

# WHO Global Initiative for Childhood Cancer: an overview

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Every day, more than 1,000 children are diagnosed with cancer (Figure 1). This news sets all concerned on a demanding and life-changing journey. For children in high-income countries, more than 80% survive. This has been a great achievement in innovation and public health.

But, for many children living in low- or middle-income countries, the reality is limited access to care, an avoidable death and immense family strain. The impact translates to lost potential, greater inequalities and economic hardship. This can and must change.

The World Health Organization (WHO) Global Initiative for Childhood Cancer aims to improve outcomes for children with cancer around the world. The goal is to give all children with cancer the best chance to survive, to live full and abundant lives and to live and die without suffering. Working across borders, sectors and disciplines, we can create a better future for children with cancer.

## Childhood cancer: a public health threat

Of the 400,000 children diagnosed with cancer each year, most live in low- and middle-income countries. For them, treatment is often unavailable or unaffordable. Only an estimated 20–30% of those children survive, compared to more than 80% in high-income countries.

This inequity threatens the attainment of universal health coverage. It also threatens the realization of political commitments in the 2030 United Nations (UN) Agenda for Sustainable Development (Figure 2). Inequities are common in childhood cancer. Children in lower-resourced settings are often unable to access care. The cost may cause financial harm to their families. Children may also suffer long-term side effects of therapy and experience discrimination.

We can level these inequities. Every child with cancer deserves better care. This is the time for action. People around the globe have already begun to act. Governments have committed to prioritize action on childhood cancer in World Health Assembly Resolutions. Leaders in the childhood cancer community also launched the WHO Global Initiative for Childhood Cancer in September 2018. Momentum is growing. Communities have come together. A clear target has been set.

**The goal of the Global Initiative is to achieve at least a 60% survival and to reduce suffering for all children with cancer by 2030.**

**If successful, the lives of 1 MILLION children with cancer can be saved in the next decade.**

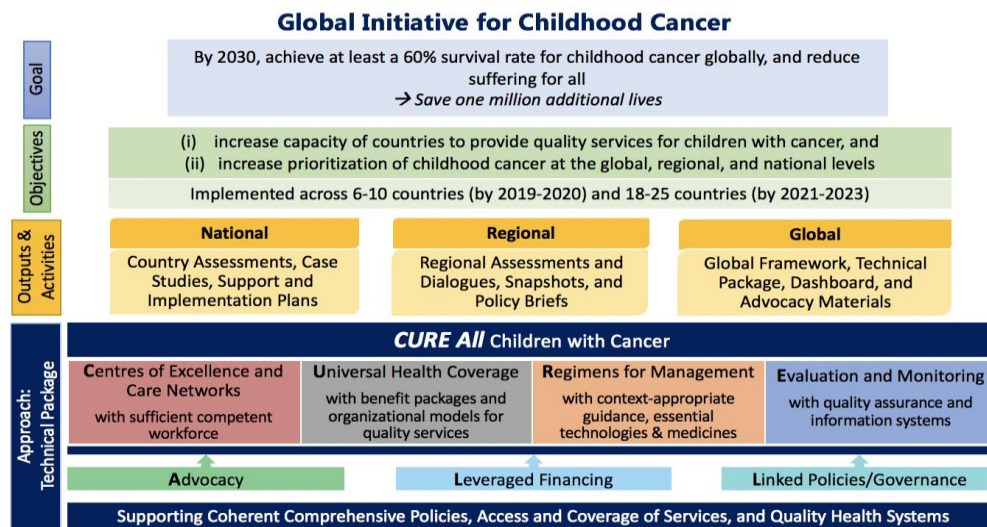
## What is the WHO Global Initiative for Childhood Cancer?

To save lives and reduce suffering of children with cancer, this initiative seeks to:

- increase countries' capacity to provide quality services for children with cancer
- prioritize childhood cancer nationally, regionally and globally to spark action

This is done by developing strategic action plans, led by governments and supported by individuals and groups across sectors. We will connect vital partners to advance comprehensive childhood cancer services. Other cancer and child health services will benefit from the strengthened health systems.

A technical package, **Cure All**, will serve to guide countries as they carry out the Global Initiative. The outcome will be stronger health systems and improved care of children.



Goal, objectives, outputs, activities and approach for the Global Initiative for Childhood Cancer

## The Cure All technical package

**Cure All** is an acronym used to identify the four key pillars and three enablers of the Global Initiative. This package outlines an approach to assess a country or region's current situation, develop an action plan, and implement and monitor progress. The approach includes tools, standards and support.

