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*Point of View* recently interviewed HRH Princess Dina Mired of Jordan, Director General of the King Hussein Cancer Foundation, a global cancer advocate and Honorary Co-President of Harvard University's Global Task Force for Expanded Access to Cancer Care and Control in the Developing World, for an insightful look into cancer, both globally and in the Middle East region.

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**PoV: We hear a lot about cancer rates increasing worldwide, in our region in particular. Are we facing a cancer epidemic, or is the gravity of the situation being exaggerated?**

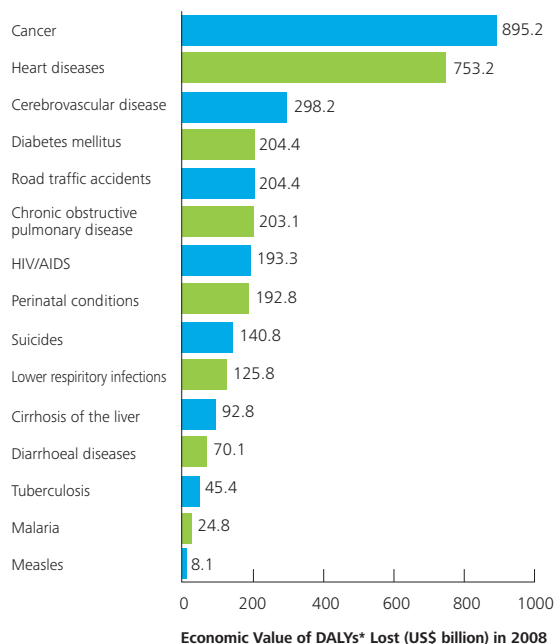
**Princess Dina:** The reality is that cancer rates are growing at an alarming speed and are affecting an increasingly younger population. According to the Economist Intelligence Unit (EIU), by 2020 there will be an estimated 16.8 million new cancer cases worldwide each year, that is more than the populations of Jordan, Lebanon, Qatar and the United Arab Emirates combined. Seventy percent of these cases will be in developing countries, which are the least able to deal with the burden of cancer. The World Health Organization stated this year that cancer is the leading cause of death globally – it is responsible for more deaths than AIDS, tuberculosis and malaria combined and within 10 years, it will kill more than 10 million people annually. So unfortunately, based on these disturbing statistics, I do not believe that the severity of what we are facing can be too exaggerated.

**PoV: What is the economic burden of cancer in terms of the cost of prevention, screening, treatment and follow-up services?**

**Princess Dina:** Cancer has the most devastating economic impact, by far, of any cause of death in the world – even without taking into consideration direct medical costs. The Lance Armstrong Foundation (LIVESTRONG) and the American Cancer Society just recently completed a study on the global economic cost

of cancer and the results are shocking. The economic impact of death and disability as a result of cancer worldwide in 2008 was US\$895 billion. This is a substantial impact; one that represents 1.5% of the entire world’s GDP. In fact, according to the report, the lost years of life and productivity caused by cancer actually represent the single largest drain on the global economy.

**Economic loss from the top 15 global causes of death**



\*Disability-adjusted Life Year  
Source: The Global Economic Cost of Cancer Report, LIVESTRONG & AMERICAN CANCER SOCIETY.

**PoV: Data shows stark disparities in cancer fatality rates between low- and high-income countries, even as regards highly treatable and curable cancers. What is the real picture?**

**Princess Dina:** There is a harsh inequity between cancer treatment in the developing and the developed world. This year, five million people in developing countries will lose their lives to cancer and this number is expected to more than double to 11 million people by 2030. Despite bearing 70 percent of the cancer burden in the coming years, the developing world will, astoundingly, only receive 5% of the global resources for cancer – and by some accounts as little as 2%. Clearly, this is not enough to take the action needed to combat cancer in the developing world.

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Despite bearing 70% of the cancer burden in the coming years, the developing world will, astoundingly, only receive 5% of the global resources for cancer – and by some accounts as little as 2%. Clearly, this is not enough to take the action needed to combat cancer in the developing world.

