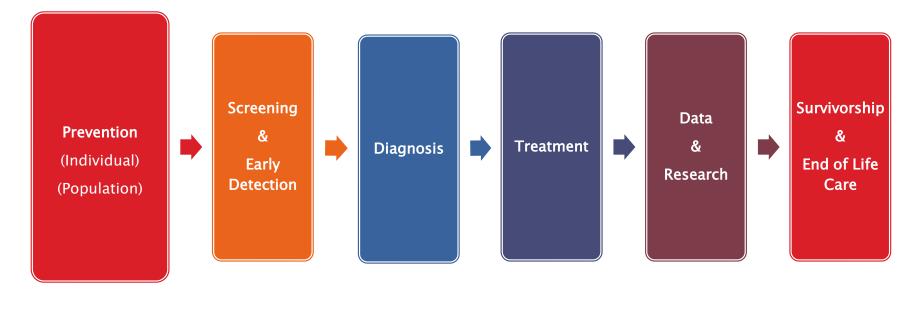
Challenges for Cancer Care in the Pacific: Imua Kakou

Indigenous People and Cancer University of Otago, Wellington Feb 19-20 2018

Neal A. Palafox MD MPH University of Hawaii John A Burns School of Medicine University of Hawaii Cancer Center

Domains of Cancer Prevention and Control



Primordial Primar Prevention Preven		Tertiary Prevention
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Purpose

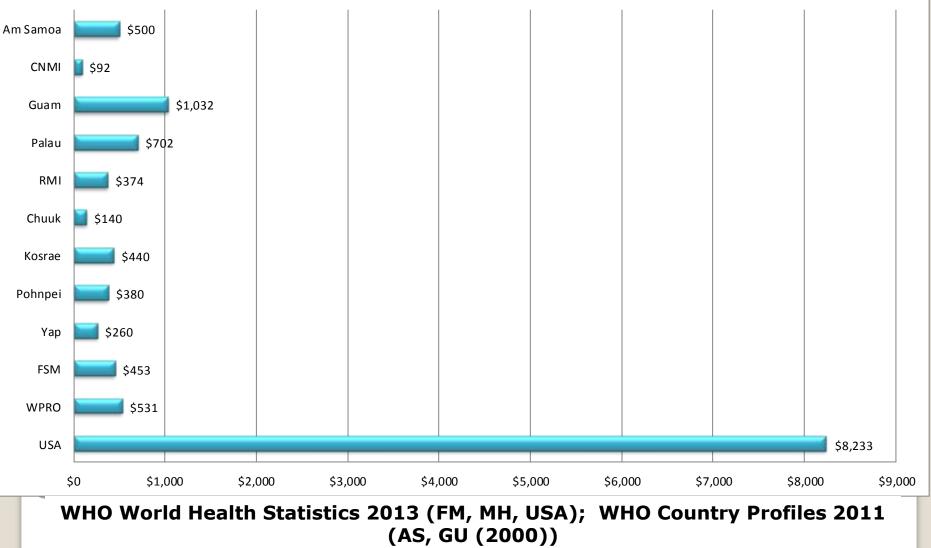
Scan - CA care in the Pacific Surgical / Medical / Radiation Oncology Technology for CA Screening / Diagnosis Laboratory Pharmaceutical Traditional Healers Off Island Medical Referral

Imua Kakou – Moving Forward Together
 Share the process and models in the USAPI

US Affiliated Pacific Islands



USAPI Per Capita Total Expenditure on Health (in Purchasing Power Parity (PPP) terms, International \$ for FSM, RMI, AS, GU, USA)



CNMI \$5M FY13 budget for CHCC/53,883 popn (2010) in USD not adjusted Palau \$14.4M FY12 budget/20,518 popn (2010 est) in USD not adjusted

Cancer Control Menu H. Pylori vs Tobacco Tax Increase H. Pylori vs Hep B vs Hep C 12 week course of sofosbuvir = \$84,000 Pegalated interferon and ribivarin Screening: Colorectal vs Ovarian vs Lung vs Cervical Ca Radiation Oncology vs Surgical Oncology Personalized Cancer Care vs CA Registry Cancer referral budget vs hospital abx

Criteria for decision-making

Health Impact

- Change in outcomes (morbidity and mortality)
- Evidence
- Implementation feasibility
- Political feasibility
 - Political capital / currency
 - Who is the audience? (indigenous, disparity, majority)
- Economic feasibility
 - Cost for infrastructure
 - Cost for utilization
- Sustainability

Context for Treatment

Need

- Critical Mass
- Epidemiology of CA
 - Geography (rural, urban)
 - Outer islands
- Relative Health Impact

