Report Launch:
Measuring survival, driving change

Advancing equity through the WHO Global Initiative for Childhood Cancer

May 12, 2026
WHO Headquarters Geneva

Housekeeping rules

- Participants are welcome to introduce themselves in the Zoom chat box. Please share your name organization and where you are joining from.

- Microphones will remain disabled throughout the event to support smooth facilitation.

- You can use the Q&A function in zoom to share your questions or comments.

- The webinar is being recorded and will be made available after the event.

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Welcome!

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Agenda

Time (CET)	Topic	Facilitator / Speaker
13.00 – 13.04	Welcome and meeting introduction	Roberta Ortiz
13.04 – 16.16	Opening remarks	Jeremy Farrrar Carlos Rodriguez-Galindo
13.16 – 13.39	Introduction to the Report Measuring Survival Driving Change: *Advancing equity through the WHO Global Initiative for Childhood Cancer* • Report overview • Introducing 1st WHO childhood cancer country comparable survival estimates	Roberta Ortiz Fabio Girardi Charlton Callender
13.39 – 14.20	Moderated Panel discussion: Measuring Progress Together, Global Efforts to Track Survival and Improve Childhood Cancer Outcomes	*Moderated by: Catherine Lam* Kathy Prichard Jones Venkatraman Radhakrishnan, Nickhill Bhakta Michel Coleman Eva-Steliarova Foucher
14.20 – 14.30	Reflections, way forward and closing remarks	André Ilbawi

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Opening Remarks

Dr Jeremy Farrar

Assistant Director-General

Division of Health Promotion, Disease Prevention and Care, WHO HQ

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Opening Remarks

Dr. Carlos Rodriguez-Galindo

St Jude Children's Research Hospital

Executive Vice President

Chair, Department of Global Paediatric Medicine,

Director, St Jude Global

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Global Initiative for Childhood Cancer

Dr Roberta Ortiz

Childhood Cancer Medical Officer

Global Initiative for Childhood Cancer Focal Point

Department of Noncommunicable Diseases and Mental Health, WHO HQ

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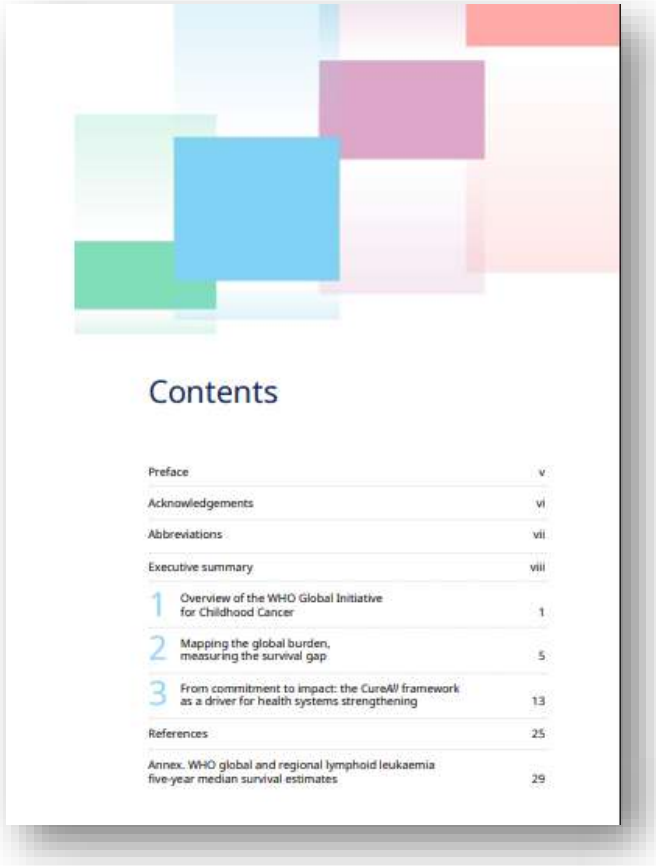
Report Overview

"Measuring Survival, Driving Change, Advancing Equity through the WHO Global Initiative for Childhood Cancer"



Contents

Structure and scope

1. **Overview of the WHO Global Initiative for Childhood Cancer**
2. **Mapping the Global Burden and Measuring the Survival Gap**
3. **From Commitment to Impact: *CureAll* as a Driver for Health Systems Strengthening**

Present the first WHO **Country comparable** childhood cancer survival estimates to establish a baseline.

Highlight persistent inequities on childhood cancer survival to influence **policies** and **programmes** and accelerate impact toward **2030 target**.

Showcase GICC **global** progress through advances in Cure*All* implementation.

The report combines **advocacy, evidence generation**, and **implementation** progress to support policy action.

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Section 1: Highly treatable, highly impactful, highly inequitable. Why we prioritize childhood cancer?

1. Childhood cancers are **highly curable** with **timely diagnosis** and **treatment**.
2. Childhood cancer represents a major yet largely **avoidable disease burden**, contributing substantially to disability-adjusted life years (DALYs) worldwide.
3. Survival outcomes strongly **reflect health system performance** and are survival a strong indicator of broader progress in NCDs and health systems strengthening.
4. Despite the high impact and cost-effectiveness of interventions, childhood cancer remains **under-prioritized** within the global NCD agenda.
5. Childhood cancer has **profound generational consequences**, affecting families through poverty, interrupted education, and social disruption.

Key Message: Investing in childhood cancer strengthens health systems, advances equity, and generates lifelong societal impact.

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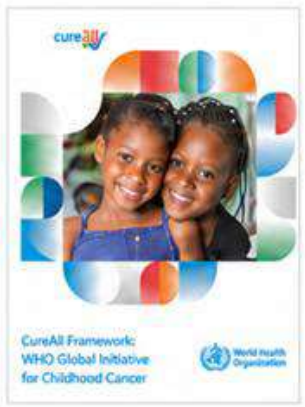
Section 1: Global Initiative for Childhood Cancer Journey


Cancer prevention and control in the context of an integrated approach


INSURING A RIGHT TO CURE:
HOW STRENGTHENING HEALTH SYSTEMS CAN ACCELERATE PROGRESS AGAINST CHILDHOOD CANCER
FRIDAY • 28 September 2018
10:00 – 15:00
New York, USA
A United Nations General Assembly Side Event



2017

May 2017
WHA 70.12

- WHA Resolution 70.12 on cancer prevention and control in the context of an integrated approach
- Mandated WHO to develop a global initiative on childhood cancer

2018

September 2018
UNGA Launch

- WHO announced the WHO Global Initiative for Childhood Cancer following the Third High-level Meeting on NCDs

2021

2021
CureAll Package Launch

- CureAll Framework Document Produced
- GICC Community of practice established

2023

2023
Childhood Cancer Mapping Mandate

- EB 152 Request introduced by the Slovak Republic and other Member States to conduct a mapping of childhood cancer services to track progress on NCDs and cancer control
- April 27, 2023 Member States Briefing: introduced the stocktake cancer methodology for the Global Status Report on Cancer and provided the rationale to produce the GICC Deep Dive Report
- September 2023 UNGA Side Event to the 2HLM on UHC – CureAll Implementation: advancing to UHC realization and bridging the survival gap in childhood cancer

2025

UNGA 4HLM on NCDs and Mental Health: September–December 2025

- December 2025 Member States ratified GICC target the Political Declaration of the UNGA 4HLM

"By 2030, at least 60% of children with cancer survive."

2026

May 12, 2026
Launch of the GICC Deep Dive Report

- In-depth analysis of childhood cancer survival disparities, health system gaps and accelerators for impact

Through GICC childhood cancer has evolved from a neglected public health issue to a recognized global health priority.

