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Cancer prevention and treatment in humanitarian settings: an urgent and unmet need

The WHO Eastern Mediterranean region is currently facing an immense burden of cancer. As well as being the site of numerous protracted crises, with over 50% of the region experiencing humanitarian emergencies, it is the WHO region that is expected to have the greatest increase in cancer incidence during the next 15 years.[1] Historically, humanitarian actors have focused on supporting conflict-affected populations through emergency aid and infectious disease prevention and treatment strategies. However, non-communicable diseases, including cancer, are increasingly prevalent in displaced and host populations in the Eastern Mediterranean region. Ageing, migration patterns, and associated sociocultural lifestyle changes, such as poor nutrition, tobacco consumption, and low levels of physical activity, have exacerbated exposure to cancer risk factors and have contributed to increasing cancer incidence.[2]

Despite the increasing burden of cancer, the global evidence base of peer-reviewed or grey literature surrounding cancer treatment and prevention in humanitarian contexts in the Eastern Mediterranean region is extremely scarce, and nearly all the available information on this topic comes from documentary sources and social media. Although research and response plans have grown to address both communicable and non-communicable diseases in these contexts, cancer treatment and prevention have seldom been addressed. In almost every recent humanitarian setting, the care of cancer patients and efforts dedicated towards cancer prevention have been neglected because of local and global political and economic determinants, such as legal status, freedom of movement, affordable treatment, and availability of health resources and research. Similarly, the delivery of health care through humanitarian systems is often parallel to and not well integrated with the health systems of host nations, which further complicates the provision of cancer treatment services.


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Although both the WHO Constitution and the 1948 Universal Declaration of Human Rights reinforce a global commitment to preserving access to health care as a basic human right, which extends to the provision of cancer screening, diagnosis, and treatment services, the inaccessibility of cancer care has been well documented across humanitarian settings in the Eastern Mediterranean region.[1] Lebanon hosts more than 1 million Syrian refugees, 74% of whom do not have legal status. Given the country's highly privatised and fragmented health system, these individuals do not have access to any form of public health insurance and must finance the cost of treatments on their own.[3] Based on the Lebanese Ministry of Public Health's utilisation and spending data, the annual average cost of cancer drug treatment, which does not include radiotherapy, is US$6475 per patient, and Syrian refugee families have been reported to earn an average monthly income of less than $300.[4,5] In Jordan, nearly 900 Syrian refugees are diagnosed with cancer annually and have no sustainable access to affordable treatment, with the cost of treating this growing population exceeding $22 million; in addition, Syrian refugees in Jordan are required to pay 80% of the amount that is paid by foreigners without insurance, which imposes a large financial burden on refugee families.[6] In both Lebanon and Jordan, refugees have few treatment-seeking options due to an inability to move freely within or across countries, not having proper documentation as a result of forced migration, and the fear of detainment

and subsequent prosecution. Furthermore, without a focus on developing accessible cancer prevention resources, including access to primary care, screening infrastructure, and cancer education programmes, these economic and political barriers result in most cases of cancer being diagnosed at a late stage, which increases the future cost of treatment and leads to major challenges in controlling disease progression, devising treatment options, and ultimately, survival. A humanitarian organisation in Lebanon found that more than 58% of refugees diagnosed with breast cancer were diagnosed at stage III or IV.[7]

To compound the problem, funding from humanitarian organisations, including from the UN and non-governmental organisations, has decreased substantially in recent years. With reduced resources, the UN High Commission on Refugees (UNHCR) now considers support for cancer patients on an individual basis, with priority given to the cases that the UNHCR Exceptional Care Committee deems to be life-threatening. In Jordan, the UNHCR received 511 applications from Syrian refugees seeking cancer treatment between 2010 and 2012, of which only 246 were approved because of a shortage of funds and poor prognoses.[8] In Lebanon, the UNHCR is reported to be encountering an 83% deficit in overall funding.[9] These reports raise questions about who, if anyone, is accountable for this neglected population of patients with cancer, and how, given the few resources available, international and national institutions can support cancer prevention and treatment in humanitarian contexts.

Despite the recognition by academics, humanitarian responders, and international agencies that transit countries adjacent to conflict-affected nations are often unequipped to address cancer, and that refugee and host communities within these countries have an increasing incidence of cancer, the current framework for humanitarian assistance still does not address cancer care. As such, we highlight two essential steps to begin to address cancer care in humanitarian contexts. First, stakeholders must collaborate to develop a global strategy to address cancer care in humanitarian settings. This strategy must address cancer prevention, diagnosis, and treatment in conflict-affected populations and in resource-poor settings. In doing so, stakeholders can draw upon this strategy to inform solutions and interventions that are specific to the local context's challenges and nuances. Second, evidence across a variety of disciplines shows that social, economic, and political factors, in addition to the provision of health services, are determinants of access to quality cancer care. Thus, researchers, local and international policy makers, and humanitarian responders must invest more resources and research into access to cancer treatment, specifically through a political economy analysis. Improving the effectiveness of medical aid will require an understanding of how political and economic institutions interact in specific contexts to determine the distribution of power and health resources. Only then can the global community come together to address this silent and neglected population of individuals with cancer in the midst of humanitarian crises.

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