For the first time, a report sets out the evidence on childhood cancer inequalities in the 53 countries of the WHO European Region. The overall story of progress in treatment and survival of childhood cancer obscures significant disparities in:

- childhood cancer incidence and mortality across countries and within countries;
- lived experiences of children and their families; and
- ongoing challenges faced by childhood cancer survivors.

The report seeks to reduce these inequalities while recognizing the different contexts in countries. It is hoped that the evidence and recommendations will support decision-makers and advocates in all countries to help ensure improved access to equal and quality cancer control for all children.

Key messages

- Childhood cancers are not preventable and cannot be screened. Rapid diagnosis and access to quality treatment are key to a positive outcome.
- We have the means and knowledge to cure more than 80% of childhood cancers. Despite this, the annual death rate for children diagnosed with cancer ranges across countries from 9% to 57%.
- Factors such as socioeconomic background, gender, geography and age contribute to disparities in childhood cancer diagnosis and survival rates within countries.
- A childhood cancer diagnosis can be a significant driver of short- and long-term inequalities in the life of the child and their family.
- Survivors face long-term impacts on physical health, well-being, mental health, employment prospects and financial security. Childhood cancer survivors and their families should not endure unnecessary suffering and hardship as a result of a diagnosis.
- Cancer diagnosis and treatment should be available to all patients wherever they live and whatever their gender and socioeconomic situation, and should not lead them into poverty.

This ground-breaking report draws on studies from the 53 Member States of the WHO European Region – from Iceland in the west to Kyrgyzstan in the east – and research from countries outside the Region. It looks at inequalities along the childhood cancer control continuum, including disparities in timely diagnosis, and access to quality treatment and medicine, palliative care and survivorship follow-up care.
Key findings

Differences in incidence and mortality rates between countries

Inequalities in childhood cancer incidence, mortality and survival rates, and in survivorship follow-up care, can be seen across countries. The general pattern is of countries with the lowest positions in the Human Development Index (HDI) having lowest incidence. It is believed that most, if not all, of the variations in incidence rates between countries are due to underdiagnosis and underreporting.

Socioeconomic and gender disparities within countries

Within countries, children from wealthier families have better survival rates than those from poorer families. Inequalities in cancer detection rates and outcomes are also evident across socioeconomic and geographic groups. In low- and middle-income countries, data suggest that girls are underdiagnosed more than boys, which may be attributed to traditional gender roles and gender bias in care-seeking.

Childhood cancer as a driver of inequalities

Survivors of childhood cancer and their families can experience short- and long-term inequalities throughout their lives. Physical effects vary depending on age, sex, and cancer type and treatment, but can include secondary cancers, fertility issues, decreased height, cardiovascular late effects and neurocognitive dysfunction. The transition between children’s and adults’ services is a critical point in survivors’ follow-up care. The long-term effects of childhood cancer on education and employment should not be overlooked.

Key recommended actions

**Action 1: Invest in data collection and analysis**
Good data are essential to understanding the situation, measuring inequalities, making decisions and investing in the most effective ways.

**Action 2: Secure access to free-of-charge early diagnosis and treatment**
Catastrophic spending should be eliminated for families through the provision of universal health coverage and access to medicines and palliative care.

**Action 3: Fund professional training**
Professional training, especially for nurses, should be funded. Training should heighten awareness and ensure the use of paediatric standardized treatment protocols for childhood cancers.

**Action 4: Support survivors and their families**
Patients and survivors should have support care plans to address short- and long-term effects on, for example, education and employment. Financial and social supports should be offered to families.