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Section 2: Mapping the Global Survival Gap & First WHO Country Comparable Survival Estimates


Contents lists available at ScienceDirect

EJC Paediatric Oncology

journal homepage: www.journals.elsevier.com/ejc-paediatric-oncology

Review

Childhood cancer survival in low- and middle-income countries and the Global South: emerging evidence and critical gaps from a scoping review of observational studies

Marilina Santero, Roberta Ortiz Sequeira, Margarida Cruz Paixao, Maria Muñoz Martinez, Paula Mazorra Roig, Guillermo Chantada, Andres Morales La Madrid, Andre Ilbawi

Universidad Autónoma Barcelona, Barcelona, Spain
World Health Organization, Department of Noncommunicable Diseases, Disability and Rehabilitation, Geneva, Switzerland
Pediatric Cancer Center Barcelona, Sant Joan de Déu Children's Hospital, Barcelona, Spain

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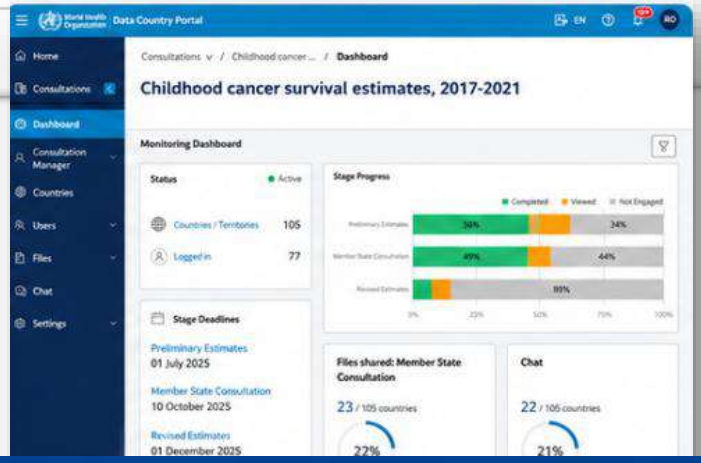
Ref.: C.L.16.2025

The World Health Organization (WHO) presents its compliments to Member States and has the honour to inform them of the planned publication of cancer estimates. These will ô country comparable childhood cancer survival estimates for children (0–14 years) and adolescents (15–19 years). Additionally, regional survival estimates for breast and cervical cancer will be produced. These estimates will cover observed and projected cancer diagnoses between 2000 and 2021 for cervical, breast and childhood cancer.

In response to Member States request in World Health Assembly resolution WHA70.12 (2017), the cancer estimates will report back on progress toward targets established through three WHO cancer initiatives, namely the Global Initiative for Childhood Cancer, Cervical Cancer Elimination Initiative and the Global Breast Cancer Initiative.

The consultation for childhood cancer estimates is scheduled from 1 July 2025 until 18



Better data. Better decisions. Better outcomes for **every child.**

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A BURDEN STILL HIDDEN BY DATA GAPS

- Population-based cancer registry coverage remains limited globally
- Up to 43% of childhood cancer cases may go undiagnosed
- Reliable data are essential for policy-making and accountability

SURVIVAL INEQUITIES ACROSS THE WORLD

- Survival ranges from below 20% to above 90% across settings
- Adolescents experience worse outcomes than younger children
- Delayed diagnosis, treatment abandonment, and limited access to care drive inequities

FIRST WHO COUNTRY-COMPARABLE SURVIVAL ESTIMATES

- WHO produced the first comparable 5-year survival estimates across 194 Member States
- Lymphoid leukaemia used as a tracer condition
- Creates a global baseline to monitor progress toward the 2030 target

Section 2: Major Findings from WHO Country Comparable Estimates

High-income regions perform best

The Western Pacific and European Regions have achieved the highest estimated survival levels.

Lower survival in resource-constrained regions

The African Region and parts of the Eastern Mediterranean Region continue to face persistent challenges.

Wide variability reflects health system differences

Survival is strongly influenced by access to timely diagnosis, essential medicines and high-quality care.

Targeted action is urgently needed

To close the survival gap and ensure every child and adolescent with cancer has a chance to survive.

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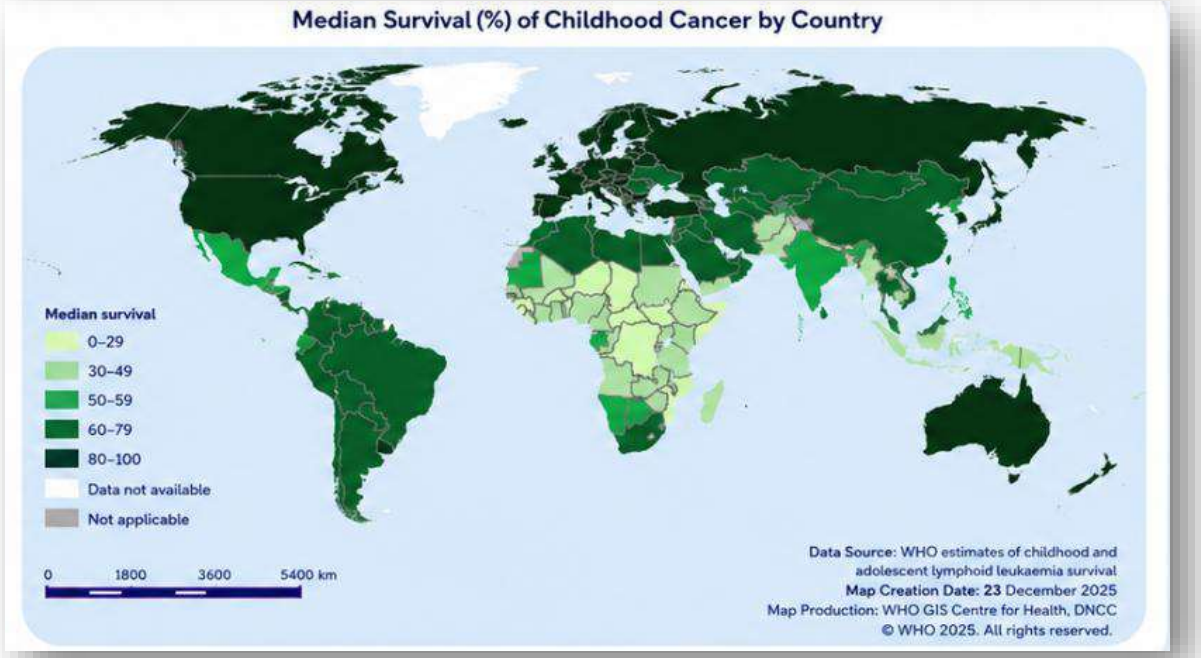
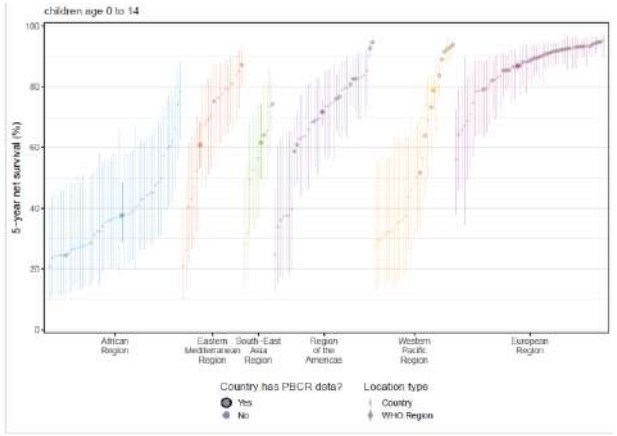
KEY FINDING 1

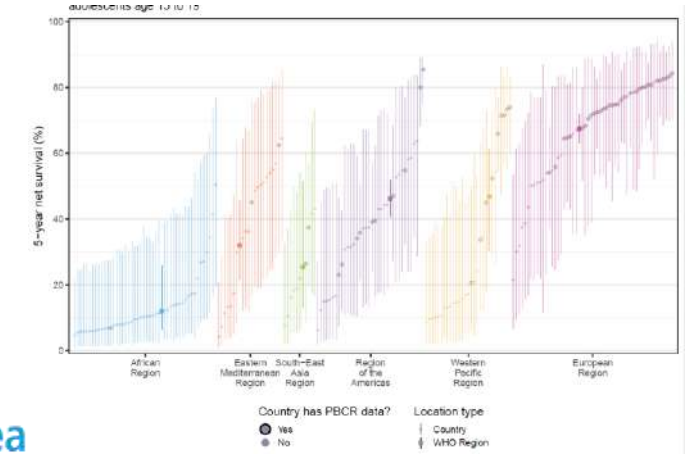
Large and persistent survival gaps exist across the world.



Section 2: Major Findings from WHO Country Comparable Estimates

GLOBAL 5-YEAR NET SURVIVAL (%) BY WHO REGION





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KEY FINDING 2

Global childhood cancer survival has improved, but progress is uneven.

Overall improvement (2000–2021)

Global childhood cancer survival has improved between 2000 and 2021.

Uneven progress for adolescents

Progress has been slower for adolescents aged 15–19 years.

