by island	CISO, CPPO	MFEM, OPM-PEG
2.4 Review of immigration policy options	Conduct review of immigration policy	MFAI	
2.5 Review of outer islands development strategies in the Pacific. What works and doesn't work?	Compilation of cross-Pacific data on the relationship between development and labour mobility	MFEM/INTAFF	CPPO, OPM-PEG
2.6 Incentive scheme to attract and retain medical personnel in Pa Enua explored (EDS 1.14)	Construct an incentive framework and test	MFEM, TMO,	
2.7 Better understanding of “economic hardship” in Pa Enua (TKI 2.1)	HIES updated	CISO	MFEM
2.8 Minimum wage policy applied across the country (EDS 1.5)	Minimum wages gazetted	MFEM	INTAFF

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
2.9 Improved transport infrastructure (ports and airports) to increase access and reduce travel costs between Rarotonga and the Pa Enua (EDS 1.7–1.9)	Infrastructure investment plan	CIIC	Airport Authority, Ports Authority
2.10 Employment creation through support for SMEs in Pa Enua (EDS 1.20,1.21)	Identify potential opportunities for SME	BTIB	Islands Gov
2.11 Implement an improved scholarship programme to encourage students to return to the Pa Enua (EDS 3.4)	Design programme	MOE	MFEM
2.13 Improved water security in all Pa Enua (EDS 5.6, 5.7; TKI 5.1)	As per EDS	ICI	—
2.14 More accessible, reliable and affordable internet services in the Pa Enua; improved communications in general (TKI 6.1)	Improved connectivity through upgraded satellite and cable infrastructure sufficient to attract in-migrants and retain population (EDS).Prepare and implement the Universal Access Plan under the Telecommunications Act, 2019	OPM and Competition Regulatory Authority (with tele-communications providers)	MFEM
2.15 More affordable energy (electricity) across the Pa Enua (EDS 5.2, TKI 12.5)	Prepare a Utilities Regulatory Policy and Bill	MFEM/OPC/CIIC	Island Council, CIG, TAU, Aitutaki Power
2.16 Reduced essential or basic food prices in Pa Enua (excludes products of low nutritional value) (EDS 1.6)	Conduct an investigation of causes of food prices in Pa Enua	Price Tribunal	—
2.17 Lower passenger fares and freight costs to Pa Enua by means of “discount” scheme (EDS 1.10)	Assess viability of discount scheme	MFEM	Air Rarotonga
2.18 All communities in Pa Enua protected from category 3 or higher cyclones (TKI 12.2)	Pa enua- insurance, building code	CIIC,	EMCI, CIG, Island Council

*See: TKI 14.1, 14.5

GOAL 3: Increased proportion of the population and labour force made up of Cook Islanders (Cook Island Maori)

STRATEGIES: (1): Develop more knowledge about factors causing the emigration of labour
(2); Improve labour force policies, including minimum wage rules;
(3) Provide incentives for Cook Islands tertiary students to return to the Cook Islands to work;
(4) Develop policy to increase local ownership of Small and Medium Enterprises (SMEs).

GOAL INDICATOR: Ratio of Cook Island Maori to Non-Maori in labour force

TARGETS: 80% of the labour force to be Cook Islanders

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
3.1 Improved knowledge of the determinants of labour turnover in tourism sector	Turnover study	INTAFF	MFEM
3.2 Study of potential effects of raising the minimum wage on labour retention in tourism sector	Survey of tourism businesses	TCI, INTAFF	MFEM
3.3 Review possibility of having “reserved” occupations available to Cook Islands Maori only	Review relevant legislation	BTIB, Justice, OPSC ²⁸	INTAFF
3.4 Enhanced knowledge base on the CI Diaspora with specific reference to the potential for return migration (EDS 3.7, 3.8)	Survey of recent migrants in diaspora	MFEM/CPPO to commission, MFAI	CI High Commission in NZ, Cook Islands groups, including academics
3.5 Develop a localization policy in SMEs and review FDI policies (EDS 4.8)	Review legislative aspects and current FDI policies	BTIB/MFEM	—
3.6 Increased proportion of SMEs that are locally owned (TKI 14.2, 14.3)	Establish a baseline using available data	BTIB	—
3.7 System established to monitor ownership and control of productive assets (TKI 14.2)	Check current data sources	BTIB	—
3.8 Assessment of the role of social services (health and education) in motivating emigration (TKI 14.5)	Survey of recent migrants in diaspora	Intaff/health?	USP
3.9 Knowledge of the factors that might induce CI Maori professionals abroad to return to the Cook Islands (TKI 14.5)	Survey in diaspora	MFAI, BTIB, MFEM	See 3.4

