



WHO Global Initiative for  
Childhood Cancer on the path  
to bridging the Survival Gap  
and attaining Universal Health  
Coverage: a 5-Year Review



World Health  
Organization



## CONTEXT

Every day, more than 1,000 children across the world are diagnosed with cancer. In high income countries, more than 80% of these children survive, but for many children living in low-or middle-income countries, the outcome can result in death, along with financial and emotional strain on families (1). In some of these countries, as few as 30% of children with cancer will survive (2).

Cancer in children is not preventable, meaning rapid diagnosis and access to high quality care are critical for a positive outcome. The most common types of cancer affecting children include leukaemia, brain cancers, lymphomas and solid tumours such as neuroblastoma and Wilms tumour (3).

Factors such as socioeconomic background, gender, geography and age contribute to disparities in childhood cancer rates, while survivors of childhood cancer and their families can experience short- and long-term inequalities throughout their lives. Children in lower resourced settings are often unable to access care. The cost of care may cause financial harm to their families and the children themselves may also suffer long-term side effects of therapy and experience discrimination.

**We stand together against a devastating disease that affects all of us. At WHO we are committed to closing the cancer care gap – particularly in women's and children's cancers.**

**Dr Tedros Adhanom Ghebreyesus**  
Director-General, World Health Organization

**By collaborating with partners, building networks, and training healthcare professionals in underserved countries, we will help children across the globe. Together, we will close the gap in childhood cancer survival through research, education and treatment.**

**James R. Downing, M.D.**  
St. Jude Children's Research Hospital,  
President and Chief Executive Officer

Provision of universal health coverage is therefore critical to reducing the burden on children with cancer and their families (4). But the inequities experienced by children with cancer and their families threaten the attainment of universal health coverage as well as potentially inhibiting the realisation of political commitments in the 2030 United Nations (UN) Agenda for Sustainable Development.

To address this challenge, the World Health Organization (WHO) and St. Jude Children's Research Hospital launched the Global Initiative for Childhood Cancer (GICC) in 2018. The initiative aims to achieve a survival rate of at least 60% of children with cancer globally by 2030. The GICC has united stakeholders from around the world, who share the aim of saving the lives of approximately one million additional children over the 10-year duration of the programme (5).



**400,000**

children diagnosed  
with cancer each year

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**>60%**

target survival for GICC from  
baseline of <30% in LMIC

Photo credit: © Archivo AYUVI/ Unidad Nacional  
de Oncología Pediátrica -UNOP-



**>70**

countries committed  
to GICC targets

Photo credit: Pan American  
Health Organization 2021



# CureAll FRAMEWORK, “THE HOW-TO GUIDE” TO ADVANCE IMPLEMENTATION

The overarching goal of the GICC is that by 2030, a survival rate of at least a 60% for children with cancer globally should be attained, saving one million additional lives. In addition, the programme aims to reduce suffering for all children with cancer, and their families. To achieve this goal, the programme's main objectives are to:

- Increase the capacity of countries to provide quality services for children with cancer;
- Increase prioritisation of childhood cancer at the global, regional and national levels.

To support the achievement of these goals, the programme offers different interventions at national, regional and global levels, guiding Member states into achieving the initiatives' objectives. For this purpose the WHO CureAll technical package, a suite of tools and products was developed. This “how-to” guide for policymakers and programme managers embodies the four key pillars and three enablers of the GICC and provides a justification for action. It outlines priority interventions and sets out an approach to monitoring progress, as well as outlining key components needed to establish, scale up and sustain a well-functioning national childhood cancer programme.

## CureAll Pillars and Enablers aligning with Health Systems Building Blocks for Overall Health System Strengthening

<b>C</b>	Centres of excellence and care networks	Service delivery, health workforce
<b>U</b>	Universal health coverage (UHC)	Health financing, service delivery
<b>R</b>	Regimens for management	Access to health products
<b>E</b>	Evaluation and monitoring	Health information systems
<b>A</b>	Advocacy	Service delivery, health workforce
<b>L</b>	Leveraged financing	Health financing
<b>L</b>	Linked governance	Governance and leadership

## CureAll Core Project to advance implementation

1. Analysis of cancer health system
2. National Cancer Control Strategy Development/Implementation
3. Implementation of cancer workforce training packages
4. National network and referral pathway strengthening
5. Defining national standards and guidelines for index cancers
6. Essential medicines and technologies strengthening, including via UN.
7. Economic analysis and benefit packages review of cancer.
8. Strengthening & linking cancer registries (population and hospital based).
9. Country dashboard for childhood cancer monitoring
10. Local/regional advocacy portfolios: case studies, awareness campaigns.