Regions with stronger health system investment have made more progress

Stronger health system investment

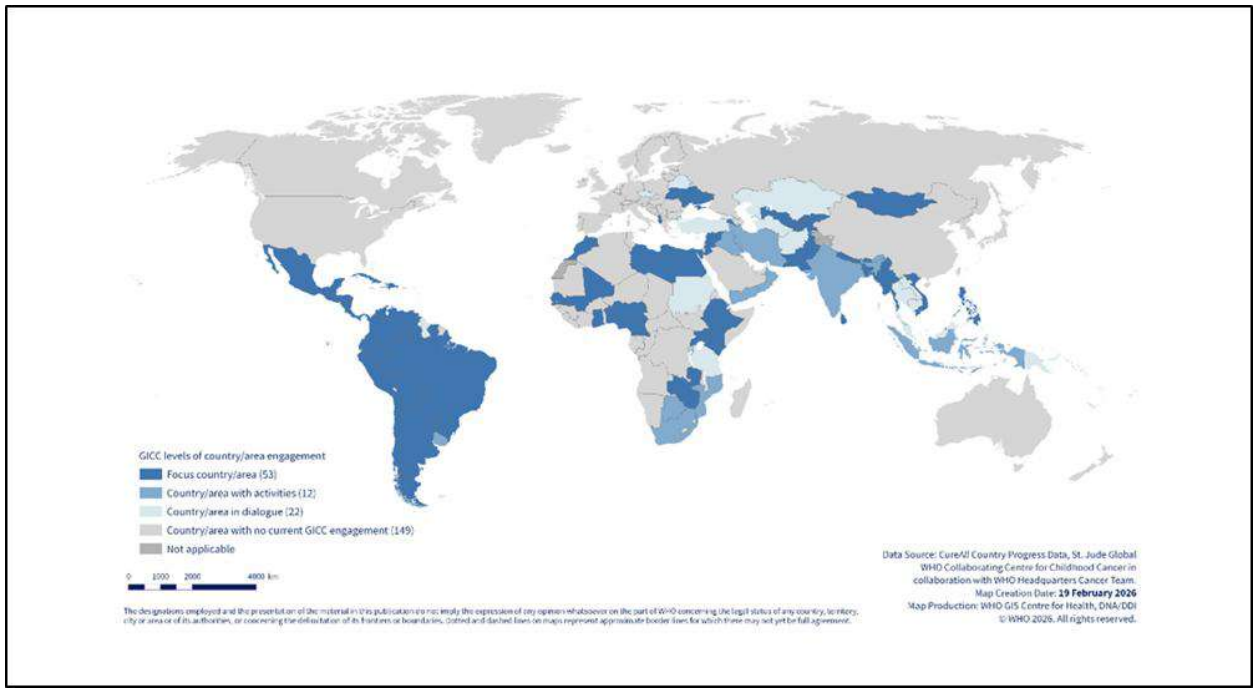
More upward trends

Resource-constrained regions

Slower progress

Section 3: Cure*All* a Driver for Health System Impact , Accelerating Progress toward 2030 Target

87 Countries



The Cure*All* Framework, focuses on four pillars and three enablers, to provide guidance for developing and sustaining health programs and policies that increase countries' capacity to provide quality services for children with cancer.

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Section 3: CureAll Framework Driver For Health Systems Strengthening

Section three showcases how countries engaged with GICC, receiving intense support through the WHO-St Jude Partnership in collaboration with National Authorities, supported by other global, regional, and local partners, are **advancing Cure*All* implementation across the 6 WHO regions, delivering on GICC objective one:**

To increase countries' capacities to provide quality services for children and adolescents with cancer.

- Expansion of centres of excellence
- Workforce training and capacity building
- Access to essential medicines through GPAtCCM
- Expansion of population-based cancer registries
- Regional implementation networks
- Successful model of multisectoral collaboration to advance Innovation, Research, Access to Medicines and improve childhood cancer Surveillance are described

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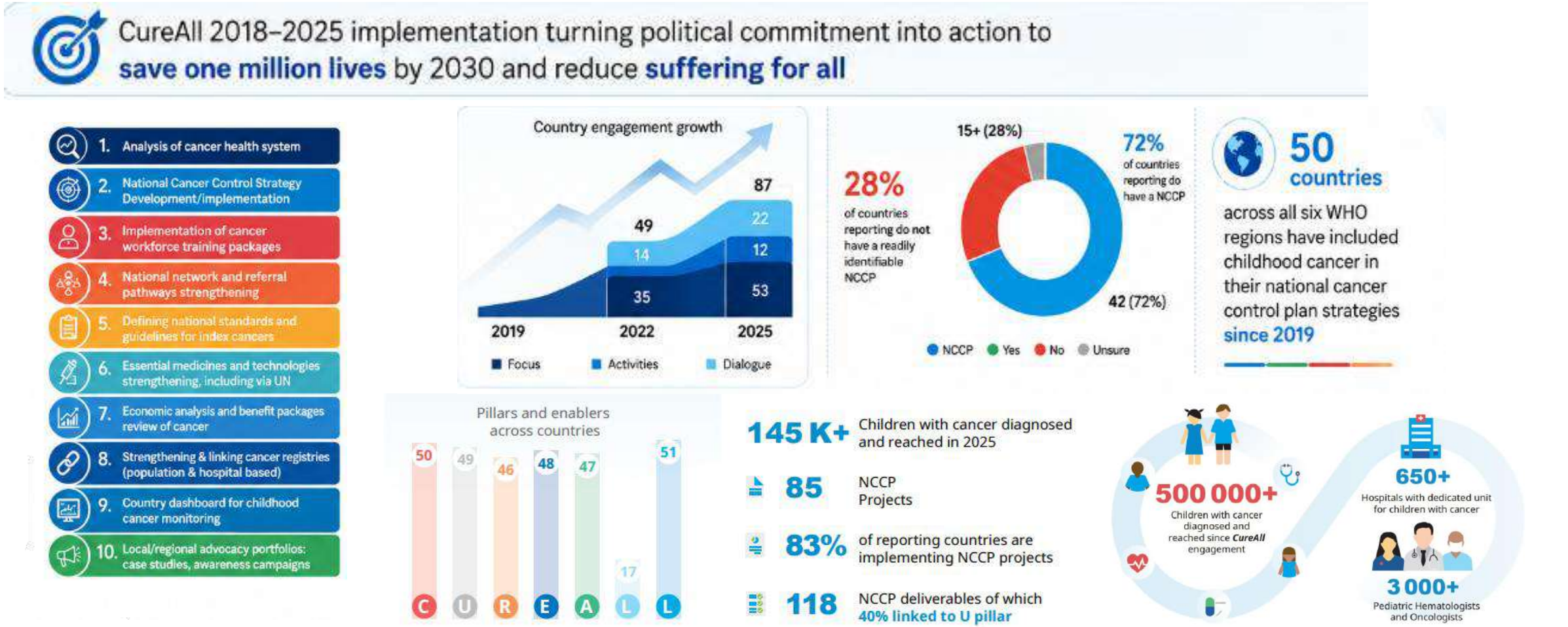
Section 3: Cure*All* Framework Driver For Health Systems Strengthening



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©CureAll Country Progress Dashboard (2025). Health Systems Unit, Department of Global Pediatric Medicine, St. Jude Children's Research Hospital, Memphis, TN, USA as WHO Collaborating Centre for Childhood Cancer, in partnership with WHO Headquarters Cancer Team. Map boundaries are provided by Microsoft and should not be considered authoritative.

GICC Key Priorities to Accelerate Progress toward 2030

Cross-cutting priorities: strengthen surveillance systems • expand equitable access • scale sustainable financing and workforce capacity • use data for accountability

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WHO Childhood Cancer Survival estimation to deliver on the Mandate

Fabio Girardi, M.D.
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Department of Noncommunicable Diseases and Mental Health
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Data Scientist
Department of Data, Digital Health, Analytics and AI
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Population-based cancer registry survival

Observed population-based cancer registry survival estimates must underpin any attempt at global cancer survival estimates.