GOAL 4: Improved knowledge base on the situation of and aspirations of youth to support specific and refined interventions, including increased political participation, employment and social engagement

STRATEGIES:

- (1).Undertake further research on youth, including secondary analysis of current data sources (Censuses, Labour Force Survey, HIES, etc.);
- (2) Design and conduct specialised surveys focussed on youth;
- (3) Develop a database on youth, including studies on youth and youth policies elsewhere in the Pacific.

GOAL INDICATOR: Existence of a comprehensive database on the situation of youth

TARGET: 2024

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
4.1 Assessment of “youth wellbeing” by means of youth wellbeing Index (TKI 1.2)	Develop wellbeing index for youth and research method	INTAFF, CPPO	CISO
4.2 Further secondary analysis of censuses (2011, 2016, 2021), and other sources, including the LFR of 2019	Develop a framework and research protocol to guide the analysis, including specification of key issues.	CISO	CPPO, MFEM
4.3 Improved and expanded understanding of youth experience through a specialized youth survey	Prepare a survey protocol that will ensure confidentiality while covering the full range of issues facing youth	INTAFF	CISO
4.4 Review of Pacific Youth Development Framework and its application in Pacific Island countries	Design the review to ensure relevance to Cook Islands. Recruit consultant or official to conduct review and extract lessons learned	INTAFF	—
4.5 Research study on the school-to-work transition (pathways to work)	Prepare research protocol	INTAFF	MOE/MFEM
4.6 Youth information database established	Create format and structure of youth database	INTAFF/ consultants	CPPO, National Youth Council
4.7 Increased political participation among youth 15–25 (TKI 9.1)	Study of youth participation and formulation of strategy to increase it.	INTAFF	USP

GOAL 5: Enhanced social and economic well-being of key population groups, including elderly persons and persons with disability

STRATEGIES: Elderly: (1) Improve knowledge base on the situation of the elderly, especially in Pa Enua; (2) Revise draft ageing policies as appropriate to Cook Islands situation, including; (3) development of fit-for-purpose facilities and services (TKI 9.3); Persons with disability: (1) Commission further research on disability and its patterns by age, sex, and geographical distribution using census data; (2) A focused survey to assess the living circumstances of people with a disability and to propose policy options to enhanced the well-being of such people

GOAL INDICATOR: Improvement in the Population Index

TARGET: Refer to Indicator 14.5 of TKI

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
5.1 Task force formed to review the current draft ageing policies and updated situation analysis using 2021 census data and other sources	Create task force and update the policy, including a revised situation analysis	INTAFF	HelpAge International and/or UNFPA
5.2 Ensure availability and accessibility of pension and other income supports for the elderly	Review of current pension and other income supports available to the elderly (TKI 1.4)	INTAFF	MFEM
5.3 Assessment of adequacy of health services in relation to the elderly (TKI 1.4)	Design a protocol to guide assessment	TMO, INTAFF	WHO
5.4 Expanded knowledge on disability among the elderly (e.g., from census data)	Further analysis of disability data from censuses (including 2021) and surveys	TMO, INTAFF, CI Disability,	—
5.5 Review the need for institutional care in the Cook Islands (EDS 3.22)	Develop a framework or protocol to assess the need for institutional care	INTAFF	Are Pa Metua
5.6 Assessment of elderly well-being by means of “rapid assessment” method	Development of “rapid assessment” method	CISO	CPPO
5.7 Assessment of facilities for the care of the elderly (TKI 9.3)	Conduct inspection of aged-care facilities	INTAFF	—
5.8 Improved knowledge of the scale and geographical distribution of disability in the Cook Islands using census data (TKI 9.3).	Review WHODAS 2.0 framework and adaptation to the Cook Islands context Further analysis of 2016 and 2021 census data	INTAFF	CINDC
5.9 Assessment of the currently available supports for people with disability and identification of the policy enhancements that are necessary to improve well-being (TKI 9.3)	Commission further research on disability, including a focussed survey of living conditions of persons with a disability	INTAFF	CINDC

*See TKI 9.3.

