

Speech

delivered by

H.E. Mrs. Suzanne Mubarak

The First Lady

of the Arab Republic of Egypt

Before

The IAEA Scientific Forum

on

“Cancer in Developing Countries: Facing the Challenge”

held from 21- 22 September 2010

Vienna, 21 September 2010

His Excellency the Director General of the International Atomic Energy Agency,

Her Excellency the First Lady of Mongolia,

Distinguished speakers,

Ladies and Gentlemen,

It truly is a great privilege to be here today before such an esteemed gathering to discuss and exchange views on a crucial topic of growing concern to us all; "Cancer in developing countries".

Allow me to begin by thanking the IAEA for its efforts in making this event possible and for the amazing work it does through ongoing technical cooperation programs.

What you do is extraordinary and the contributions you have made to the field of science and health are indeed worthwhile and inspiring.

On behalf of my country, I would like to commend you for your focus, for your dedication, and for the difference you have made to hundreds of thousands of people's lives around the world

I consider the IAEA Program for Action for Cancer Therapy, launched in 2004, as yet another impressive milestone in IAEA's efforts to assist developing member states in their work in the diagnosis, treatment and palliative care of cancer.

Excellencies, ladies and gentlemen,

I stand before you today as a social-scientist in the fight against cancer, with years of firsthand experience of working with and helping women and children in the developing world.

I stand before you as someone with more questions than answers.

But with more determination than ever to find a solution.

With more determination than ever not to meet another cancer patient whose cancer treatment has been stopped half way, because neither the hospital can provide the drugs, nor can the patient or his family pay for them if they were available.

With more determination than ever to understand why, in the civilised world that we live in, we cannot work more collaboratively to help those for whom a lack of resources is the number one reason why they die from cancer.

As you know only too well, this is indeed a fight.

A fight against a sinister, elusive and aggressive enemy.

An enemy of enormous and seemingly ever-growing strength.

An enemy that touches everyone; regardless of wealth, age, or race.

Cancer wreaks pain and devastation in the lives of those it touches, wherever they are in the world. But for those in developing countries the likelihood of survival is severely reduced by a lack of resources and insufficient medical care.

A sufferer in a developing country has a 25% chance of survival in contrast to the 54% chance they would have if they lived in a developed country.

All this, while the incidents of cancer are on the rise.

How can this alarming situation be helped? And how can it be helped as quickly as possible, helping as many as possible?

Allow me to try to address some of these questions, through three main parts.

First, I will inform you about the general health situation in our developing world, and point out the obstacles we face that halt further progress.

Second, I will brief you on the steps we are taking to help in Egypt.

And **third**, I will look at the larger picture, and the steps we need to take as a global society to challenge and overcome those obstacles.

First, the general health situation in the developing world and the obstacles we face.

Let me start by painting a picture of the shifting landscape that we in the developing world, are facing in regard to health provision.

As you all know, and many of you from direct experience, that a mother in Africa is 100 times more likely to die in childbirth than her sister in the advanced European countries.

Likewise, an infant is twenty times more likely to die in its first year.

The human reality and sorrow behind these statistics are heart breaking.

Particularly when so much can be done through the systematic education and empowerment of people.

As I have said many times before, development is about people, their education and their empowerment.

So that they understand the health threats that they face, and the importance of systematic screening and early identification.

So that they can understand the importance of hygiene and seek improvements in clean water and sanitation. This will limit infectious and water borne diseases, which have long been a scourge of our poor.

Through education and health, people can improve their lives – with healthy children able to learn effectively and healthy adults able to work.

And that should be the foundation of all development as we move forward.

And today, as the landscape of health challenges shifts, we are able to shift with it.

Developing countries have long been the locus of communicable infectious diseases, such as polio, tuberculosis and cholera.

But now the non-communicable (NCDs) are on the rapid increase too.

At the turn of the century, NCDs represented less than half of the global burden of disease.

By 2020, this is expected to increase to three quarters of that burden, with cardio-vascular diseases, diabetes and cancer as the top three.

This is a very real and challenging problem.

Let's look at cancer in particular.

I have often heard people mistakenly refer to cancer as the scourge of the developed world.

This is incorrect.

Because in fact 60% of global cancer occurs in the developing world.

Unlike many communicable diseases, cancer treatment cannot be guaranteed through particular medicine. There are some 200 varieties, all with different characteristics and levels of intensity, but all with the potential to kill.

Much about cancer has been elusive.

But we do know that there are some things that can reduce the risk of a cancer emerging in the first place.

Which brings me back to people empowerment. And just as with our approach to healthcare more generally, so it should be with cancer.

Why can we not progress further?

Why do I meet children whose treatment is terminated half way through?

What is the point of early detection if we cannot afford the medicine to treat a diagnosis?

Or enough home-grown specialists to administer it?

Or enough clinics and hospitals to treat them in?

The answer is: Resources. Resources. Resources.

Only 5% of the global resources for cancer are spent in developing countries.

So how can developing countries fight this war without the appropriate resources?

Now I will move on to the second part of what I would like to talk about today: The steps we in Egypt have taken.

To start with, we have placed cancer at the top of our priorities in combating NCDs.

A relatively low-cost delivery model structured on outpatient services has been established in the country and operates at more than 30 different locations owned and managed by universities, the Ministry of Health and NGOs.

Starting with prevention, we have educated our people about the benefits of diet, of not smoking, of reducing direct exposure to sunlight. Indeed, in addition to education and launching campaigns in TV and the press, we have formally legislated against smoking in public areas.