CONCORD-3

- 37,000,000 patients from 322 population-based cancer registries in 71 countries
- 18 common cancer types
- Diagnoses between 2000 and 2014
- Quality control: protocol adherence, logical inconsistencies, exclusions (mistakes, diagnoses based on death certificate only (DCO) or autopsy)

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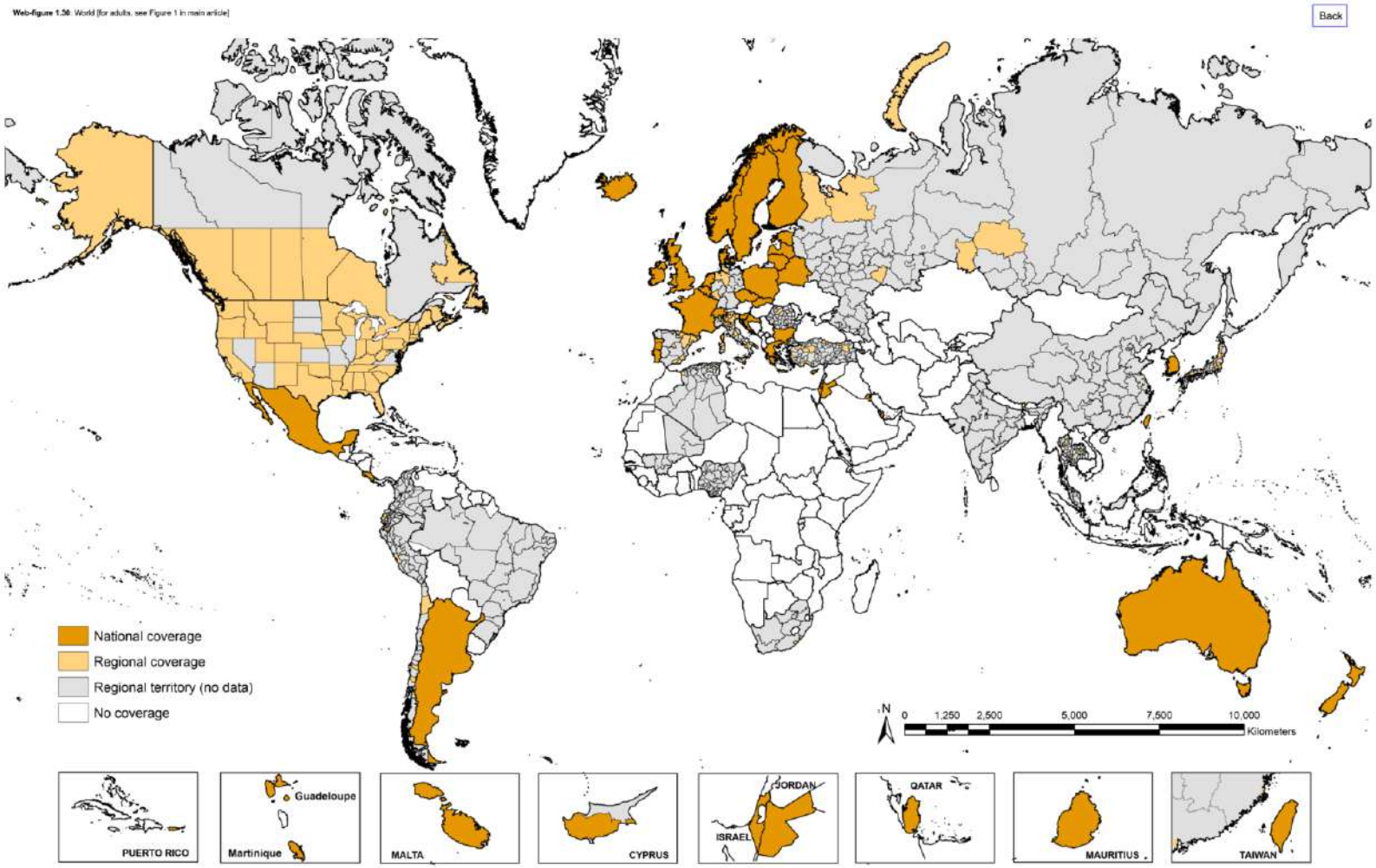
Geographical distribution of CONCORD data



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	Age		Sex		
	0-14	15-19	Boys	Girls	Combined
Acute lymphoblastic leukaemia (C3)	✅	❌	❌	❌	✅
Acute lymphoblastic leukaemia (C2)	✅	❌	✅	✅	✅
Lymphoid leukaemia (C3)	✅	✅	❌	❌	✅

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Available survival data: CONCORD

Source	Periods	Age groups	Morphologies
Ssenyonga et al. (2022) CONCORD-3	**2000 - 2004** **2005 - 2009** **2010 - 2014**	Children (0-14) Adolescents (15-19)	All lymphoid leukaemia combined International Classification of Childhood Cancer, Third Edition (ICCC-3) group Ia
Bonaventure et al. (2017) CONCORD-2	**1995 - 1999** 2000 - 2004 2005 - 2009	Children (0-14)	

- CONCORD-2 survival estimates are used in 38 countries for only the 1995-1999 period, and in 5 countries for the entire CONCORD-2 time period.
- Sex-specific numbers are not available. Bonaventure et al. (2017) showed that sex differences were mostly not significant; however, some speculate that differences exist and are worth further investigation.
- Survival data for precursor-cell (acute) lymphoid leukaemias (ICCC-3 group Ia1) are presented in the published CONCORD-2 data. However, in published CONCORD-3 data, only lymphoid leukemias, all combined (ICCC-3 group Ia), are available. Bonaventure et al. (2017) showed that acute lymphoblastic leukemia (ALL) constitutes a substantial proportion of lymphoid leukemia, and potentially the survival of lymphoid leukemia combined may suffice as a proxy for the survival of ALL.

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General modeling considerations

1

Prioritize high-quality CONCORD data

Where CONCORD data are available, reliable, and nationally representative, we aim to fit the CONCORD survival data very closely. However, projections will still be necessary for the period of 2017-2022, as the most recent CONCORD data only covers the period from 2000-2014.

2

Leverage covariates, geographical and temporal correlation to inform prediction

Where no CONCORD data is available, make the best prediction possible using available covariates and global/regional patterns. Thorough assessment of global or regional patterns assumptions in data-sparse countries, with consideration of both temporal and age pattern.

3

Combine approaches for countries with poor data quality

Where CONCORD data are available but has large uncertainty, low reliability or only representative at the subnational level. Careful evaluation of the outcomes balancing the two strategies outlined above will be required.

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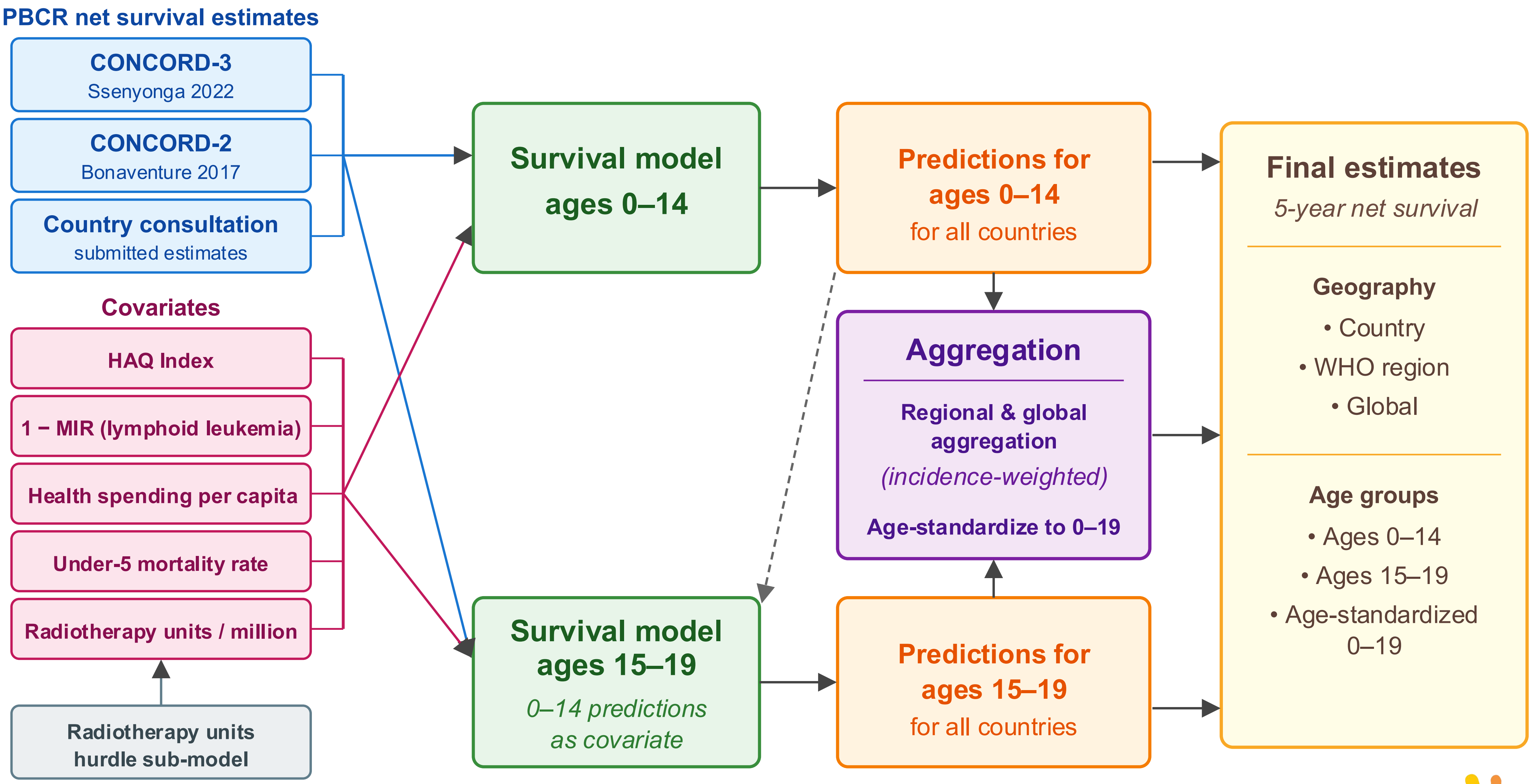