Infrastructure

- Power / Water
- Technology- Digital Divide
 - Digital Transmission of data
 - Tele-helath

Resources (Capacity)

- Human
- Financial / Cost
- Maintenance

Societal Values

Value

- Population
 - Individual vs societal benefit
- Disparity and Health Equity
 - Ethnicity, gender, age
 - Rural urban-OI
 - Indigenous immigrant
 - H. Pylori rates?
 - Maori / Pacific Islanders

Policy

 Political Feasibility – Currency

Standards of Care

- Access
- Minimum Standards of care for whom

Indigenous Health

- Indigenous Paradigms
- Cultural Trauma
- Intergenerational Consciousness
- Cultural Healing
- Social Justice



Variables

Multi-sector (health, education, business) Multi-level (survivor, community, traditional, policy, international) Comprehensive (all domains of cancer) Local Context (Community Centered) Evidence Based / Data Driven Indigenous Centered (Paradigms) Paradigms Capacity and Development Sustainable

Foundational Elements

- Formation of a Regional Cancer Prevention and Control Coalition
- Comprehensive Cancer Plans at Country Level
 - Developed by country multisector coalition
- Comprehensive Cancer Plans at Regional Level
 - Developed by regional multisector coalition

Multi- Level – (Partnerships)

Dependency vs InterdependencyPopulation Health

Community
Prefecture
State
National
Regional
International

Regionalization

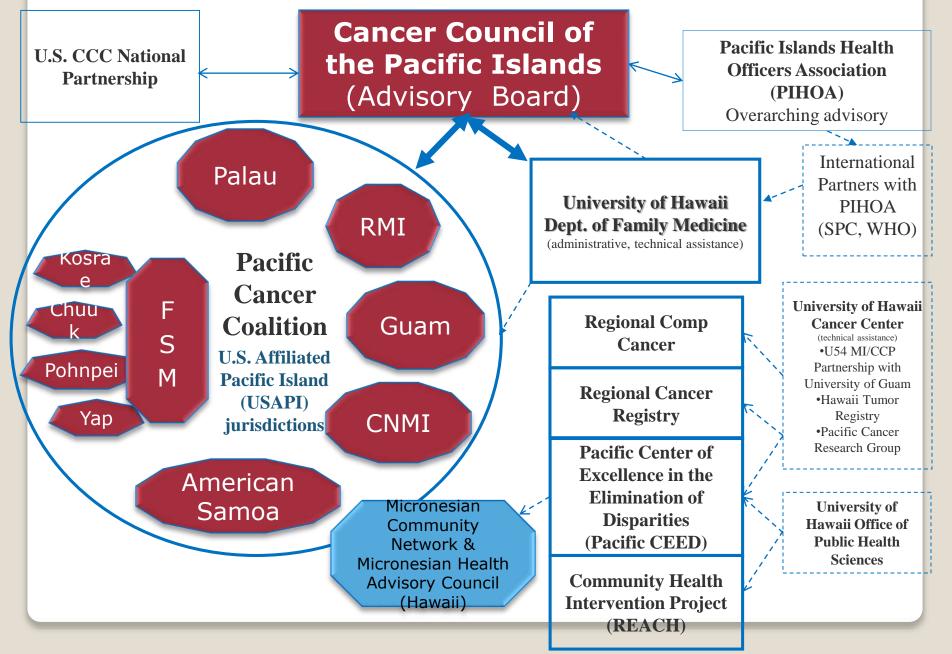
Structure

- Collaborative
- Each jurisdiction (10) with a multi-sector coalition
- Central Regional Group (representation from 10 jurisdictions)
 - Economy of scale
 - Common assets
 - Common challenges
 - One Voice in global arena





Pacific Cancer Control Programs & Partners



CANCER COUNCIL OF THE PACIFIC ISLANDS (CCPI)- 2003





CANCER COUNCIL OF THE PACIFIC ISLANDS (CCPI) and CCC Program Coordinators (2009)

CCPI- CCC- Registry



Outcomes

Organizational Structure Decision Making Policy Development Standards of Care Registry and Surveillance Leverage funds Research Cervical Cancer

Tautira, Tahiti – Departure Final leg 31 – 2400 miles – 24 days



Rough Watch Completed



Wa'a Medical Officer



THANK YOU! Si Yu'us Ma'ase Kulo Malulap Mahalo Komagar Olomwaay Kalangan Fa'a Fetai Tele Kirissou Lava Chapwur Msuulaang Kommol Tata npalafox@hawaii.edu