Cancer in Humanitarian Crises and Refugee Populations

Managing cancer care among refugees

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Increasing Cancer Burden in the EMR

The EMR has the highest projected increase in incidence of cancer of all 6 WHO regions over the next 15 years.
EMRO has the highest proportion of countries affected by emergencies amongst WHO regions

<table>
<thead>
<tr>
<th>Level of Emergency</th>
<th>Countries / Territories</th>
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</thead>
<tbody>
<tr>
<td>Grade 3</td>
<td>Iraq, Yemen, Syria</td>
</tr>
<tr>
<td>Grade 2</td>
<td>Libya</td>
</tr>
<tr>
<td>Grade 1</td>
<td>Pakistan, Afghanistan, Occupied Palestinian Territory</td>
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<tr>
<td>Protracted emergency</td>
<td>Somalia, Sudan</td>
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<tr>
<td>Affected by graded crisis</td>
<td>Jordan, Lebanon, Egypt, Djibouti</td>
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</table>
More 50% of countries in the region are currently experiencing emergencies.

Three countries are currently affected by complex emergencies with active conflicts and a further 10 are facing protracted crises.

The UN has a Humanitarian Strategic Response Plan in place in 8 countries of the region (Afghanistan, Iraq, Libya, OPT, Somalia, Sudan, Syria and Yemen).

Forced displacement with >50% of the world’s refugees and the largest caseload of internally displaced persons, globally as a result of conflict.
Cancer Care in Emergency & Conflict Situations

- Reduced access to healthcare services including diagnosis and treatment facilities
- Decreased number of physicians, including fewer specialists.
- Financial constraints, including lower incomes, increased costs of basic services, and
- Geographical lack of access to free services (if in an area under siege)
- Barriers to importing chemotherapy into besieged areas
- Lack of continuity of care if patient becomes displaced
- Lack of data records/systems and limited follow up
Many countries in emergencies facing disruption in drug supply and struggling in developing a priority list of NCD/cancer medicines

Countries found themselves unprepared to submit Emergency Funding proposals (CERF Yemen)

Country procurement of cancer medicines not always well planned, costly (tend to pay higher price for limited amount of purchased medicines)

Donors willing to add NCD/cancer but no clear package so far proposed to them
WHO response

- Emergency work is an Organization-wide responsibility: Non communicable diseases--increasingly evident particularly in the Middle East (Syria, Yemen, Libya and Iraq).

- Based on WHO mandate’s under article 49 of WHO Global Action Plan 2013-2020: ‘to deploy an interagency emergency health kit for NCDs, recently,

- Task force of WHO experts develop an NCD emergency kit to standardized set of NCD medicines and medical devices required for the management of the most common NCDs in primary care, suitable for humanitarian context, and to complement the Interagency Emergency Health Kit (IEHK).

- The technical group determined that patients with cancer constitute a distinct category in view of the various ethical and operational challenges of high cost of cancer medicines and need for specific service providers.
Syria has a national cancer control strategy in place, but the conflict has caused cancer care to deteriorate.

More than 6.6 million Syrians are internally displaced.

Lack of access to healthcare facilities and treatments, and drastically declining numbers of physicians.

There are currently no oncologists in Idlib or in the besieged East Aleppo.

Although basic diagnostic facilities and chemotherapy treatments are available, they are limited in areas under siege.

Cost of cancer care is a major issue:

- Cost of everyday goods has increased three-fold
- One course of chemotherapy at the current rate in Syria is the equivalent to a US citizen spending $47,000
- There are two hospitals in Damascus, patients can be referred to at no cost, inaccessible to patients in besieged areas.
By 18th September 2016, there were 656,000 Syrian refugees living in Jordan, of which 22% live in refugee camps.

Refugees who are not registered with UNHCR or the Jordanian Ministry of Interior have limited access to healthcare.

No services for early cancer diagnosis in the refugee populations.

UNHCR Exceptional Care Committee (ECC) decides whether to cover the costs of treatments for serious medical problems.

Between 2010 and 2012, less than half of applications for cancer treatments were approved (246 out of 511). The main reason for rejecting a patient was poor prognosis, often due to late diagnosis.

Until 2014 refugees had same subsidized healthcare rate as Jordanian citizens, however this subsidy was reduced due to financial burden.
We Challenged with

| **ongoing conflicts including specific attacks on healthcare facilities and on humanitarian convoys** |
| **Standard / Protocols**: humanitarian efforts scarcely include treatments due to the cost, prognosis of patients, and lack of diagnostic and treatment facilities |
| **Funding Gap** |
| **Ethical Dilemma**: policy-makers have the challenge of making difficult decisions for financial distribution among refugee populations. |
| **Surveillance**: lack of systematic data collection decreases the likelihood of patient follow-up and hinders continuity of care |
| **late stage of diagnosis, which has a significant impact on chance of survival.** |
Need for Action

- Improve access to cancer care and explore the issue of ethical and operational challenges of providing cancer care in emergencies.
- Improve data collection processes, patient tracking and follow-up on cancer among refugee populations.
- Establish guidance and protocols for treatment and follow-up of cancer patients during humanitarian crises.
- Assess and facilitate the availability of essential resources, equipment and capacity.
- Secure international funding to meet the current funding gap, work jointly with partners advocating for the inclusion of cancer care as part of the humanitarian relief assessments and response.