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Covariate selection

Category	Covariate	Source	Included
ALL specific	**ALL 1 – M/I**	**IHME GBD 2023**	✓
Cancer care	**Radiotherapy unit density**	**WHO, DIRAC IAEA, and modeled estimates**	✓
	Chemotherapy availability	EML inclusion, Benefit package inclusion, WHO NCD CCS, Denburg et al 2022	✗
	Cancer center density	WHO NCD CCS	✗
	CT, MRI, PET or PET/CT density	IAEA IMAGINE	✗
Overall health care	**Health access and quality (HAQ) Index**	**IHME GBD 2023**	✓
	UHC Service Coverage Index (SDG 3.8.1)	WHO GMR2023	✗
	Total health spending per person	**IHME FGH 2023** or WHO GHED2024	✓
	HWF density	IHME GBD 2019 or WHO NHWA	✗
Socioeconomic development	**Under-five mortality rate**	**UNIGME 2023**	✓
	LE and HALE	IHME GBD 2021	✗

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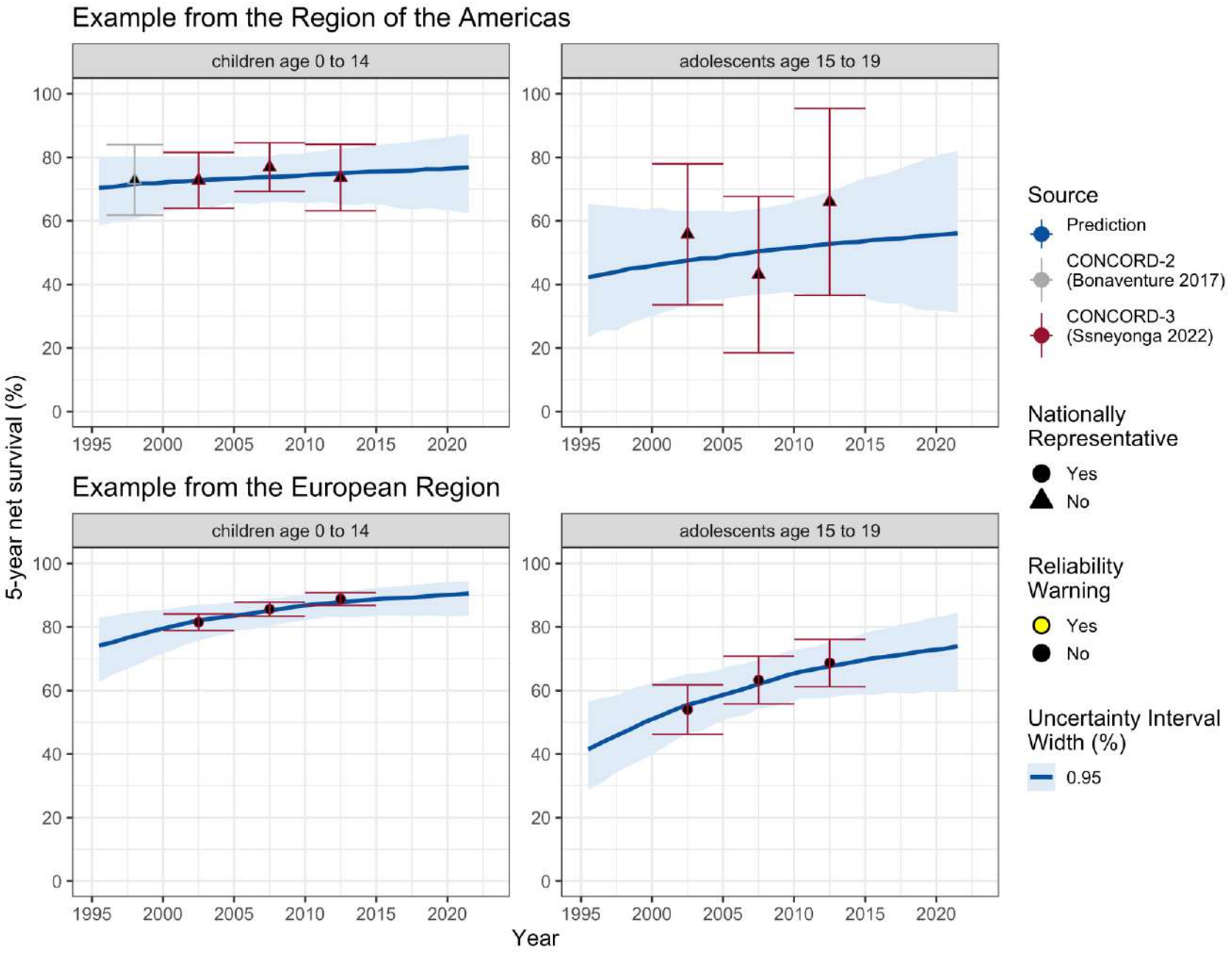
Example model results

- Examples of countries with relatively coherent data, prediction is still needed to 2021.
- However, data uncertainty sometimes varied by age groups
- In some countries, only subnational data are available. Estimation of survival trends relied on national covariate for adjustment



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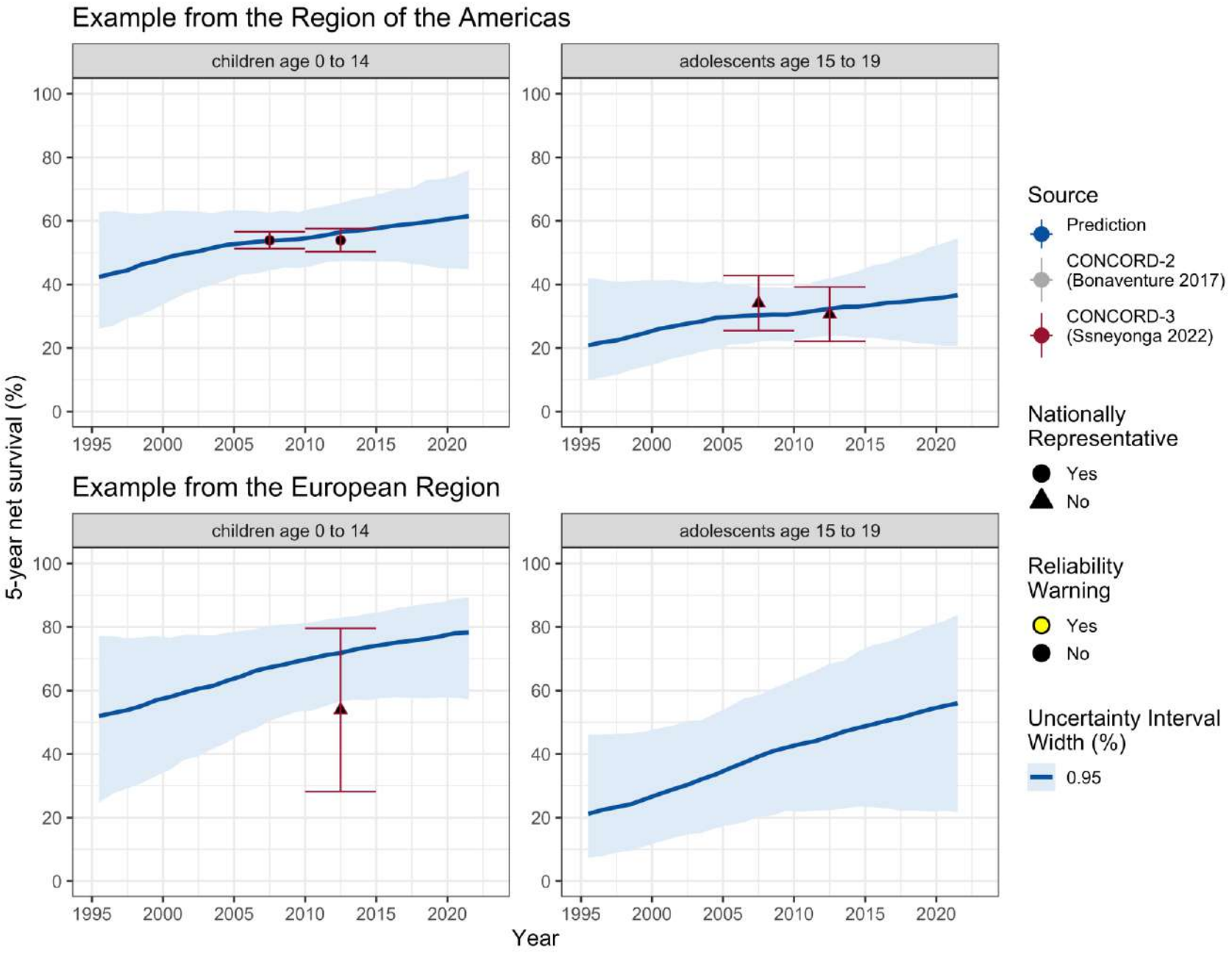
Example model results

