

## **HRH Princess Dina Mired Opening Session Speech**

Director General/ King Hussein Cancer Foundation

Honorary Chairperson/ Jordan Breast Cancer Program

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### **BREAST CANCER IN THE DEVELOPING WORLD: MEETING THE UNFORESEEN CHALLENGE TO WOMEN HEALTH AND EQUITY**

*International Meeting, Boston, MA*

Dear Friends,

I am honored to be here among such a distinguished group and to be part of this important event – one that has a significant impact on our fight against cancer.

It is also a privilege for me to be here at Harvard. I have to admit.....the closest I have come to Harvard – is when I visited your beautiful courtyard and library many years ago and bought a Harvard sweatshirt!

Why am I here today? Titles aside, I am here first and foremost as a mother of a cancer survivor. My son Rakan had ALL Leukemia at the age of two and thankfully, with the grace of God has survived the disease. Ironically, I know all too well the corridors of Dana Farber Cancer Institute, not the corridors of policy makers and lecture halls ....but the long corridors of anxiety, worry and hope all in one....as we were battling his cancer.

When my son finally finished his treatment and we slowly recovered from our ordeal, I never forgot the stark reality that he made it *only* because *he* had the opportunity and chance to be treated at one of the best cancer centers in the world. In order to receive the best treatment for our son, we had to travel thousands of miles away from home to give him the chance to live! I was also aware of the sad truth that thousands of other mothers, who loved their children just as much, did not have this chance.

...And that is what drew me to this conference; the focus on fixing this harsh inequity and the disparity that exists with cancer treatment between the developed and the developing world. Having the chance to live... should *not* be an accident of geography.

The reality that we are facing today is a sobering one. It is one where cancer rates worldwide are growing at an alarming speed and are affecting an increasingly younger population. The latest Economist Intelligence Unit report estimates that by the year 2020, there will be a frightening 16.8 million new cancer cases annually worldwide, with the added burden that 75% of all new cancer cases will be in low and middle-income countries. These countries, are the least equipped to deal with this cancer burden. In addition, cancer will be responsible for more deaths than

AIDS, tuberculosis and malaria combined! Another astounding statistic pinpoints that although, 60% of deaths occur in low, middle income developing countries, only 5% percent of global resources for cancer are spent in those countries... In fact, in 2006, of the \$21 billion spent by international development agencies to improve public health outcomes in low- and middle-income countries, less than 1% was allocated to Non Communicable Diseases...

...Something is blatantly wrong with this equation...

One would think that with such chilling statistics, Cancer would at least have its own line item in health agendas and not hidden under the pseudonym NCDs..., or at least appear as one of the millennium development goals...or be on the agenda of the G8 or G7 countries... We are all aware of the taboos and stigmas attached to cancer in the developing world and the necessity to break them but what about the bigger taboo in the developed world in dealing with this big elephant in the room!

And that is why... this meeting today gives new hope to meet this challenge for all cancers. As there is hope and there are some good news and certainly great opportunities to do good.

Since I am here today to talk about breast cancer in the Middle East, I want to tell you about the great opportunities to do good in saving the unnecessary deaths of our women.

As I am speaking right now, hundreds of women in the Middle East *somewhere* will be hearing these dreaded four words **“You have Breast Cancer”**. Breast Cancer is the number one cancer afflicting women in the Middle East region. It targets our women at a younger age (median age range 45-50), when they are still in their prime years, raising children and are still active members in their community. In addition, 70% of our women present themselves at the late stages of the disease that are associated with low survivability, **all because** they do not know the simple truth that ‘Early Detection Can Save Your Life.’

The puzzling issue is that all the risk factors that are supposed to increase the risk for breast cancer are *not* applicable to our region...we marry earlier, have children earlier, breast feed are not on hormone therapy and do not have a long history of being on the pill . Here is a great opportunity for the top research bodies such as Harvard and Dana Farber to study the epidemiology of breast cancer in the Middle East which in turn will have a sure impact on the discovery of a cure for breast cancer in general.

Where does this alarming forecast leave us? What steps have we taken in Jordan to face this disease? And what steps should the international community take to help alleviate the breast cancer burden for developing countries?

We in Jordan have already started the battle. The King Hussein Cancer Foundation and Center have led the way for fighting cancer effectively and decisively. Our first priority has been to

provide safe and effective treatment for our patients, which we have achieved and now our Center is the proud bearer of the “disease specific accreditation” from JCAHO (joint commission on accreditation of Health Organizations), making it the only center in the region and the sixth outside the US to achieve this valuable aim.

Our next priority was to focus on Early Detection and Prevention of Cancer. Towards that goal, the King Hussein Cancer Foundation and Center are leading the Jordan Breast Cancer Program, a truly national effort to combat this disease. We are already reaping the successes: In three short years since the program was launched, the number of women presenting themselves at stages 3 and 4 almost halved from 70% to 35%. For the first time, we have also witnessed emergence of stage zero, a stage which did not exist in Jordan before.