Note: An ageing policy 2012-17 was drafted but not finalized. Another version of an ageing policy was drafted in 2019 with the support of ESCAP, but has not been finalized.

GOAL 6: Reduced gap between male and female life expectancy*

STRATEGIES: (1) Reduction in mortality rates among middle-aged males 30–69;
(2) Focussed approach to health interventions addressed to male health;
(3) Implement national NCD Strategy with specific focus on men.

GOAL INDICATOR: Gap between Life expectancy at birth for males and females and at age 45

TARGET: Reduce gap to 5 years (from 8) by 2030

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
6.1 Improved understanding of the causes of male-female gaps in death rates.	Comparative analysis of cause-specific death rates among males and females	TMO	CISO
	Conduct a follow-up STEPS survey to identify male-female variations in risk factors and trends	TMO	CISO/WHO
6.2 Identify key strategies to reduce male risk factors (especially suicide and accidents) (TKI indicator 7.6, 15.3)	(1) Study of cases in past 5 years to identify causes of male suicide	TMO	INTAFF
	(2) Review Suicide prevention strategy 2016-21	INTAFF	
6.3 Reduced alcohol consumption and binge drinking among males	Reinvigorate campaign to reduce alcohol access and consumption	TMO	INTAFF
6.4 Proportion and intensity of cigarette smoking reduced among males	Anti-smoking campaigns intensified as per NCD strategy	TMO	—
6.5 Improved nutrition and physical exercise among males	Research food choices and preferences and reasons for sedentary behaviour	TMO	—
6.6 Implementation of other aspects of National Strategy on prevention and control of NCDs	Select key interventions for priority	TMO	—

GOAL 7: Reduced NCD morbidity and mortality rates in adult population

STRATEGIES:

- (1) Review and update of National Strategy on the prevention and control of NCDs;
- (2) Further analysis of mortality statistics (follow up to 2015 Vital Statistics Report (1999-2013));
- (3) Assessment of the effectiveness of interventions to reduce NCDs over past decade.

GOAL INDICATORS:

- (1) Probability of dying from 4 main NCDs between exact age 30 to exact age 70.
- (2) Proportion of population 15-64 with combined 3-5 risk factors for NCD, by sex

TARGETS:

- (1) SDG target: 30% reduction in probability of dying by 2030
- (2) 25% reduction by 2025

Objectives		Activities 2022–24	Implementing agencies	Supporting agencies
7.1	Review and revise NCD Action Plan to prevent and control NCDs 2021–25	Re-write NCD Action Plan	TMO	—
7.2	Effectiveness of interventions evaluated	Comparative analysis of STEPS surveys 2003–2012 and follow-up survey	TMO	—
7.3	Health expenditure increased as a proportion of GDP and per capita	Review international standards and patterns and prepare case for increased budget	TMO	—
7.4	Accelerated implementation of tobacco control strategies	Tobacco control legislation passed and plan implemented	TMO	—
7.5	Accelerated implementation of alcohol reduction strategies	Alcohol consumption action plan developed and implemented	TMO	—
7.6	Improved public understanding and knowledge of causes, consequences and treatment of NCDs	Communications strategy developed and implemented	TMO	—
7.7	Health workers familiar with and able to apply WHO's PEN (package of essential noncommunicable disease interventions) guidelines	Training on PEN guidelines	TMO	—
7.8	Dietary guidelines and food and nutrition policy developed	Write and print guidelines and publicize	TMO	—
7.9	Physical activity campaigns in operation	Evaluate and consider re-activating the physical activity campaigns	TMO	—
7.10	Improved surveillance and screening programme (e.g., cervical cancer, hypertension, etc.)	Review effectiveness of surveillance programmes	TMO	—
7.11	Study on understanding the social determinants influencing health.	Prepare TOR for research on social determinants of health	TMO	—

*See TKI indicator 7.5

GOAL 8: Reduced teenage fertility, particularly unwanted fertility*

STRATEGIES:

- (1) Improved reproductive health knowledge among teenagers;
- (2) Improved access to sexual and reproductive health services and advice