- Examples of countries with sparse or limited data.
- The statistical estimation process seeks to reconcile variability and uncertainty in observed data with predictions based on covariates.



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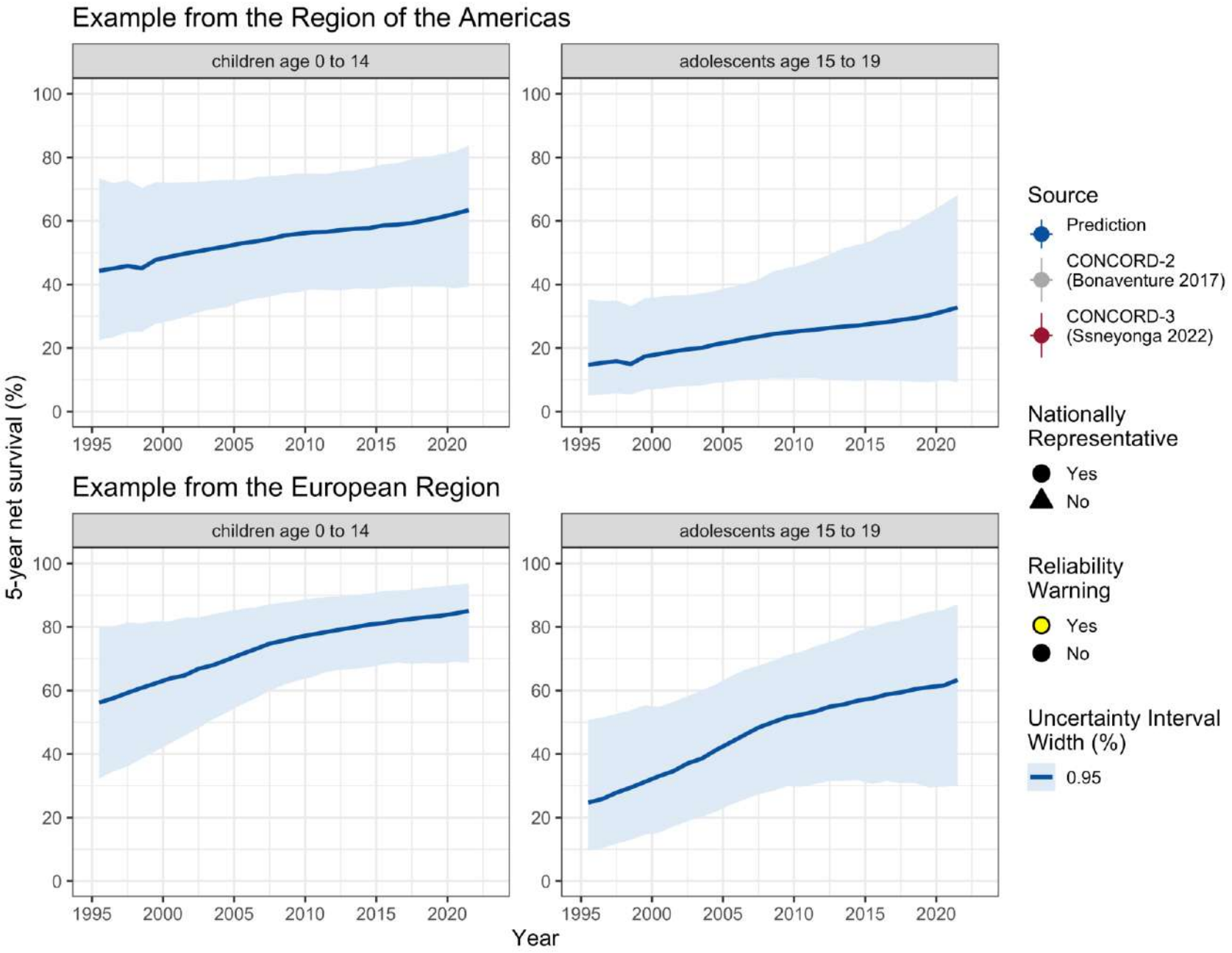
Example model results

- Examples of countries with no CONCORD survival data.
- Predictions are mostly based on the estimated relationship between survival and covariates.



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Country Consultation Process

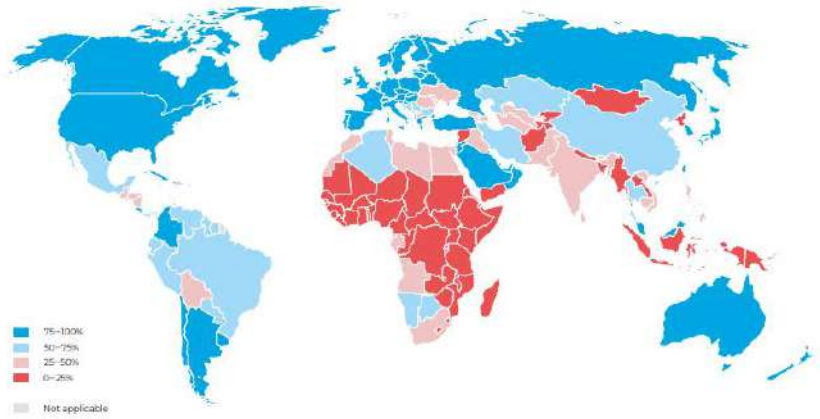
Complying with Executive Board resolution EB107.R8 (2001)

(1) To establish a technical consultation process, bringing together personnel and perspectives from Member States in different WHO regions, supported jointly by staff from WHO at country, regional and global level.

(2) To ensure that each Member State is consulted on the best data to be used for assessing health system performance, and is provided advance information on the indicator values that WHO obtains using these data.

Objectives:

- ✓ **Engage** Member States
- ✓ Request **feedback on methods**
- ✓ Review **data sources**
- ✓ **Compare** Member States data with global estimates
- ✓ Receive **most up to date data** (data call)



Source: Cure*All* framework: WHO Global Initiative for Childhood Cancer. Increasing access, advancing quality, saving lives. Geneva: World Health Organization; 2021.

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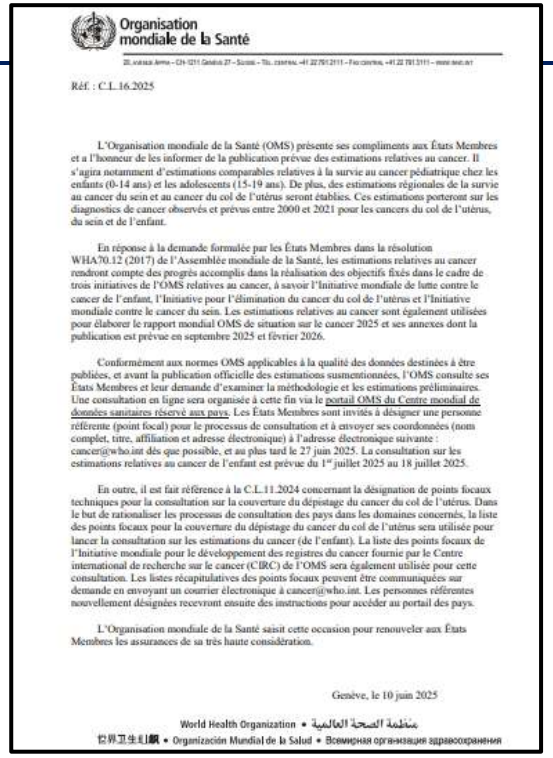
Country Consultation Process

- To ensures transparency, accuracy, and shared ownership, WHO requested Member States to nominate focal points to review their own country estimates through a circular letter (10 June 2025).
- Period to receive nominations 4-6 weeks.
- Consultation opened through the country portal on 1 July 2025.
- Final estimates to be completed by 1 December 2025.