We also do our best to help our people with the early detection of cancer, so that they have a better chance of dealing with it.

Early detection campaigns for breast cancer screenings have been implemented for three years using mobile clinics with digital radiographic equipment and satellite communication to reduce cost and overcome shortage of expertise at the locations visited. Over 70,000 women have been examined free of charge.

In terms of general health personnel, Egypt has succeeded in overcoming the traditional developing country shortages, as our medical schools accept 8,000 students annually and our nursing schools graduate more than 10,000 nurses annually.

Although, our cadre of home grown specialists in oncology is relatively small, but it is growing and it is already involved with the latest in new treatments such as gene therapy or nano-technology, which show promising avenues for the future. I am pleased that we have made headway in mastering molecular biology in some aspects of medicine in Egypt, including work on HCM disease with our own Dr. Magdy Yacoub in London. While Egyptian-born Dr. Mostafa el Sayed, recipient of the medal of science in the USA, is a frequent visitor to Egypt discussing his advanced work on gold nano-particles that can adhere to tumor cells and help their destruction through heat.

Egypt has also recently created a Supreme Council for Science and Technology to address the issues and dilemmas we face, incorporating the knowledge of specialists as well as the public at large.

But the best research, the best treatments must be deployed and reach those who need them. With our paucity of resources, we are particularly aware of the need to work together.

And I am hugely encouraged by The Children Cancer Hospital in Egypt (CCHE) which stands as a beacon of hope for children cancer patients;

a remarkable demonstration of will by all partners; government and non-government, private sector and academic research, coming together to fight cancer.

a true role model and inspiration for my country and other countries across the developing world, of what can be done if we put our minds and efforts together.

These examples; of a hospital, of educating the people, of screenings, of specialists, of robust debate - yes, they are positive.

But these are steps in a local landscape.

And they are steps towards a final destination that becomes increasingly difficult to reach in a terrain dominated by challenges

Egypt is doing all it can.

We have long been a supporter of the IAEA activities related to cancer.

We have provided our own experts for missions, and have hosted fellows at our National Cancer Institute (NCI) and at Cairo University.

And we continue to do all that we can in our efforts to fight cancer on the international stage and at home. We are making progress.

But our resources are scarce.

And stretched well beyond their means in this area as it is.

While the particular challenge of cancer requires medicine, infrastructure and human resources.

Which is why I ask myself this question every time I hold the small hand of a child who has just been diagnosed with cancer.

Why can it cost from L.E 3,000 Egyptian pounds to L.E 7,000 Egyptian Pounds for one single chemo injection?

How can that be?

Again, the answer is resources, and by resources I mean all forms of resources not just financial resources.

This leads me to my third and final part today: the larger steps we need to take as a global society to challenge and overcome the situation.

I am and always have been a great believer in the power of the collaborative approach.

When everyone takes steps together, in the same direction, and with the same destination, things happen.

We all want to overcome cancer. All of us here today, we are passionate about this and we are determined.

And that crusade cannot only be on behalf of the world's rich.

What about those who have no means of covering a single chemo injection, not even if they saved for a hundred lifetimes.

If we are to overcome this disease, without excluding developing countries, then we need to re-assess our approach.

An approach that currently isn't working.

An approach that screams for greater collaboration.

And an approach that demands that we mobilize the public/private relationship and find innovative solutions to make the new science benefit everyone. Foundations such as the Gates Foundation have done incredible things in the fight against AIDS and malaria. We need to raise awareness of the rising tide of cancer to encourage similar efforts in this particular battle.

In particular I would like to look at the role the pharmaceutical companies play. Yes, they spend billions on research, and they want to recoup those costs through the successful medicines they market. But surely, they can also devise different models to save lives, millions of lives, in developing countries. For example, by assisting local manufacturers to produce under license generic drugs at low prices that are not allowed to be re-exported to the rich countries. Surely, they can see the ethical dimension of such alternative models. We need to question, to explore and to collaborate to find ways to make these fantastic drugs available to the poorest.

Because everyone has an equal right to life.

Yes, I understand that innovation is expensive.

But I ask - why can't we find a solution together to make this work, to make this more affordable for those in the developing world?

I ask – why can't more be done to share expertise?

And I ask – why isn't the international community holding to account more people who are in a position to provide assistance?

Asking “why?” is particularly poignant when dealing with children. Their innocence and their vulnerability speak to us through their wide beseeching eyes.

When I see the anguish of a small child waiting for diagnosis.

When I see another family grieving for a life lost to this horrid disease.

I am reminded why we have to be vigilant in screening and forthcoming in treatment. .

Why we have to ask these questions.

Why we have to force international discussions, despite the difficulties of bureaucracy and politics, to encourage innovative ways of working together, of re-aligning public/private partnerships, to engage the fight against cancer in a sustainable way.

Excellencies, ladies and gentlemen,

When I hear cancer, I do not think of statistics, I see faces... Faces of the children, the patients and their families. We know the devastation that cancer wreaks and we are all here today to fight cancer and the ravages it causes. Together, we can do much, pooling knowledge and resources, working for early detection and proper education, we can and will save many lives...

But beyond that, we can dream of the day when cancer can be eliminated, when it becomes a distant memory, a scourge of the past. *Some say that we cannot find a cure for cancer. But 100 years ago they said the same about small pox. Sixty years ago they said the same about polio. They were wrong then, and sincerely hope they are wrong now.*

We can, we must, and we shall succeed...

Thank you.