As a starting point, CureAll focuses on six index cancers that represent 50-60% of all childhood cancers. These are generally highly curable with proven therapies, and prevalent in all countries. Undertaking work to increase access to care for these cancers and to improve the quality of care will help to advance comprehensive childhood cancer services and strengthen systems.

## The six index cancers

- Acute Lymphoblastic Leukaemia**  
The most common childhood cancer worldwide
- Burkitt Lymphoma**  
Common in many low-income countries
- Hodgkin Lymphoma**  
Common in adolescents
- Retinoblastoma**  
Potential to improve outcomes via early diagnosis
- Wilms Tumour**  
Multidisciplinary care can make a difference to outcomes
- Low-grade Glioma**  
Connects health systems to drive progress





# ENHANCING MONITORING THROUGH THE CHILD GLOBAL INITIATIVE FOR CANCER REGISTRY DEVELOPMENT

Photo credit: © WHO / Marta Soszynska



Improving care quality and access is an important area of focus for the GICC, but progress can only be sustained if health systems have a clear understanding of the prevalence and incidence of different childhood cancers among the populations they serve, and survival rates for those cancers.

Population-based cancer registries are critical resources for gathering such data, but unfortunately they are established in only one in three countries worldwide. Less than 15% of the world population of children is covered by registries able to provide useful data on childhood cancer burden, with coverage falling to as low as 5% in Africa and Asia.

To respond to this challenge, International Agency for Research on Cancer, an intergovernmental agency part of WHO, partnered with St. Jude Children's Research Hospital in 2020 to create a programme to support increased uptake of cancer registries.

The programme, Child Global Initiative for Cancer Registry development, or ChildGICR, complements the GICC and involves the development of implementation strategies, capacity building and evidence-based standards for childhood cancer registration, particularly in low- and middle-income countries.

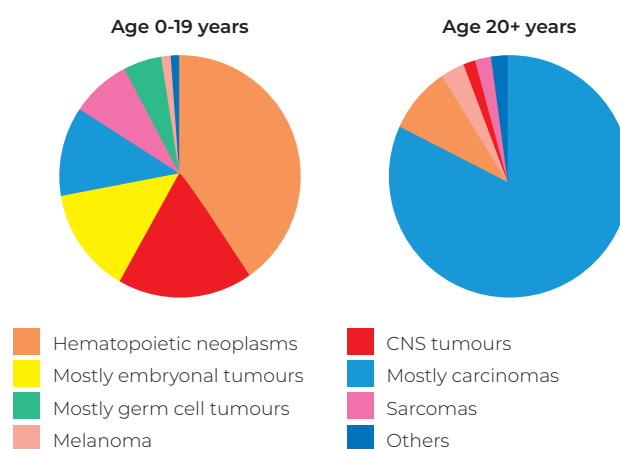
An adapted classification of childhood cancers is particularly important for disease surveillance and research because childhood cancers are uncommon and distinct from the cancers that more frequently affect adults (see Fig 1). Specialised paediatric cancer registries are already in use in some high- and middle-income countries, where they produce excellent results, collating information including treatment and outcome for each patient.

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**Fig. 1: Cancer histology types distribution, children and adults, high income countries**

Histology types distribution (high income countries)



Source: IARC Child-GICR leaflet Steliarova Foucher et al. Child-GICR Leaflet, Jan 30, 2023

## Providing universal, sustained access to quality-assured, essential cancer medicines

Building on the successful partnership arrangement that led to the creation of the GICC, in 2021, WHO and St. Jude announced that a Global Platform for Access to Childhood Cancer Medicines would be established.

This platform has the goal of providing universal, sustained access to quality assured, essential cancer medicine for all children in low- and middle-income countries, free of charge. St. Jude has committed 200 million US dollars over six years to finance the platform, and so far, six countries have engaged.





# SUCCESSES FROM AROUND THE WORLD

Across the WHO's six regions, countries working under the GICC programme have been demonstrating major improvements in their approach to childhood cancer care. Here, we share some examples of national achievements under the GICC from countries in the African, Western Pacific, and South-East Asian regions and the Region of the Americas.

## Helping childhood cancer patients in Accra hospital, Ghana

At the Korle-Bu Teaching Hospital in Accra, children from across Ghana receive treatment for childhood cancers at specialist paediatric oncology unit.

