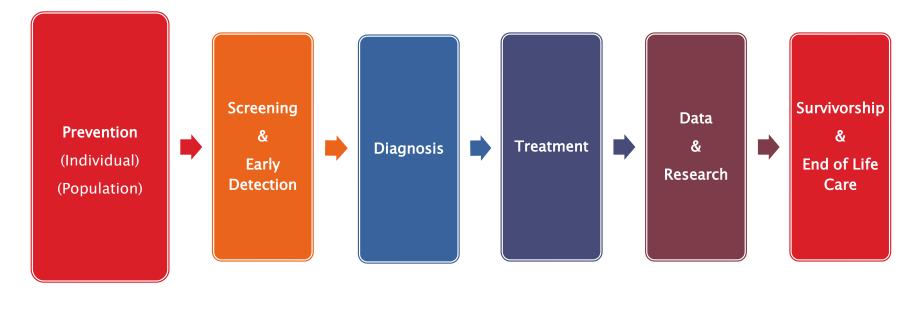
# Challenges for Cancer Care in the Pacific: Imua Kakou

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

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### Domains of Cancer Prevention and Control



Primordial Primar Prevention Preven		Tertiary Prevention
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### Purpose

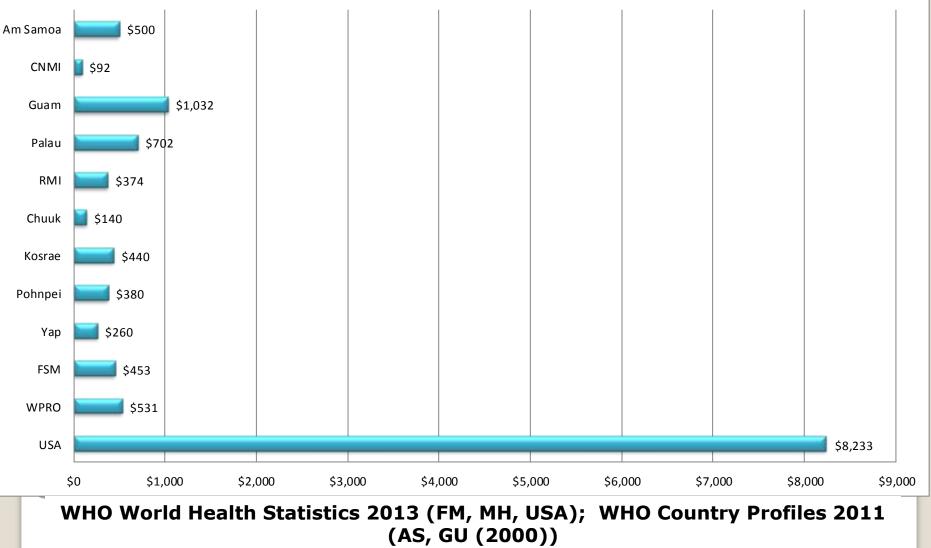
Scan - CA care in the Pacific Surgical / Medical / Radiation Oncology Technology for CA Screening / Diagnosis Laboratory Pharmaceutical Traditional Healers Off Island Medical Referral

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

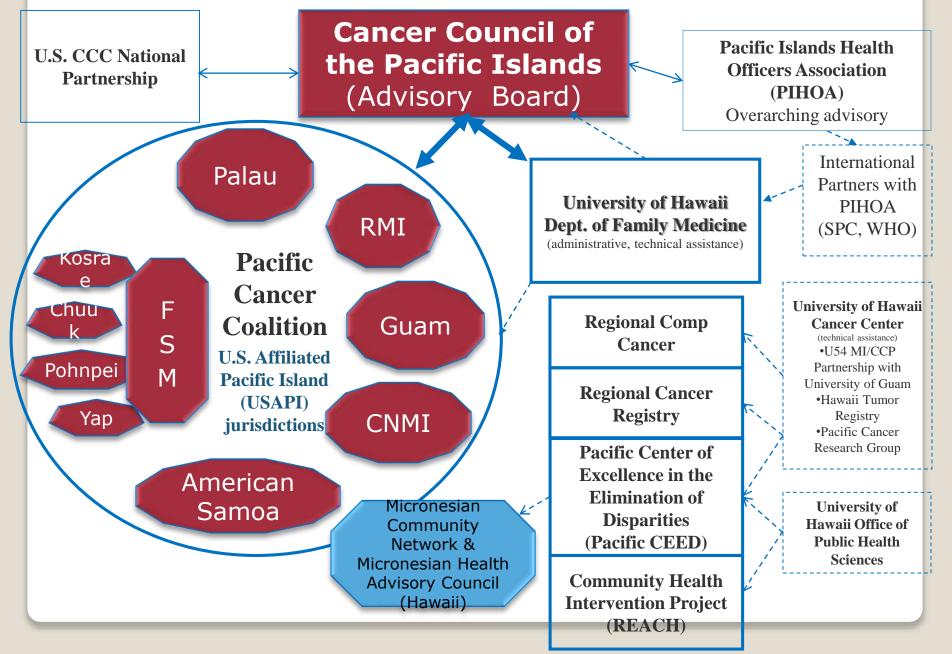
#### Structure

- 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