Strengthening implementation of WHO Global Initiative for Childhood Cancer in the Eastern Mediterranean Region

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Every day, 1000 children are diagnosed with cancer worldwide (*1*). If they are born in a high-income country, their chance of survival is 80% or higher, otherwise, their chance can be as low as 20% (*2*). Unlike adult cancers, only a small fraction of childhood cancers can be identified or prevented through screening (*3*). The "Right to Health" demands that every child attains their full health potential regardless of their geographical location or socioeconomic status (*4*).

The Global Initiative for Childhood Cancer

WHO launched the Global Initiative for Childhood Cancer (GICC) in 2018, which aims to close the survival gap by ensuring that at least 60% of children with cancer worldwide survive with reduced suffering, and save one million more lives (*5*). GICC is a cooperative effort between WHO and St Jude Children's Research Hospital, Memphis, USA.

In March 2024, the WHO Regional Office for the Eastern Mediterranean convened a workshop to review successes and lessons learned from implementing GICC in the Eastern Mediterranean Region (EMR) and encourage more countries to join the initiative. Seven EMR countries had already committed to prioritizing childhood cancer through implementation of the CureAll Framework (*2*), which focuses on the 6 tracer cancers, including the most common among children and adolescents and the most crucial conditions for early diagnosis.

Investing in childhood cancer control

Prioritizing childhood cancer control does not only save lives, it is also an investment in sustainable development of national economies (*5*), which will bring countries closer to achieving the Sustainable Development Goal target 3.4: to reduce premature mortality from noncommunicable diseases by one-third by 2030. Interventions in the CureAll Framework have been proven to be cost-effective, producing three-fold returns on investment, on average, globally (*6*), with higher returns in low- and middle-income countries.

Childhood cancer survivor experiences

Two childhood cancer survivors shared their experience. One of them had undergone above-knee amputation at the age of 15 years due to osteosarcoma and now wears a prosthetic leg. The second survivor had struggled with repeated hospitalizations, disrupted schooling and social isolation because of leukaemia. Both survivors emphasized the importance of early detection, symptom awareness, post-treatment follow-up care, and psychosocial support for childhood cancer patients.

Integration of childhood cancer into other health programmes

Childhood cancer interventions are not sufficiently integrated into child and adolescent health programmes in the EMR, yet it remains one of the leading causes of death and a growing child health issue. Integration into other health programmes and inclusion in the Universal Health Coverage benefit package are therefore paramount. In the EMR context, childhood cancer control should be a part of emergency and humanitarian response.

There are multiple opportunities to integrate childhood cancer control into other health programmes. These include the inclusion in guidelines, tools and frameworks developed to strengthen programming, and increased involvement of parents, families, schools, and communities in service delivery (*7-9*). Integrating childhood cancer early detection at the primary health care level will provide an opportunity for seamless linkages with specialized services across the different levels of healthcare, thereby strengthening the entire cancer agenda at the national level.

Recommendations

To mobilise resources needed to scale-up childhood cancer care in the EMR, WHO should support the development of a regional investment case that will frame childhood cancer care as an investment and not a cost. The investment case will provide the evidence needed to inform policy and interventions at country level.

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