Korle-Bu has received financial support from the United States-based St. Jude Children's Research Hospital, one of the GICC's major strategic partners. Ghana was one of the first African countries to receive GICC support, alongside Senegal and Zambia.

**"My motivation comes from the fact that childhood cancers are curable when detected early enough,"** says Professor Lorna Awo Renner, Head of the Paediatric Oncology Unit at Korle-Bu, where she has worked for the past 21 years. **"These children can still go on to lead full lives. I see it happen all the time."**

## Legislating to improve cancer care in the Philippines

In February 2019, the government of the Philippines passed two landmark new laws, the National Integrated Cancer Control Act (NICCA), and the Universal Health Coverage (UHC) Act. These two pieces of legislation are designed to provide quality care, reduce the burden of cancer on affected people and strengthen the Philippines' health system by building capacity in policy and research.

The legislation has led to the development of a national strategic action plan, the creation of the Integrated Cancer Control Council, the establishment of the Philippine Cancer Center and a sustainable Cancer Assistance Fund.

The frameworks have enabled childhood cancer control efforts in the Philippines to align better with global initiatives such as the GICC in the Western Pacific Region, where the Philippines has initiated specific activity in the region. Building on universal health coverage, the Philippines is now strategically positioned to make bigger strides in ensuring better health for all children.

## Establishing a national paediatric cancer plan in Peru

In 2019, Peru was selected as the first focus country for the WHO GICC in the Region of the Americas. The country formulated a national paediatric cancer plan with four goals: to improve early diagnosis of childhood cancer, to reduce treatment abandonment, to implement a national paediatric cancer registry and to improve the quality of services in paediatric oncology units. Ten working groups were established to achieve these goals.

The work built on earlier work in Peru to embed universal health coverage. In 2009, a law was passed to improve access to care by introducing a mandatory health insurance system and registering everyone living in extreme poverty under Seguro Integral de Salud, regardless of age or circumstance.

## Reducing delays in diagnosis in Panama

In Panama, around nine in 10 childhood cancer patients were presenting with advanced cancer, meaning survivorship was very low.

To promote early detection and timely diagnosis, the Panamanian Ministry of Health developed a guide to enable health care providers, particularly those working in primary care, to understand the signs and symptoms of childhood cancer and follow a streamlined referral process.

Via the GICC, healthcare providers across Panama have been trained to use this guide, and as a result, more young patients are being diagnosed with stage I and II cancers than previously.

## Developing the cancer nursing curriculum in Nepal

In Nepal, nurses are being trained to support children with cancer and their families under the GICC, after it was realised that the existing nursing curriculum did not address emerging patient needs in cancer care and did not cover all the core skills needed to provide care for a child with cancer.

Dr Krishna Paudel, chief of the policy, planning and monitoring division of the Nepalese Ministry of Health, said: **"It is very important that nurses know the challenges involved in cancer treatment and are trained to support families through this difficult time."**





## KEY MESSAGES

- Childhood cancer is a significant public health priority because many children with cancer diagnosed in Low and middle-income countries are not being appropriately diagnosed or managed.
- Many governments do not include childhood cancer in their universal health coverage (UHC) minimum benefit packages, which can result in financial impoverishment for affected families and poor outcomes for children.
- More than 70 countries are implementing the WHO Global Initiative for Childhood Cancer (GICC) CureAll framework, which supports governments and other stakeholders in assessing current capacity, setting priorities, generating investment cases, and developing evidence-based standards of care and monitor for progress.
- Childhood Cancer represents an ideal platform to advance research and innovation through the strong collaboration among institutional networks that enable data sharing, linked data platforms, and shared participation in research and clinical trials.

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- Thanks to the partnership among WHO, St. Jude, UNICEF and PAHO Strategic Fund, the GICC is advancing toward the realization of UHC with the development of the Platform to access childhood cancer medicines (GPACCM) which is expected to provide free access to quality-assured and effective cancer medicines to approximately 120,000 children in LMIC by 2027.
- As the GICC looks forward to its next years of operation, it will continue to focus on widening access to support, information and peer partnership for participating countries. In doing so, it will seek to ensure that its impressive achievements to date are maintained and built upon, to reduce suffering for all children with cancer and their families.



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Better survival means something different to everyone, but as a survivor means a better quality of life.

Emma

Survivor of medulloblastoma

You never know how strong you are until being strong is the only option you have. Don't give up.

Rama

Survivor of acute lymphoblastic leukaemia



For more information access

<https://www.who.int/initiatives/the-global-initiative-for-childhood-cancer>