

Cancer care in Jordan



Hikmat Abdel-Razeq*, Fadwa Attiga, Asem Mansour

King Hussein Cancer Center, Amman, Jordan

* Corresponding author at: King Hussein Cancer Center, Amman 11941, Jordan. Tel.: +962 5300460x1000; fax: +962 6 535 3001. habeldelrazeq@khcc.jo · Received for publication 31 July 2014 · Accepted for publication 2 February 2015

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Cancer is the second leading cause of death in Jordan after cardiovascular diseases. Due to increase in life expectancy and prolonged exposure to risk factors, cancer mortality and morbidity are expected to increase as the young population ages. This increase will constitute a challenging burden on healthcare systems in Jordan and many other neighboring countries. Planning is key to managing the expected rise in the demand for cancer care, and this will require public health initiatives to guarantee access to quality cancer care.

Over the past decade, cancer care in Jordan has witnessed remarkable improvement through access to advanced diagnostics and therapeutics. In this review, we address the history of cancer care in Jordan, including cancer statistics, infrastructure, workforce as well as cancer care outcomes. We also discuss many of the challenges that we face and offer suggestions for the improvement of cancer management in Jordan and the region.

KEYWORDS: Cancer care; Jordan; Middle East

JORDAN AS A COUNTRY

Jordan is an Arab country located in southwest Asia. It occupies an area of 89,000 km² with an estimated population of 6.5 million¹ and a population growth rate of 2.2%.² In 2011, 12.7% of the population were under five years of age; 37.2% were under 15 years; and only 3.3% of the total population were above 65 years of age (Figure 1).

Jordan is divided administratively into central, north, and south regions in which 82.6% of the population is urban with almost two thirds residing in the central region. Only 10% of the population live south of the capital, Amman.²

According to the World Bank classification, Jordan is an upper middle-income country.³ The Kingdom suffers from insufficient supplies of water, oil and other natural resources, poverty, unemployment, and inflation. In 2011, gross domestic product (GDP) was estimated at \$28.84 billion with annual growth of about 2.6%. The country's budget deficit has been increasing in recent years, and the cash surplus/deficit (% of GDP) was

–6.8 in 2011. Gross national income (GNI) per capita is \$4,380.³

PUBLIC HEALTH PERSPECTIVE

Jordan's health performance is among the better Arab states in terms of life expectancy, infant and child mortality rates, as well as maternal mortality rates. Table 1 summarizes the basic public health indicators.⁴

Despite an epidemiological shift towards non-communicable diseases, infectious diseases remain the major causes of morbidity, including diarrhea diseases, acute respiratory infections, and hepatitis.⁵ Vaccination coverage for most infectious diseases exceeds 95%, and the Ministry of Health (MOH) recommends vaccinating all health workers with three doses of hepatitis B vaccine. Furthermore, Jordan is considered among low prevalence countries for HIV/AIDS, with an estimated prevalence of less than 0.1%.⁵

Non-communicable diseases (NCD) are the leading cause of death. The latest mortality report issued by MOH for 2009 indicates that more than one third

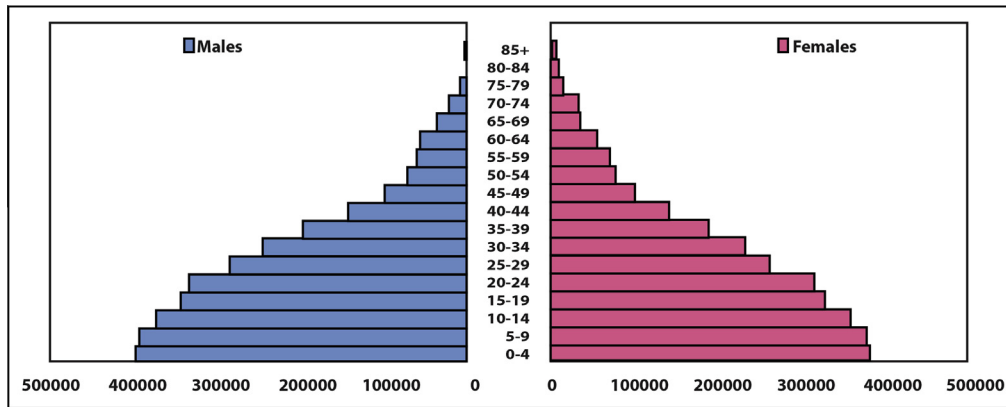


Figure 1. Population of Jordan.

Table 1. Basic public health indicators for Jordan (2011).

Indicator	2011
Population	624,900
Life expectancy at birth (years): male/female	72/74
Crude death rate (per 1000 population)	7
Infant mortality (per 1000 live births)	23
Maternal mortality (per 100,000 live births)	19
MOH budget as (%) of total government budget	6.3

MOH: Ministry of Health.

of deaths are attributed to cardiovascular diseases and 14.6% to cancer.⁴ Smoking, especially among the young, physical inactivity, obesity, and unhealthy diets are considered serious public health problems in Jordan, as reported in the Jordan Behavioral Risk Factor Surveillance Survey of 2007.^{6,7}

CANCER AS PUBLIC HEALTH PROBLEM

Cancer is the second leading cause of death in Jordan after cardiovascular diseases.⁵ Cancer mortality and morbidity are expected to increase as the young population ages with longer life expectancy. The latter is coupled with prolonged exposure to risk factors such as tobacco use, the consumption of unhealthy food, sparse physical activity, as well as exposure to environmental, industrial, and agricultural carcinogens.

In Jordan, the government bears the cost of treating cancer patients. Cancer treatment is offered at no cost to all Jordanian citizens through public hospitals

including the MOH, Royal Medical Services (military), university hospitals and King Hussein Cancer Center (KHCC). Recently, King Hussein Cancer Center and King Hussein Cancer Foundation (KHCF) took the lead in changing the insurance landscape for cancer patients, introducing a nonprofit cancer insurance program that partially covers the cost of cancer care at KHCC for program participants who pay affordable premiums. The major private insurance companies do not cover cancer screening or treatment.

Cancer care in Jordan is focused on treatment, with less effort being placed on other elements of the cancer continuum. Despite several initiatives, Jordan does not have a national cancer control plan as of 2014. In countries where cancer control programs have been implemented, the burden of cancer is decreasing and treatment outcomes are improving, supporting the need for Jordan to pursue this strategic goal.⁸ Organized cancer control, as promoted by international organizations such as the World Health Organization (WHO), its Eastern Mediterranean Regional Office (EMRO) and the Union for International Cancer Control (UICC), offers the best approach for healthcare systems to be more integrated, cost-effective, and efficient in preventing cancer. For cancer patients, it enhances cure rates, relieves pain, and improves quality of life.

CANCER ETIOLOGY

The high prevalence of smoking is associated with high incidence of lung cancer, which is the leading cause of cancer death in Jordan. Besides lung cancer, tobacco use also increases the risk of cancers of the head and neck, colon, bladder, and acute leukemia; all are among the most common neoplasms in Jordan. Viral-

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