



***Breast cancer in the developing world: meeting the unforeseen challenge to women, health and equity***  
*An international meeting organized by the Harvard Global Equity Initiative, the Dana Farber Cancer Institute,  
the Harvard School of Public Health, the Harvard Medical School and the Brigham and Women's Hospital  
Boston, 3-5 November, 2009*

## **Introduction**

Most developing countries and regions are immersed in rapid and profound transitions along multiple dimensions--economics, education, status of women, demography and epidemiology. These transitions are associated with an increased prevalence of chronic disease. Health, family, social, and economic systems are ill-prepared to meet either the disease-specific or broader challenges.

Breast cancer (BC) is one example. It is an important, unforeseen challenge to women and to health in developing countries, and the recent and rapid increase in prevalence mirrors these transitions.

In most parts of the developing world, BC is now the leading cause of cancer-related death and DALYs lost among adult women.<sup>1 2</sup> Further, it is striking a large number of pre-menopausal women so that average age at onset is below what is currently observed in the developed world. In Mexico, for example, BC is the second most important cause of death from all causes among women aged 30 to 54.

Further, BC is now concentrated in the developing world. More than half of cases and an even larger proportion of deaths are reported in developing countries.<sup>3,4,5</sup> In North America the ratio of mortality to incidence is below 0.2<sup>3</sup>, in Latin America and the Caribbean it is 0.35<sup>6</sup> and in Africa 0.7<sup>3</sup>. There is a clear positive gradient between level of economic development and probability of survivorship across and within countries and regions, which is closely related to inequities in access to knowledge, early detection, and treatment.

Yet, this challenge was not foreseen by policy makers in the developing world. BC has typically been considered a disease primarily affecting wealthy, older women and the developed world.<sup>7 8</sup>

Barriers to care abound on both the demand and supply side. There is a complex interaction between lack of access to health care, and knowledge, perceptions, norms and outright discrimination against women.<sup>9,10</sup>

In order to face the challenge of breast cancer in the developing world, the disease must be recognized as a major threat to women, to health, and to health systems. This means including and integrating early detection, treatment, and survivorship into existing health interventions including reproductive and maternal initiatives and overall primary health care services.

Facing the breast cancer epidemic in the developing world constitutes an opportunity to apply new paradigms to strategies that promote the rights and health of women. It is also an opportunity to develop and apply diagonal, rather than vertical, disease-specific, strategies to strengthen health systems by improving the provision and financing of health services for chronic illnesses at all levels of care.

A global, evidence-based, call-to-action is required. Yet, this global initiative should be formulated in the context of broader goals and challenges in the arenas of equity, gender, health systems, and population health.

This international symposium "*Breast Cancer in the Developing World: meeting the unforeseen challenge to women, health and equity*" will promote the inter-disciplinary and inter-institutional dialogue and research required to achieve these goals.

---

<sup>1</sup> Jamison et. al, 2006, "Disease Control Priorities in Developing Countries", Second edition, Disease Control Priorities Project, World Bank and Oxford University Press.

<sup>2</sup> Knaul F, Bustreo F, Ha E, Langer A. Breast Cancer: Why link early detection to reproductive health interventions in developing countries? *Salud Publica Mex* 2009;51 suppl 2:S220-S227.

<sup>3</sup> Porter, P. 2008 "Westernizing Women's Risk? Breast Cancer in Lower Income Countries", *New England Journal of Medicine* No. 358; 213-216.

<sup>4</sup> Beaulieu, N., Bloom, D., Bloom, L. and Stein, R.M. (2009) "The Burden of Cancer," *The Economist Intelligence Unit Report*.

<sup>5</sup> IARC, *World Cancer Report*. 2008. ([www.iarc.fr](http://www.iarc.fr)).

<sup>6</sup> IARC, *OMS Globocan 2002* ([www.iarc.fr](http://www.iarc.fr)).

<sup>7</sup> Frenk, J. Editorial: Sensibilización, detección temprana y combate a los prejuicios. Claves en la lucha contra el cáncer de mama, *Salud Publica Mex* 2009;51 suppl 2:S135-S137.

<sup>8</sup> Knaul FM, Nigenda G, Lozano R, Arreola-Ornelas H, et al, Breast Cancer in Mexico: a pressing priority, *Reproductive Health Matters* 2008;16(32):113-123

<sup>9</sup> Nigenda G, Caballero M, González-Robledo LM. Access barriers in early diagnosis of breast cancer in the Federal District and Oaxaca. *Salud Publica Mex* 2009;51 suppl 2:S254-S262.

<sup>10</sup> Mohar A, Bargalló E, Ramírez MT, Lara F, Beltrán-Ortega A. Available resources for the treatment of breast cancer in Mexico. *Salud Publica Mex* 2009;51 suppl 2:S263-S269.



***Breast cancer in the developing world: meeting the unforeseen challenge to women, health and equity***  
*An international meeting organized by the Harvard Global Equity Initiative, the Dana Farber Cancer Institute, the Harvard School of Public Health, the Harvard Medical School and the Brigham and Women's Hospital*  
*Boston, 3-5 November, 2009*

**Objectives of the meeting:**

- 1) Increase global awareness of breast cancer as a major challenge to women and health in the developing world
- 2) Integrate breast cancer into existing programs on global equity and women and health
- 3) Contribute to strengthening health systems in the developing world by applying a diagonal approach that can improve early detection and treatment of breast cancer, while at the same time improving services for other chronic diseases and the health of women throughout the life cycle
- 4) Generate an inter-institutional dialogue including perspectives from public health, women and health initiatives, and equity concerns and drawing on leaders and academic institutions from different parts of the developing world
- 5) Design and implement an inter-institutional research and advocacy agenda building upon existing initiatives

**Institutional links:**

The symposium is an inter-institutional and multi-disciplinary undertaking. The steering committee includes: Flavia Bustreo (Director, Partnership for Maternal Newborn and Child Health-Secretariat at WHO), Alessandra Durstine (VP for Regional Strategies, American Cancer Society), Paul Farmer (Chair, Department of Global Health and Social Medicine at the Harvard Medical School; and Partners in Health), Julio Frenk (Dean, Harvard School of Public Health), Mary Gospodarowicz (Medical Director, Oncology Program, Princess Margaret Hospital of Toronto; and Member of the Board of Directors, International Union Against Cancer) Julie Gralow (Director of Breast Medical Oncology, Seattle Cancer Care Alliance), Paula Johnson (Director, Connors Center for Women's Health and Gender Biology at Brigham and Women's Hospital), Ana Langer (President, EngenderHealth), Lawrence Shulman (Chief Medical Officer and Senior VP for Medical Affairs, Dana Farber Cancer Institute), and Felicia Knaul, conference organizer (Director, Harvard Global Equity Initiative; and Carso Health Institute and Mexican Health Foundation initiative "Cáncer de mama: Tómatelo a Pecho").

In addition to the financial, institutional and in-kind support from the steering committee and the institutions they represent, additional financial support from Susan G. Komen for the Cure and Lance Armstrong Foundation is gratefully acknowledged.

Participants from more than 50 countries will be in attendance, representing all regions of the developing world and including leading researchers, policy makers and advocates working in the areas of breast cancer, cancer, the rights of women, women and health and health systems. The event is open to the public and the audience will include students, researchers, faculty, policy makers and advocates.