Organisation mondiale de la Santé

Réf. : C.L.16.2025

L'Organisation mondiale de la Santé (OMS) présente ses compliments aux États Membres et a l'honneur de les informer de la publication prévue des estimations relatives au cancer. Il s'agira notamment d'estimations comparables relatives à la survie au cancer pédiatrique chez les enfants (0-14 ans) et les adolescents (15-19 ans). De plus, des estimations régionales de la survie au cancer du sein et au cancer du col de l'utérus seront établies. Ces estimations porteront sur les diagnostics de cancer observés et prévus entre 2000 et 2021 pour les cancers du col de l'utérus, du sein et de l'enfant.

En réponse à la demande formulée par les États Membres dans la résolution WHA70.12 (2017) de l'Assemblée mondiale de la Santé, les estimations relatives au cancer rendront compte des progrès accomplis dans la réalisation des objectifs fixés dans le cadre de trois initiatives de l'OMS relatives au cancer, à savoir l'Initiative mondiale de lutte contre le cancer de l'enfant, l'Initiative pour l'élimination du cancer du col de l'utérus et l'Initiative mondiale contre le cancer du sein. Les estimations relatives au cancer sont également utilisées pour élaborer le rapport mondial OMS de situation sur le cancer 2025 et ses annexes dont la publication est prévue en septembre 2025 et février 2026.

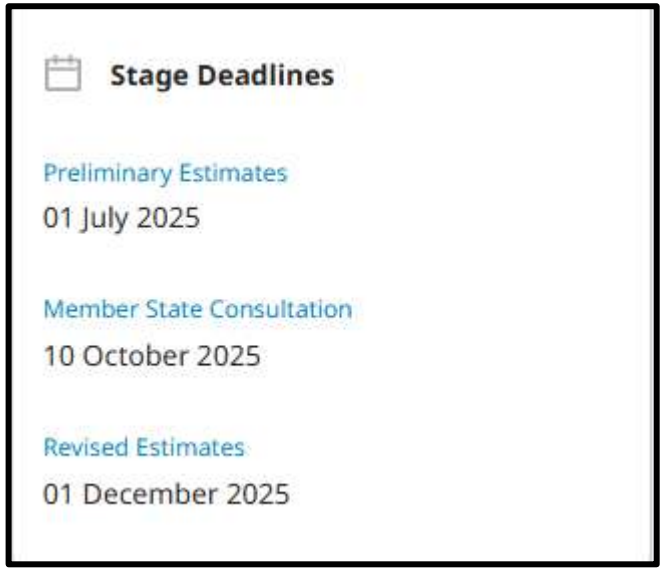
Conformément aux normes OMS applicables à la qualité des données destinées à être publiées, et avant la publication officielle des estimations susmentionnées, l'OMS consulte ses États Membres et leur demande d'examiner la méthodologie et les estimations préliminaires. Une consultation en ligne sera organisée à cette fin via le portail OMS du Centre mondial de données sanitaires réservé aux pays. Les États Membres sont invités à désigner une personne référente (point focal) pour le processus de consultation et à envoyer ses coordonnées (nom complet, titre, affiliation et adresse électronique) à l'adresse électronique suivante : cancer@who.int dès que possible, et au plus tard le 27 juin 2025. La consultation sur les estimations relatives au cancer de l'enfant est prévue du 1er juillet 2025 au 18 juillet 2025.

En outre, il est fait référence à la C.L.11.2024 concernant la désignation de points focaux techniques pour la consultation sur la couverture du dépistage du cancer du col de l'utérus. Dans le but de rationaliser les processus de consultation des pays dans les domaines concernés, la liste des points focaux pour la couverture du dépistage du cancer du col de l'utérus sera utilisée pour lancer la consultation sur les estimations du cancer (de l'enfant). La liste des points focaux de l'Initiative mondiale pour le développement des registres du cancer fournie par le Centre international de recherche sur le cancer (CIRC) de l'OMS sera également utilisée pour cette consultation. Les listes récapitulatives des points focaux peuvent être communiquées sur demande en envoyant un courrier électronique à cancer@who.int. Les personnes référentes nouvellement désignées recevront ensuite des instructions pour accéder au portail des pays.

L'Organisation mondiale de la Santé saisit cette occasion pour renouveler aux États Membres les assurances de sa très haute considération.

Genève, le 10 juin 2025

World Health Organization • منظمة الصحة العالمية
世界卫生组织 • Organización Mundial de la Salud • Всемирная организация здравоохранения



Stage Deadlines

Preliminary Estimates

01 July 2025

Member State Consultation

10 October 2025

Revised Estimates

01 December 2025

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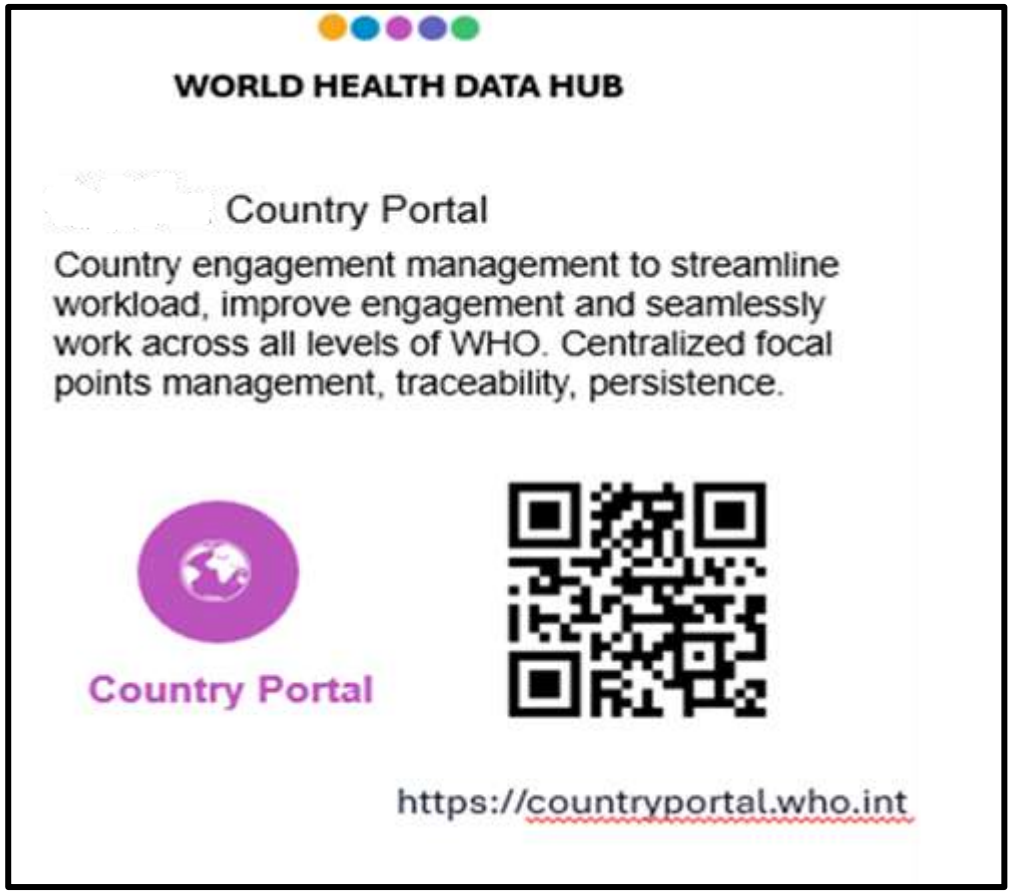
WHO Country Portal

WHO Global Health Observatory and World Health Data Hub serve as a central platform for compiling, standardizing and disseminating health data to support evidence-based decision making and global monitoring.