### Pillars:

- Centers of excellence and care networks with enough trained workers to deliver services
- Universal health coverage for comprehensive and essential quality services
- Regimens and roadmaps for diagnosis and treatment. These tailored plans will aid delivery of quality services through evidence-based technologies and medicines.
- Evaluation and monitoring. Robust information systems and research will ensure effective implementation, quality assurance and constant improvement.

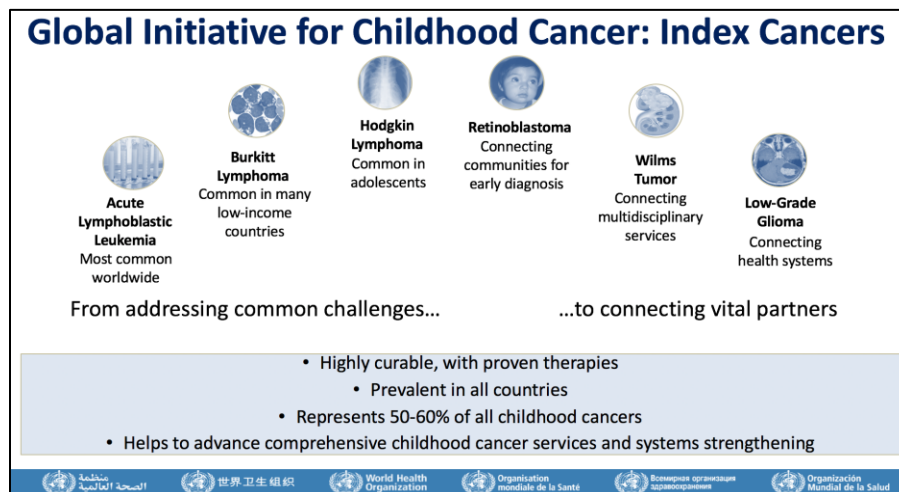
### Cross-cutting enablers:

- Advocacy
- Leveraged financing
- Linked governance

Our first focus is six common cancers that can help us see what is working well, and where we can improve. Together, they represent 50–60% of all childhood cancers. These diseases are highly curable with proven therapies (Figure 4). They are:

- Acute lymphoblastic leukemia (a blood cancer)
- Burkitt lymphoma (a fast-growing lymph gland cancer)
- Hodgkin lymphoma (a lymph gland cancer)
- Retinoblastoma (a childhood eye cancer)
- Wilms tumor (a childhood kidney cancer)
- Low-grade glioma (a brain cancer)

By improving care in these diseases, we can make progress across all childhood cancers.



**Figure 4: Six common cancers for initial focus within the Global Initiative**

## A country, regional and global effort

The WHO Global Initiative for Childhood Cancer spans country, regional and global levels. It relies on WHO regional and country offices as well as national and state governments. Their actions are supported by academic, civil, nongovernmental, professional, and patient and parent support and advocacy groups. These networks all support in-country work (Figure 5).

Focus countries have been selected to pilot the Global Initiative (see Box 1). Other partners will join as the initiative grows. This collaboration will help extend benefits across all regions. It is important to

share lessons learned as the **Cure All** framework is applied. Those details will help the initiative reach its targets and save more children.

**Common activities at the global level**

**include:** carry out the **Cure All** technical package; support dialogue across sectors to strengthen the cancer care workforce and increase access to cancer medicines and technologies; provide platforms to set priorities, research and exchange best practices; coordinate global reporting on progress.

**Common activities at the regional level**

**include:** develop and sustain a governance structure for shared objectives and results; facilitate participation in regional practice networks through WHO Knowledge Action Portal; support dialogue among neighboring countries regarding regional centers for training, clinical or logistics needs; coordinate country-level action; and align country strategies with regional priorities.

**Common activities at country level**

**include:** use a four-step process (assess, plan, implement and monitor/modify) to implement a tailored **Cure All** approach for each country. (Figure 5).

**Box 1: Early Progress in the Global Initiative**

Since the Global Initiative's launch in 2018, focus countries have been selected. They include Ghana, Morocco, Myanmar, Peru, the Philippines, Senegal, Sri Lanka, Ukraine, Uzbekistan and Zambia. The governments of these countries have committed to improve childhood cancer care and outcomes and reduce suffering.