At the moment, most developing countries are struggling with the delivery of basic treatment, they are weighed down by the high cost of cancer drugs and early detection and prevention programs in these countries are virtually non-existent. Sadly, that is why the cost of cancer in the developing world is currently being paid for in human life.

I know from my own personal experience as the mother of a cancer survivor how difficult it is to receive a cancer diagnosis and not have accessible quality cancer treatment available. I was fortunate to be able to seek treatment for my son abroad, but there are so many people in the developing world who do not have that option. This is why I continue to so strongly advocate resolving this inequity between the developed and the developing world, because the chance for a cure should not be an accident of geography.

**PoV: What data do we have on cancer in the Middle East?**

**Princess Dina:** There is still no sufficient comparative data on the Middle East to enable us to make a solid analysis of the cancer situation in our region. The Middle East lies very clearly within the developing world – as I am sure you know, over half the countries in the Middle East are considered low- to middle-income countries – and as such, most of the countries in our region, both rich and poor, struggle with the same issues as other developing countries with regards to cancer and are each at different stages of cancer control.

Some countries have absolutely no infrastructure for cancer treatment, others have the infrastructure but not the system to deliver comprehensive cancer care. Others lack the human resources and know-how to provide effective treatment. Overall, there is a deficit of experienced cancer specialists with many local talents seeking more lucrative positions in Europe and North America. As with most of the developing world, the Middle East struggles with the high cost of cancer drugs. On top of that, our region is faced with a very strong stigma where cancer is concerned. Most governments and policy-makers avoid dealing with the issue of cancer head-on, comprehensively through prevention, early detection, treatment and palliation, either because they are simply unaware of the gravity of the situation or because they find the cancer crisis too daunting an issue to address with the all too common perception that the cancer epidemic cannot be resolved. However, by 2020 there will be over 360,000 new cancer cases in the Arab world each year and so clearly, action is needed now.

| Country      | Population ('000,000) | Population Growth Rate % | GDP Per Capita USD ('000) | New Cancer Cases (2009) est. ('000) | New Cancer Cases (2020) est. ('000) | % Inc.       | Cost of New Cases 2009 USD ('000,000) |
|--------------|-----------------------|--------------------------|---------------------------|-------------------------------------|-------------------------------------|--------------|---------------------------------------|
| Algeria      | 34.1                  | 1.2%                     | 7.0                       | 24.9                                | 34.9                                | 40.2%        | 57.4                                  |
| Bahrain      | 0.7                   | 1.3%                     | 38.4                      | 0.8                                 | 1.4                                 | 82.9%        | 11.8                                  |
| Djibouti     | 0.7                   | 2.2%                     | 2.7                       | 0.9                                 | 1.2                                 | 33.9%        | 1.0                                   |
| Egypt        | 78.8                  | 2.0%                     | 6.0                       | 59.7                                | 80.5                                | 34.8%        | 111.8                                 |
| Iraq         | 28.9                  | 2.5%                     | 3.6                       | 21.3                                | 32.0                                | 50.2%        | 12.0                                  |
| Jordan       | 6.2                   | 2.2%                     | 5.3                       | 4.7                                 | 7.3                                 | 56.6%        | 17.4                                  |
| Kuwait       | 2.6                   | 3.5%                     | 54.1                      | 1.8                                 | 3.3                                 | 83.3%        | 36.8                                  |
| Lebanon      | 4.0                   | 1.1%                     | 13.1                      | 7.2                                 | 9.2                                 | 27.6%        | 75.2                                  |
| Libya        | 6.3                   | 2.2%                     | 15.2                      | 5.4                                 | 6.5                                 | 20.4%        | 22.7                                  |
| Mauritania   | 3.1                   | 2.4%                     | 2.0                       | 2.1                                 | 3.0                                 | 43.8%        | 1.2                                   |
| Morocco      | 31.2                  | 1.1%                     | 4.6                       | 25.2                                | 33.8                                | 34.1%        | 44.8                                  |
| Oman         | 3.4                   | 3.1%                     | 23.9                      | 1.5                                 | 2.4                                 | 60.0%        | 17.4                                  |
| Qatar        | 0.8                   | 1.0%                     | 121.7                     | 0.9                                 | 1.3                                 | 51.8%        | 34.3                                  |
| Saudi Arabia | 28.6                  | 1.8%                     | 20.4                      | 18.9                                | 30.7                                | 62.4%        | 230.8                                 |
| Somalia      | 9.8                   | 2.8%                     | 0.6                       | 7.7                                 | 11.1                                | 44.2%        | 1.8                                   |
| Sudan        | 41.1                  | 2.1%                     | 2.3                       | 24.9                                | 34.3                                | 37.8%        | 13.5                                  |
| Syria        | 21.7                  | 2.0%                     | 4.6                       | 22.1                                | 33.1                                | 49.8%        | 34.6                                  |
| Tunisia      | 10.4                  | 1.0%                     | 8.0                       | 9.3                                 | 12.6                                | 35.5%        | 29.1                                  |
| UAE          | 4.7                   | 3.7%                     | 42.0                      | 2.7                                 | 4.7                                 | 74.1%        | 80.6                                  |
| Yemen        | 22.8                  | 2.8%                     | 2.5                       | 14.7                                | 21.6                                | 46.9%        | 10.7                                  |
| <b>Total</b> | <b>340.0</b>          | <b>-</b>                 | <b>-</b>                  | <b>256.6</b>                        | <b>364.9</b>                        | <b>42.2%</b> | <b>845.0</b>                          |