Country Portal streamlines data and information exchange between Member States and WHO three levels, supporting bi-directional data exchange, management and consultation.

With the Country Portal, Member State's can review their country estimates, connect with WHO focal points, and follow their countries progress all in their preferred language.



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Limitations of current approaches and areas to improve

- **Population-based cancer registry data are only available in HMIC.**
  - Areas with the lowest predicted net survival have the most uncertainty.
  - We assume for example that the relationship with HAQ Index extends to lower HAQI values not observed in CONCORD countries
  - **There is a need to strengthen national cancer data registry and surveillance**
- Our model does not take into consideration the relationship with other metrics, incidence and mortality.
  - Incidence and mortality metrics are more abundant
  - Although we have used 1-MIR, it does not properly capture the transition relationship across the three
  - Follow-up analysis can consider this transitional structure to generate more coherent estimates
- Some data are only subnationally representative
  - No adjustment is made in the current analysis. Following convention, we place a caveat in our data presentation
  - The covariates used, however, are nationally representative, hence there could be a potential mismatch
  - To enhance the robustness of subnational analysis, it may be possible to leverage registry specific survival and registry specific U5MR

Moderated Panel Discussion

Measuring Progress Together: Global Efforts to Track Survival and Improve Childhood Cancer Outcomes

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Advancing Pillar E Leveraging Data to Strengthen Childhood Cancer Programmes Globally

Dr. Catherine Lam

Director, Health Systems Unit, St. Jude Global

Director, WHO Collaborating Centre for Childhood Cancer

St. Jude Children's Research Hospital

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Cure*All* Pillar E - Foundation to Accelerate Impact

Pillar E: Evaluation and Monitoring with quality assurance and information systems

United Nations A/80/L.34

General Assembly

Distr.: Limited
8 December 2023

Original: English

Eightieth session
Agenda item 127
Global health and foreign policy

Draft resolution submitted by the President of the General Assembly

Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being

"Target: **at least 80 per cent of countries** have an **operational noncommunicable diseases** and **mental health surveillance and monitoring system**, in line with **national** circumstances, by **2030**."

and mental health service development and evaluation, as well as regional data-sharing and collaborative surveillance systems, to enhance understanding of regional trends in noncommunicable diseases, mental health conditions and their risk factors, while respecting the right to privacy and promoting data protection;

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Cure*All* E Pillar Dashboard

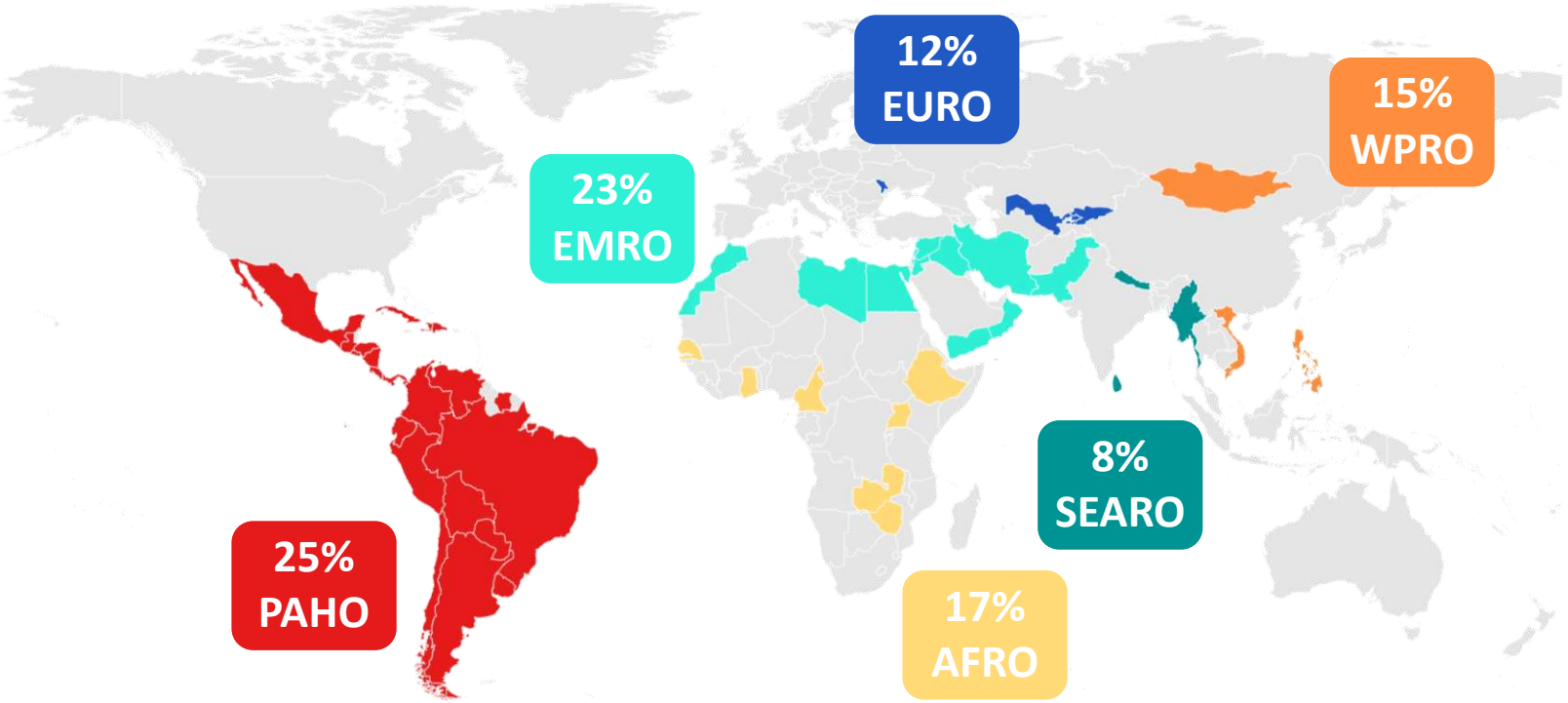
75 E Pillar Projects

68 E Pillar Deliverables

45 E Pillar in Countries

11% Of E Pillar projects linked to **ChildGICR: IARC & St. Jude Collaboration for Global Cancer Data**

Distribution (%) E Pillar Projects Across WHO Regions



Top 3 Cure*All* Core E Pillar Projects

39	[P8 - PBCR/HBCR]
16	[P1 – HS Analysis]
8	[P2 – NCCP]

Key Projects and Deliverables Across All 6 WHO Regions

PBCR

Bolivia 2026

Creation of the First Cancer Registry for Children and Adolescents

Impact:
*"Reduction of information gaps for **decision-making**, using timely and **high-quality data**"*

M&E Frameworks

Cameroon 2023

Development of M & E framework for pediatric oncology centers across Cameroon

Knowledge Generation

Morocco 2023

Creation of situational assessment: survival and cost evaluation

Impact:
*"Evidence generation. Morocco achieved **68%** 3 yr-survival rate in 2020"*

The International Benchmarking of Childhood Cancer Survival by Stage (BENCHISTA) study

Professor Kathy Pritchard Jones
Emeritus Professor of Paediatric Oncology, University College London
Past-President of SIOP, International Society of Paediatric Oncology
Co-Lead, BENCHISTA project

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A Model Population-Based Childhood Cancer Registry in Chennai, India

Dr. Venkatraman Radhakrishnan

Professor Medical & Pediatric Oncology, Cancer Institute, Chennai -India

PI, Tamil Nadu Population-Based Childhood Cancer Registry

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Global Collaboration to strengthening childhood cancer registries

Dr Nickhill Bhakta
Director, Disease Burden and Simulation
St Jude Children's Research Hospital

World Health Organization

CONCORD-4: Implementing the Cancer Survival Index for all childhood cancers combined to track global progress toward 2030

Professor Michel Coleman
Professor of Epidemiology and Vital Statistics
London School of Hygiene and Tropical Medicine
CO-PI of the CONCORD Programme

World Health Organization

SURVCAN: Building national capacity for survival data

Dr. Eva Steliarova Foucher

Scientist, Cancer Surveillance Branch, IARC

Co-lead, IARC Research Team *Childhood Cancer Awareness and Research Evidence*

World Health Organization

Moderated Panel Discussion

Drawing on your expertise and your organization's efforts, what can be contributed to WHO to support countries to **strengthen** & **scale up surveillance** capacity to **generate evidence**, **improve monitoring** and **design policies** to accelerate progress toward **2030** targets?

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cure all

Reflections, way forward and closing remarks

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Thank you!

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