GOAL INDICATOR: Adolescent Birth Rate (ABR): births to women aged 15-19 per 1000

TARGET: ABR declines from 41/1000 to 20/1000 by 2030

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
8.1 Universal access to reproductive health	Identify ways to improve access for youth to SRH services	TMO	INTAFF CIFWA
8.2 Universal access to youth-friendly Adolescent Sexual and Reproductive Health Services (ASRH) on all islands, including access to contraception	As above	TMO	INTAFF CIFWA
8.3 Integrated National Strategic Plan for Sexual and Reproductive Health 2014–18 reviewed and evaluated	Prepare a plan for review and identify a suitable person or agency to conduct it	TMO	—
8.4 Comprehensive Sexuality Education curriculum designed to meet international standards	Review CSE curricula used elsewhere in the Pacific and adapt to Cook Islands context	TMO/MOE	UNFPA
8.5 Family life education curriculum developed for in-school use	Review FLE curricula used in the Pacific and adapt to CI context	MOE/TMO	—
8.6 Quality of ASRH services on Rarotonga and Pa Enua assessed and improved	Identify sources of ASRH services (public and private) and measure their utilization and effectiveness	MOE	—
8.7 Health and CSE teachers receive further training, including trainers of trainers	Identify training needs and options	MOE/TMO	—
8.8 Further training of youth volunteers to provide peer-to-peer ASRH programmes	Identify youth volunteers in need of further training and appropriate training opportunities	TMO	INTAFF, National HIV/ STI & TB Committee
8.9 Review the implementation of the Integrated Strategic Plan for Sexual and Reproductive Health 2014–2018 from youth perspective	Identify youth aspects of strategic plan for review	National HIV/ STI & TB Committee	TMO

*Some births to 19 years-old women (legally adults) may not be “unwanted”.

GOAL 9: Maintain fertility above the “replacement” rate

STRATEGIES: Provide assistance to Cook Islands women resident in the Cook Islands to combine having and raising children with being economically active

GOAL INDICATOR: Total Fertility Rate

TARGETS: National level TFR remains in the range 2.1-2.4

Objectives	Activities 2022–24	Implementing agencies	Supporting agencies
9.1 Improved knowledge of ideal family size in the Cook Islands and determinants of fertility by parity and effectiveness of current policies.	Design an RH survey, DHS or MICs or ad hoc mini-survey	CISO	TMO
9.2 Paid parental leave increased (EDS 3.9; TKI 1.5)	Review the effects of paid parental leave elsewhere to determine optimum level	INTAFF	—
9.3 Support for ECE (EDS3.10)	Implement recommendations of EDS	INTAFF	MOE
9.4 After-school care facilities (EDS3.12)	Implement after-school care arrangements at all pre-schools and primary schools	MOE	—
9.5 Newborn allowance increased for second and third births	Review effects of current allowance and estimate cost of increasing it	INTAFF	—
9.6 Child benefit scheme reviewed	Review policy options, including increasing the allowance for second and third births	INTAFF	—
9.7 Review of feasibility of paid childcare for children aged 0–3 in the context of a revamped child care support benefit scheme	Consultations with stakeholders, targeted desk review and other research	INTAFF	CINCW
9.8 Improved housing options for young couples and families	Investigate housing options for young couples who wish to start a family and an independent household—including lower interest rates on first-time home buyers	CIIC	INTAFF
9.9 Establish/improve child care for tertiary students	Negotiate improved child-care arrangements with USP Centre	INTAFF	USP
9.10 Research on timing of marriage and first births	Prepare TOR for a demographic study on marriage and childbearing	INTAFF	CISO/CPPO

