Web report: “Symposium: Breast cancer in the developing world - Meeting the unforeseen challenge to women, health and equity”

Organizers: Harvard Global Health 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.

Date: 3-5 November, 2009

3 November 2009

The participants included high-level politicians, researchers, clinicians, and leaders of NGOs and other advocacy organizations from around the world.

The pre-symposium sessions centered on specific themes related to identifying knowledge gaps, setting a research agenda, and determining how to translate breast cancer guidelines into practice in developing country contexts.

4 November 2009

The first day of the symposium set the stage for building consensus and establishing a research and advocacy agenda for addressing the growing problem of breast cancer in developing countries. Dr. Jeffrey Flier, Dean, Harvard Medical School and Dr. Julio Frenk, Dean, Harvard School of Public Health announced the establishment of an international task force led by a consortium of experts from Harvard and other organizations to begin designing a plan of action for increasing women’s access to breast cancer services in less developed settings.

Dr. Felicia Knaul, Director, Harvard Global Equity Initiative and Associate Professor, Harvard Medical School, opened the symposium by presenting data on the global burden of breast cancer and rising trends in breast cancer incidence and mortality in all regions of the world. She stressed that the higher case fatality rate of breast cancer in developing countries and women’s lack of access to early detection and treatment are reflective of the unacceptable inequities in women’s health between low and high-resource settings. Her Excellency Madam Tobeka Madiba Zuma, First Lady, The Republic of South Africa and Vice Chairperson, Forum of African First Ladies Against Breast and Cervical Cancer highlighted these inequities further by presenting the challenges of providing breast cancer services in the African context where issues including political unrest, conflict, natural disasters, weak health systems, and other disease priorities such as HIV impede the ability of many African countries to respond to this emerging crisis in women’s health. She emphasized the need to, “uplift health literacy, and to act collectively to keep hope alive.” Similarly, Her Royal Highness Princess Dina Mired, Director-General, King Hussein Cancer Foundation; Honorary Chairperson, Jordan Breast Cancer Program, Hashemite Kingdom of Jordan urged the international community to establish a funding mechanism for breast cancer as a priority area for women’s health, stressing that,
“Having the chance to live should not be an accident of geography.” Dr. Drew Gilpin Faust, President and Lincoln Professor of History, Harvard University echoed the Princess’ sentiments by noting that breast cancer does its deadliest work in the countries in the world least prepared to meet this challenge.

Dr. Amaryta Sen, Nobel Laureate in Economics and Professor at Harvard University, delivered the keynote speech, using the concepts of multiplication and division to describe key challenges to addressing breast cancer in the developing world and improving women and children’s health and lives. Specifically, he noted that entrenched poverty, the handicap of gender inequality, the stigma of having cancer, and women’s family responsibilities and the opportunity costs of seeking care are all obstacles to women’s ability to access early detection and treatment services for breast cancer. He concluded by indicating the importance of linking the issue of breast cancer to human rights, and to use this as a platform for developing legislation and greater prioritization of breast cancer in low-resource settings.

The remainder of the first day of the symposium included presentations and discussions on breast cancer epidemiology, clinical variations in breast cancer, barriers to accessing care faced by women in low-resource countries, and possible strategies for building breast cancer programs in different regions in the world. Also presented were lessons learned from other global health initiatives including HIV/AIDS, Safe Motherhood, and Tobacco; and innovative ideas on financing, procurement and service delivery for breast cancer drugs and other treatment services. Highlights included:

1. A review of the health transition and the process of “Westernization” as underlying factors driving the increasing rates of breast cancer worldwide. Specifically, it was noted that as the health transition takes place along with overall development, women begin to live longer and adopt ‘Western-style’ behaviors that increase their risk of developing breast cancer including delayed age at childbearing, reduced numbers of births, opting not to breastfeed, entering the formal workforce and choosing sedentary occupations, and eating a ‘meat/sweet’ diet.

2. Discussion of the major barriers to accessing care in low and middle income countries such as weak health and information systems, poor prioritization of women’s health and inadequate legislation to protect the health of women and their families, pervasive misconceptions of breast cancer as an affluent disease or infectious in origin, and socio-cultural factors including women’s low social status and lack of awareness of breast cancer.