Each country has defined priorities and begun implementation. Actions have been developed and new coalitions have formed. Significant progress has occurred. New legislation now includes childhood cancer care as an essential service. New members of the workforce are being trained. Countries beyond the initial focus countries are prioritizing childhood cancer. They are supporting access to childhood cancer medicines and including childhood cancer in national strategies. A crucial part of this effort is to monitor progress. This is fed back via workshops and communities of practice. In light of the impact of COVID-19 on cancer programmes and implementing this Initiative, virtual strategies are also being explored and broader strategies are being developed to support governments build back better.

**1. Assess the current childhood cancer situation**

The first step is to assess the current situation of childhood cancer services, using existing data sources. These include registries and a special tool for the Global Initiative (see **Cure All** tools and resources). Assessments take place at national and institutional levels. They help stakeholders find high-impact opportunities across the health system. Outcomes include:

- stakeholder maps of activities by local, regional and international partners
- a snapshot of the nation's and facility's capacity
- a summary of the country's childhood cancer landscape

**2. Plan, cost and finance.** The next step is a national dialog, workshop or consultation. This is attended by key leaders and partners. They will create a plan of action. Country-identified

priorities are matched with partners. The aim is to build on or expand areas of collaboration. Results might include:

- analysis of the situation with stakeholder input
- country-specific analysis of cost and priorities
- workforce planning analyses
- dialog to help integrate and align childhood cancer with national planning
- action plans

3. **Implement program:** Success requires partnership among governments, health facilities, partnering organizations, civil society, patient and parent support groups, and communities. Regional and local governance structures will support the alliance between community-based activities and government policies. The Global Initiative and its network can help implement and manage strategies for the six indexed childhood cancers, including palliative and supportive care.
4. **Monitor and modify:** Linked to the **Cure All** package, we will develop a core set of defined cancer indicators. These will support countries as they monitor and respond to program needs. These indicators will also help countries focus on quality improvement and research priorities.

WHO and its partners have developed tools to enable this four-step process. (Box 2). Case studies and best practices gathered during this process can be used to accelerate regional and global action. The Global Initiative has launched the **Cure All** communities of practice known as the Knowledge Action Portal (LINK to be added). NGOs also have functions within each of these steps (Figure 6).

Step	Partner functions	Type of activities
Assess	Inform	Provide community inputs and review situational analysis
Plan, cost and finance	Engage	Aid and take part in dialogue among sectors, with action items for implementation partners and NGOs
Implement	Enable	Help carry out the plan under the leadership of relevant governmental agencies
Monitor and modify	Advocate	Help monitor implementation, promote accountability, report successes and failures, advocate for improvement

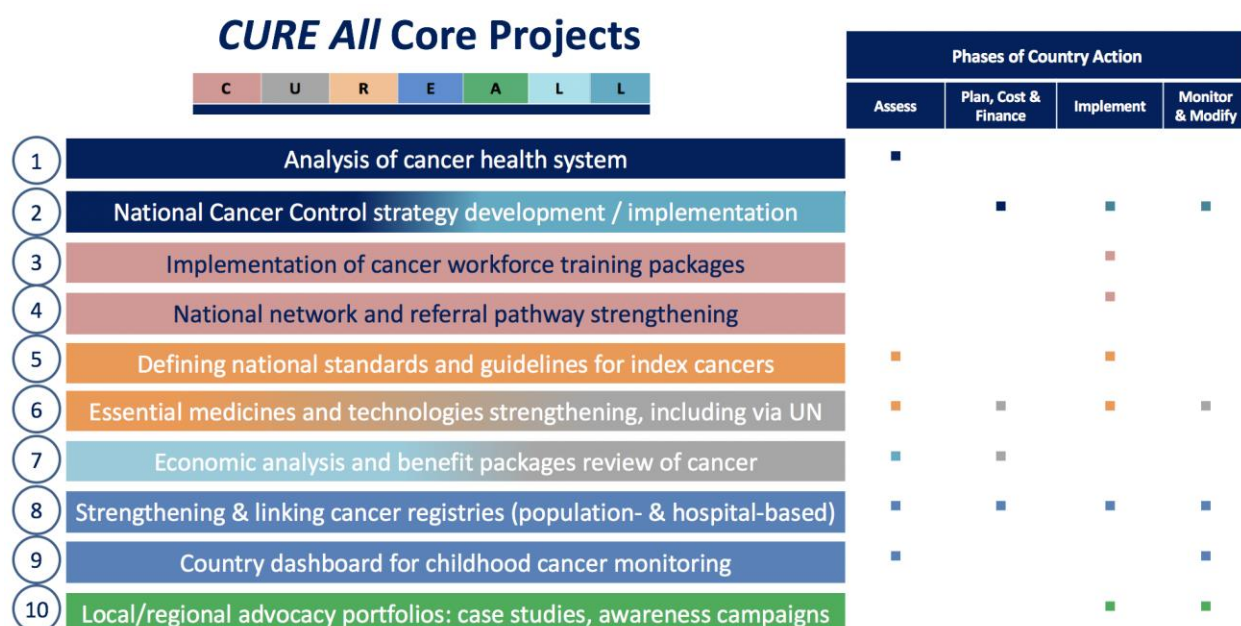
**Figure 6: Functions of partners in the four implementation steps of *Cure All***