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ANNEX 1

‘Demographic transition’ in the Cook Islands

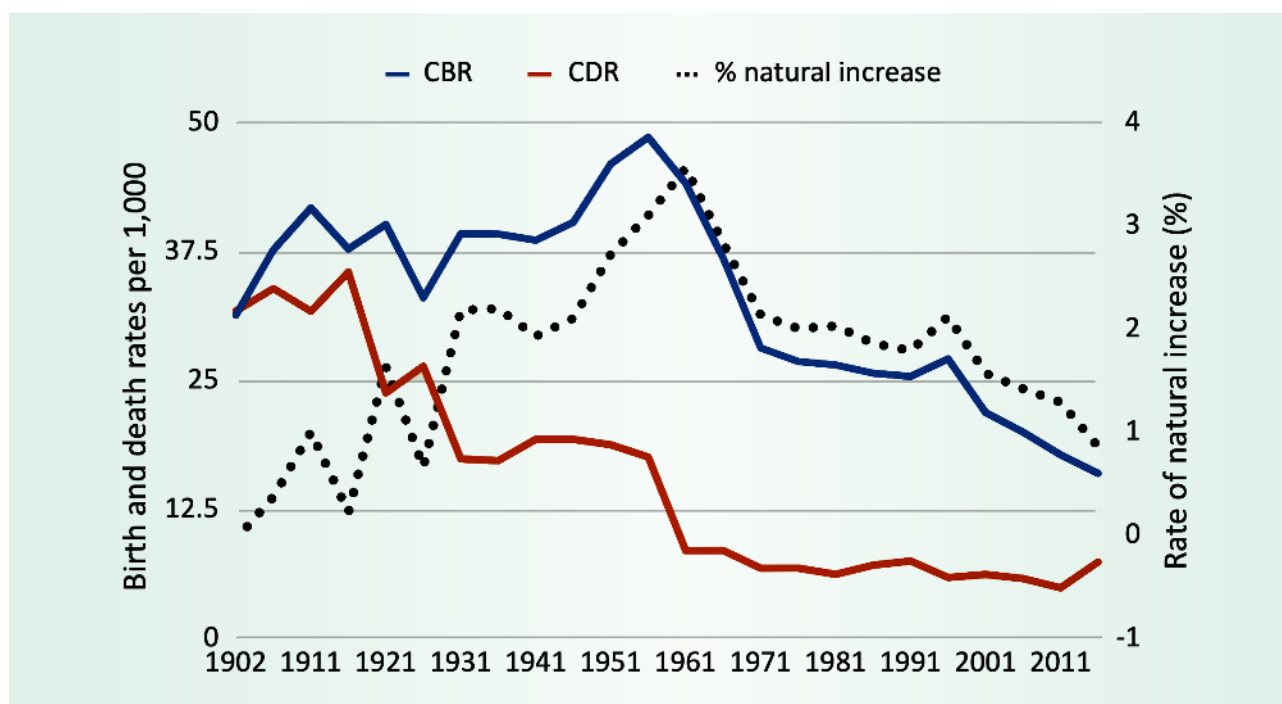
As countries become developed and modernized, they normally pass through a series of stages defined by the gap between the birth rate and the death rate. These stages are generally known as the “demographic transition”. The number of stages can range from three to five, depending on the country or the researcher.

In the first stage, the birth and death rates are similarly high and more or less offset one another. During this stage, the rate of population growth is low or even negative and may fluctuate from year to year. This stage corresponds to a time before the industrial revolution of the 18th century. The second stage of the transition is when the death rate begins to drop as a result of public health measures, particularly those that prevent and treat infectious disease. During this stage the birth rate either remains high or possibly increases while the death rate begins to drop. As a result of the falling death rate and a stable or increasing birth rate, the rate of population growth increases.

The third stage occurs after a delay of a few years or as long as a century. In this stage the birth rate begins to decline as people begin to control the number of children they have and start to prefer smaller families. The fourth stage is when the birth rate has dropped to just about equal the death rate. In this stage, population growth once again drops to a low level, often 1 percent or less.

Some countries, in particular Japan, South Korea, Singapore and Taiwan (as well as some European countries), have entered a fifth stage of the transition. This stage is characterized by “ultra low” fertility, a situation in which the average number of births per woman falls below the number required to maintain population growth. At the same time, the ageing of the population results in a rise in the death rate. In this stage, the rate of natural increase turns negative (more deaths than births).

The graph below shows the demographic transition in the Cook Islands. Below the graph is an explanation of the stages that the Cook Islands has passed through.



Stage 1 of the transition in the Cook Islands was evident around 1902, when the birth and death rate were similar. In fact, the death rate was a little higher than the birth rate so population growth was negative (-0.04%) excluding the effects of emigration. Both the birth rate and death rate fluctuated for a few years until the death rate started to decline steadily from 1916. This year marked the beginning of stage 2, when the death rate declines steadily and continuously. Stage 3 commenced around 1961, when the birth rate starts to fall from its peak and declines continuously from then on. Stage 4 commenced very recently (2011–2016) and is ongoing. The birth rate continues to decline while the death rate has started to increase as a result of ageing. During stage 4, the rate of natural increase is once again low (0.9%) but remains positive. At this point in time the demographic transition is considered to be complete, but some countries proceed to Stage 5. Whether the Cook Islands proceeds to Stage 5, during which the rate of natural increase falls below zero, is yet to be seen.

ANNEX 2

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