Challenges for cancer in the Pacific Island countries

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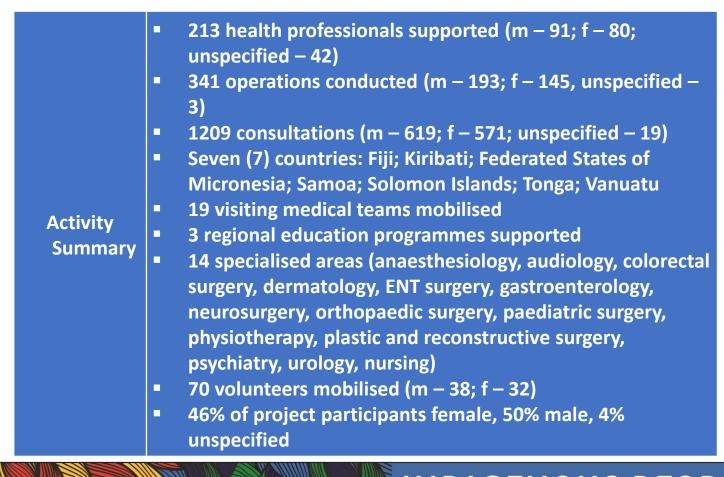
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INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations

Pacific Island Project/Royal Australasian College of Surgeons/DFAT July-December 2018





A shared agenda for Aotearoa, Australia and Pacific nations

Governance

Pacific Health Ministers

Priorities

Strategies

Regional vs country specific

Policies and framework

Regional centers of excellence

Workforce

Country specific plans
Regional plans
Fiji National University
WHO/SPC
Specialist Colleges and Societies
Specialisation/Training
Sustainable
Retention

Collecting data for global surgical indicators: a collaborative approach in the Pacific Region

Glenn Douglas Guest,1 Elizabeth McLeod,1 William R G Perry,2 Viliami Tangi,3 Joao Pedro,3 Ponifasio Ponifasio,3 Johnny Hedson,1 Jemesa Tudravu,3 Douglas Pikacha,3 Eric Vreede,1 Basil Leodoro,3 Noah Tapaua,3 James Kong,1 Bwabwa Oten,3 Deacon Teapa,3 Stephanie Korin,1 Leona Wilson,4 Samson Mesol,3 Kabiri Tuneti,3 John G Meara,5 David A Watters

Guest GD, McLeod E, Perry WRG, et al. Collecting data for global surgical indicators: a collaborative approach in the Pacific Region. BMJ Glob Health 2017;2:e000376. doi:10.1136/bmjgh-2017-000376



Services

In-country, Regional, International
Centers of excellence/collaboration
Paediatric oncology and cardiology
Chemotherapy procurement
Planning for Radiotherapy to be available

Donors

New Zealand Medical Treatment Scheme/MFAT
Pacific Island Project/DFAT

Taiwan

Japan

China

ROMAC

In-country referral schemes



Research/Data

Prioritise and value data management
Pacific Registry Hub
Inform policy
Develop Career pathways
Technical assistance/WHO/HRC/NHMRC/SPC

Conclusion

Leadership
Strategic investments PICs, NZ, Australia
(Health and Education)
Long-term commitment with defined outcomes
Sustainability
SHARE THE WEALTH

Table 1	Description	of Lanc	et Commiss	sion global	surgical
indicators					

Indicators				
Global surgical indicator	Description			
Indicator 1: access to timely essential surgery	Percentage of the population who can access, within 2 hours, a facility capable of performing the bellwether procedures (caesarean section, laparotomy and open fracture management)			
Indicator 2: surgical, anaesthesia and obstetric density	Number of physician proceduralist in surgery, anaesthetics or obstetrics per 100 000 population			
Indicator 3: surgical volume	Total number of surgical cases per 100 000 population			
Indicator 4: perioperative mortality rate	Deaths occurring after any surgical procedure and before discharge from hospital (%)			
Indicator 5: risk of catastrophic expenditure due to need for surgical care	Direct out-of-pocket costs from surgical care exceeding 10% of total income or 40% of remaining income after food and housing are accounted for			
Indicator 6: risk of impoverishment due to need for surgical care	Direct out-of-pocket costs from need for surgical care resulting in falling below poverty line of US\$1.25/day.			



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