

# UN officials warn refugees are struggling to access cancer treatment

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A study published in *The Lancet Oncology* journal reveals a high demand for costly cancer treatment among refugees from the recent conflicts in Iraq and Syria, with host countries struggling to find the money and the medicine to treat their new patients. The findings have prompted calls from lead author Dr Paul Spiegel, the United Nations High Commissioner for Refugees (UNHCR) Chief Medical Expert, for innovative financing schemes to improve access to affordable high-quality cancer care for refugees.

In the first study of its kind, Spiegel and colleagues examined data from funding applications made to the UNHCR Exceptional Care Committee (ECC) from [refugees](#) in Jordan and Syria whose [cancer treatment](#) costs were likely to exceed US\$2000 a year.

The findings show that [cancer](#) is an important public health problem in refugee settings and highlight the huge challenges and immense costs that national health systems and humanitarian organisations face when overwhelmed by massive influxes of refugees.

For example, in Jordan the ECC assessed 1989 applications for treatment between 2010 and 2012, of which roughly a quarter (511) were for cancer—[breast cancer](#) and [colorectal cancer](#) being the most common. Around half (48%) of these cases were approved and funded. The main reasons for denied funding were a poor prognosis (43% of cases in 2011 and 31% in 2012) or that the treatment was too costly (25% in 2011). The average amount requested from the ECC for cancer

treatment was US\$11 540 in 2011 and US\$5151 in 2012; however, the amounts approved were substantially lower—US\$4626 in 2011 and US\$3501 in 2012.

"The countries in the Middle East have welcomed millions of refugees, first from Iraq and then Syria. This massive influx has strained health systems at all levels. Despite help from international organisations and donors to expand health facilities and pay for additional personnel and drugs, it has been insufficient. The burden has fallen disproportionately on the host countries to absorb the costs. For example, the Jordanian Ministry of Health footed an estimated \$53 million bill for medical care for refugees in the first four months of 2013", says Dr Spiegel.

The authors call for improved cancer prevention and treatment in refugee settings through the use of innovative financing schemes, better primary care including screening for common cancers (eg, colonoscopies and mammograms), and the development of electronic web-based cancer registries to prevent interruption of treatment.

According to Dr Spiegel, "Until now, the response to humanitarian crises have been primarily based on experiences from refugee camps in sub-Saharan Africa where infectious diseases and malnutrition have been the priority. In the 21st century, refugee situations are substantially longer and increasingly occur in middle-income countries where the levels of chronic diseases, including cancer, are higher. Cancer diagnosis and care in humanitarian emergencies typifies a growing trend towards more costly chronic disease care, something that seems to have been overlooked, but is of increasing importance because the number of refugees is growing."

**More information:** Paper:

[http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(13\)70067-1/abstract](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(13)70067-1/abstract)

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