Sources: 1. Economist Intelligence Unit, comp. "Breakaway: The Global Burden of Cancer-Challenges and Opportunities." (2009): 41-42. Print.  
2. CIA Online World Fact book, All Country Background Data

**PoV: We have talked about cancer both globally and in our region, but what impact does all this have on individuals and why should corporations take notice?**

**Princess Dina:** To begin with, the increasing rates of cancer mean that every one of us will be touched by cancer in one way or another in the coming years, be it as patient, caregiver, family member or friend.

When cancer occurs, it does not just affect individuals, it affects entire families, communities and work environments. The emotional and financial strain of cancer can tear families apart and this burden is particularly significant in low- and middle-income countries where loss of income due to sickness or death can wreak real havoc on a family's finances. In corporations, cancer affects work productivity and while it may be easy to overlook the lack of productivity of one individual, it is relevant to note the cumulative effect. If nothing is done today to stem this cancer epidemic, in the coming years, we will be faced with a workforce that is so overburdened with disease that it will be unable to function. Rather than providing the supportive base of the economy, this workforce will need to be supported and will pose a financial drain on society due to medical issues.

This is why it is so important that we take action now to break the stigma associated with cancer, to spread awareness and to emphasize the importance of early detection and prevention. Up to 40% of all cancers can be prevented through our own individual actions, such as refraining from smoking, eating healthily, exercising and avoiding harsh sunlight. However, this message has not yet been effectively spread throughout our communities.

Take smoking for example. Tobacco will be responsible for the death of seven million people in 2020, 80% of whom will be in developing countries. A third of these deaths will be caused by a tobacco-related cancer. In fact, cancers of the lung, bronchus and trachea combined pose the largest drain on the global economy. However, smoking remains an extremely popular habit in our region, with the argeeleh (hookah) even becoming an acceptable familial pastime.

It is time for cancer awareness and prevention to be promoted through our schools, local corporations, non-profit organizations and through our governments.

**PoV: While governments have a leading role in addressing this challenge, would private sector involvement and support make a difference?**

**Princess Dina:** Yes, definitely. The cancer burden is one that requires the support of all segments of society, and I very firmly believe that the fight against cancer should be an essential part of every company's Corporate Social Responsibility (CSR) program.