3. Agreement that regional strategies need to be developed based on a step-wise or diagonal approach that take into consideration the epidemiological context (disease burden), the status of the health care system, the policy environment, and contextual factors. Specifically, it was noted that in settings facing the ‘double burden’ of continued high rates of maternal mortality and growing rates of breast cancer, breast cancer services need to be integrated into existing service delivery platforms such as family planning, antenatal care, postnatal care, child well-check ups and communication campaigns. A goal of this linking process should be to
strengthen health care systems and improve the ability of countries to reach high and equitable coverage levels of basic health care services as well as begin to provide women with access to early detection and treatment programs for breast cancer.

4. Key lessons learned from other global health initiatives that could be applied to efforts to improve breast cancer services in developing countries include: a.) Policies and programs need to be evidence-based, b) The importance of building alliances with other movements (e.g., the women’s empowerment movement), and maintaining a willingness to collaborate and combine efforts, c) The need to take into consideration contextual factors and barriers to program and policy implementation, d) Setting a realistic agenda that can be tracked, and e) Maintaining a strong advocacy capacity for social mobilization and awareness raising.

5 November 2009

The second day of the symposium focused on how to build greater momentum for breast cancer programs in developing countries, and an inclusive research agenda. The day included presentations and discussions followed by regional working group break-out sessions.

Ambassador Nancy Brinker, Komen Foundation, delivered the opening key-note speech, providing a historical overview of the breast cancer movement in the United States and the transformation from relative neglect of the disease 20-30 years ago to remarkable achievements in improving the survival rates of women diagnosed with all stages of breast cancer. She emphasized the importance of more basic and clinical research as well as the need to engage in translational research so that breast cancer guidelines can be implemented in less developed countries, particularly those still confronting the double burden of continued high maternal mortality and increasing rates of communicable diseases. Looking towards the future and drawing on the successes of the HIV/AIDS movement, Ms. Brinker noted that she is optimistic that through collaborative efforts, similar reductions in the price of breast cancer drugs and improvements in coverage of needed services can be achieved.

Key points from the four presentations concerning lessons learned from advocacy efforts to increase awareness of breast cancer and access to care included: 1.) The importance of expanding breast cancer advocacy strategies to include all women’s reproductive cancers, 2.) The need to introduce advocacy campaigns in countries ‘ready’ for cancer control programs based on the three ‘P’s: Inform patients, Use the media to engage the public, and hold policymakers accountable, 3) The need to examine the possibility of linking cervical and breast cancer awareness raising activities in countries in Sub-Saharan Africa and South East Asia where cervical cancer remains the leading cause of cancer deaths among women, 4) The importance of placing breast cancer within the framework of human rights, and linking the breast cancer movement with broader efforts to empower women and improve women’s sexual and reproductive health, 5) To view breast cancer patients and women living in low and middle income countries as resilient and important
partners in advocacy efforts, and 6) The need to determine how to maximize the synergies between breast cancer and other women empowerment movements with a focus on strengthening health systems and optimizing the use of limited resources.

Highlights from the 6 examples of specific research efforts on breast cancer in diverse settings include: 1) The success of the African Cohort Initiative to expand the cohort framework to include a lens on other increasingly important non-communicable diseases in the African context in addition to breast cancer, 2) The Women’s College Research Institute’s development of new research efforts in developing countries to explore the genetic basis of breast cancer including linkages with consanguity, 3) The transformation achieved through the clinical trial undertaken as part of the University of Washington’s Ukraine Breast Cancer Assistance Project from a culture of silence about breast cancer in 1997 to women organizing a ‘March for Life and Hope’ in 2001, 4) The range of research being conducted and planned by the International Agency for Research that build on the lessons learned from oral and cervical cancer research, and that take into consideration the disease burden and health system status in participating countries, 5) The recognition of the American Cancer Society of the importance of tailoring research programs to the specific conditions in each study setting, and developing research teams that consist of social and behavioral scientists, clinicians, and public health specialists, and 6) The emphasis of the work being done by the Tata Memorial Centre on “challenging dogma” about breast cancer, and coming up with innovative ways to produce quality evidence in resource constrained settings that can serve as a foundation for developing programs and policies for breast cancer.

Dr. Julio Frenk, Dean, Harvard School of Public health closed the symposium by presenting a summary of the conference outcomes and key recommendations for the way forward for the newly established Task Force. He emphasized the importance of tackling breast cancer in developing countries given its growing urgency as a priority issue for women’s health (and the well-being of their children) in these countries and worldwide.