However, there is more to be done in Jordan and in the region. The reality is that some countries are struggling *purely* with the delivery of basic treatment, and others are struggling with coverage of the treatment costs. Governments are mostly struggling with delivering the urgency of treatment. The landscape for early detection and prevention programs are practically non-existent, and if there are ad hoc programs, they are mostly led by NGOs ...which is certainly not enough for a wide scale impact.

This is why we need an international funding mechanism with a regional approach to address, catalyze and facilitate treatment accessibility and cancer control issues. We in the developing world, are doing our part, however we urge the international community to collaborate and share the burden and help fund “the modeling, developing and implementation” of regional models for successful early detection and prevention programs. Developing countries simply cannot do it alone.

It would make perfect sense to invest in a collaborative model that will engage all countries in the region to share and exchange knowledge and results. This strong global commitment with a regional approach will undoubtedly have the following benefits:

Firstly, it would be very cost effective to focus all efforts on a regional basis, as our region shares the same culture, language and the same stigma towards cancer in general. The countries in the region also suffer from the same issues of lack of accessibility to services, poor infrastructure, scattered human resources and no insurance for cancer.

Secondly, it would halt the duplication of efforts in developing cancer control models in similar regions and allow those countries to gear their meager resources to implementing the already established and tested models instead of starting from scratch.

Thirdly, having international commitment and support to regional initiatives, encourages regional cooperation on cancer control issues and will produce a strong regional advocacy that will force local governments to place cancer on the regional agenda.

Furthermore, the support given to regional efforts on cancer control can be linked and made conditional on key performance indicators that are set by the partners to make sure that countries are serious about implementing strategies.

This is why I am so honored to be part of this Task force. This task force has a concrete vision. I particularly appreciate the scientific and realistic approach that they are taking. For one, it partners with successful local institutions that know the realities on the ground. This task force plans to use “scientific evidence” as the underlying basis for understanding the issues, and then translating it into implementable and workable strategies.

In particular, I so welcome the fact that the first item on the task force agenda strikes at the heart of the issue....which is to focus on reducing the cost of cancer drugs and to help developing countries negotiate better prices. I *cannot* tell you what this means to cancer sufferers in the developing world who have *no* insurance against cancer and who therefore cannot cover their cancer treatment, simply because they cannot afford to.

Our foundation, the King Hussein Cancer Foundation, covers the treatment of patients depending on the funds and donations available. Although it is quite common for us to fund one child for 50,000 dollars and even 150,000 dollars should he need a bone-marrow transplant, we simply do not have the means to cover everyone. Only a few days ago, I was told that one desperate mother ripped the line from her child’s arm when she was informed that she needed to pay the next bill.

In addition, the hope and promise that the Jordan Breast Cancer Program has delivered to thousands of women by allowing them to discover their disease at an early stage – and thus aim for a complete cure - has sometimes been nullified by the lack of coverage for treatment. We do not want to stand helpless when a woman confronts us and says: “Why did you open my eyes about early detection when I cannot find the funds to be treated?” These concerns and fears are totally legitimate and needs to be addressed urgently.

These anguished questions emphasize the need to strike decisively at the issue of the cost of treatment due mainly to the prohibitive costs of cancer drugs and **highlight** the dilemmas faced by patients in the developing world. In the developed world, patients have the luxury of asking the question: “where do I want to be treated?” whereas in the developing world, the only question facing patients is “Will I be treated?” It is clear...that however much we try to tie cancer down to statistics, it will always remain in essence a very real and human story.

I look forward to working with the distinguished members of the Task Force for Expanded Access to Cancer Control and Care in the Developing World, with the guidance of Dr. Lawrence Shulman and Dr. Julio Frenk, Felicia Knaul and the technical secretariat based at the Harvard Global Equity Initiative. I look forward to add a strong voice from the Middle East and other low and middle income countries to be incorporated in the 2010 white paper that will delineate a set of concrete strategies for reducing the burden and lethality of cancer in the developing world.

On our part, we at the King Hussein Cancer Foundation and center are determined to work as part of the task force in Jordan, to pilot the recommendations that will be developed and to take leadership in testing the strategies that can lead to reducing the costs of delivering cancer care – including the important issue of negotiating for reduced prices for drugs and treatments. I strongly believe that this initiative has the real potential to achieve for cancer what has successfully been done for AIDS.

The best defense against cancer is a good offense. We all acknowledge that the challenges are great. Yet it is important to remember that because of the work that you all do, lives are being saved every second of every day and we continue to make strides against this indiscriminate and universal disease. Let us work together to make breast cancer a disease of the past. Let us stop the unnecessary deaths of our women and help return our mothers, daughters, aunts and best friends to where they should be...amongst their families and loved ones.

Thank you.