Focus countries can select from sample projects that span the phases of country action as well as **Cure All** elements (Figure 5).

## Box 2: Sample selection of strategic *Cure All* tools and projects

The **Cure All** technical package includes a range of WHO resources such as:

- **Tool to help set priorities, budgets and health system plans:** This module builds on WHO and United Nations Tools used in national health planning. It will help national decision-makers understand the impact, cost and feasibility of cancer interventions. It will also help them identify the best scale-up scenario and produce an investment case.
- **Tool to ease national dialogue in health workforce planning:** The WHO Human Resources for Health 2030 framework can be customized to help users address workforce shortages.
- **WHO management guidance for six index childhood cancers and supportive care:** New resources will be developed to guide management across various care settings. These resources will also support research and innovation at national levels.
- **Access to cancer medicines program:** This program will address global and national barriers to accessing cancer medicines. It will focus on the challenges of obtaining childhood cancer medicines. The approach will span sectors to address the needs of each country.
- **Dataset for cancer registries and program monitoring:** A core set of measures is to be specified and country support provided for indicators linked to quality assurance.



**Figure 7: Sample strategic projects to be developed in focus countries, across country phases of action and *Cure All* elements**

## Stakeholder Engagement in the Global Initiative for Childhood Cancer

Children with cancer and their families are at the center of this Initiative, surrounded by stakeholders across sectors. Each is motivated to create an environment that will improve access to high-quality care



(Figure 7). A core aim is to help governments and their partners to coordinate efforts and achieve this goal.

The Initiative is supported by more than 110 organizations and nearly one thousand global experts. All involved stakeholders have agreed to help governments create strategic plans and priorities. We can succeed when leading academic centers, professional societies, parent groups, philanthropic foundations and the private sector come together with a shared goal.

This Initiative and its partners have defined indicators to track progress and resources. Focus countries have resources available. They can help define national models and practical approaches to address needs in childhood cancer care. The result will be regional and global dialogues and global visibility. In focus countries, specific priorities are matched to contributions from partners across sectors.

Some UN agencies have agreed to support the effort. These include WHO, the International Agency for Research on Cancer, the International Atomic Energy Agency, United Nations Children's Fund, and the UN Development Program. Others have also dedicated expertise and resources, such as St. Jude Children's Research Hospital (a WHO Collaborating Center for Childhood Cancer), which supported the inception of the Global Initiative and contributed resources to develop and implement priority activities.

## Conclusion

Childhood cancer is curable when children have access to diagnostic, therapeutic and supportive care. This should be true for all children in all settings, yet for those with cancer in low- and middle-income countries, survival is still inadequate and death without pain control is too common. These inequalities in childhood cancer care are unacceptable and a threat to communities, economic development and social stability.

**If we act now, we can save 1 MILLION lives over the next decade.**

The justification is clear, and the action plan has been set. The Global Initiative for Childhood Cancer provides the framework and path for all countries to implement **Cure All** and improve the care and outcomes for all children with cancer. Our success is based on the principles of Universal Health Coverage and will support the achievement of the United Nations 2030 Agenda for Sustainable Development, benefiting countless children and families around the world.

We must equip partners with the tools to diagnose and save all children with cancer around the world. The Global Initiative will be successful if stakeholders unite to support governments in building capacity and promoting childhood cancer on the public health agenda.

The past 70 years have shown that progress can be made when we invest in systems to care for children with cancer and promote innovation. All countries can achieve a 60% survival target. Another generation of children with cancer globally rely on the actions we take now, together.

For more information: <https://www.who.int/cancer/childhood-cancer/en/>