In recent years, the Middle East has seen encouraging growth in CSR, due in part to an increasing number of multinational corporations present in the area and in part to the growth of local corporations which, as they expand within their own business fields and areas of expertise, become more interested in contributing to their communities.

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Investing in healthcare has become increasingly important and in our part of the world cancer in particular should become a priority for investment. It is the responsibility of our corporations to invest in healthcare issues; it is the responsibility of our governments to address comprehensive cancer control measures and factor them into existing healthcare systems and it is the responsibility of each one of us to make a commitment within our society to combat this disease in whatever capacity we can.

This investment is one that can have an immediate impact, whether on cancer treatment, infrastructural support or awareness and prevention programs. It is the responsibility of the private sector to invest in this cause, to help save thousands of lives in our region and in so doing, protect not only the future of their businesses, but also that of their employees and their communities as well.

Beyond financial investment, corporations should take responsibility for spreading cancer awareness among their employees, encouraging healthy lifestyles which will not only benefit the corporations but will also radiate a positive impact throughout society.

**PoV: As a leading advocate for cancer prevention and treatment and a frequent speaker on local and international platforms, what is the call to action you are making and to whom are you addressing it?**

**Princess Dina:** At a global level, I have been advocating through multiple forums and in my capacity as Honorary Co-President of the Global Task Force for Expanded Access to Cancer Control and Care in the Developing World for the global funds and support needed to overcome the disparity of cancer between the developed and developing world. This task force has also been working to find practical strategies to address the various burdens in the fight against cancer, such as reducing the exorbitant cost of cancer drugs and finding innovative delivery models for resource-poor settings.

Regionally, I would like to see more strategic efforts in the way we address cancer. This disease requires a comprehensive approach through decisive steps and attention at every level. We know from our own experience in Jordan and at the King Hussein Cancer Foundation and Center that it is possible to achieve international standards of quality care and to achieve solid results through cancer awareness and prevention.

I know that many countries in the region have also taken bold steps towards addressing cancer within their local communities. This is where I believe shared experiences and an exchange of lessons learned would be most effective. The Middle East has an ideal environment for effective collaboration: we share the same culture, the same language and the same religion. Let us join forces to address the impending cancer epidemic and to take the necessary steps to continue providing our communities with the much-needed cancer treatment and prevention plans that will secure a healthy, promising future for our entire region.



**HRH Princess Dina Mired** is Director General, King Hussein Cancer Foundation in Amman, Jordan. She is the mother of a cancer survivor and the Honorary Co-President of Harvard University's Global Task Force for Expanded Access to Cancer Control and Care in the Developing World. Princess Dina is the Honorary Chairperson of the Jordan Breast Cancer Program, a LIVESTRONG Global Envoy for the Lance Armstrong Foundation and an Honorary Member of the Mediterranean Task Force for Cancer Control.

**The King Hussein Cancer Foundation** is a non-profit institution entirely dedicated to combating cancer. Its medical arm, the King Hussein Cancer Center, is an internationally accredited cancer treatment center, which offers comprehensive cancer care to patients of all ages, backgrounds and nationalities. It is the only center in the developing world to earn international accreditation as a disease-specific cancer center by the Joint Commission on the Accreditation of Healthcare Organizations.

#### 'Deloitte Awareness and Early Screening Project'

The King Hussein Cancer Foundation signed a Memorandum of Understanding with Deloitte in Jordan to establish the 'Deloitte Awareness and Early Screening Project' in Ain Al Basha. The memorandum aims to reach more than 7,200 underprivileged women in Ain Al Basha to raise awareness about the importance of self-testing with regards to early detection of breast cancer and train them on self examination techniques. Under the agreement 480 women will also receive free mammography examinations at the health center in Ain Al Basha. The project will recruit women volunteers from Ain El Basha who will undergo "train the trainer" sessions to conduct visitations with the women of the region and further spread early detection awareness and techniques.

