

Summary report on the

Regional consultation meeting on the Global Initiative for Childhood Cancer

WHO-EM/NCD/148/E

Virtual meeting
25–26 January 2021



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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1. Introduction

Cancer is a leading cause of death for children, with almost 400 000 new cases diagnosed globally¹ and 33 800 new cases estimated among children aged 0–14 years in the Eastern Mediterranean Region in 2020. Although childhood cancer is curable for the majority of children when essential diagnostic, therapeutic and supportive care services are accessible, profound inequalities in access and outcomes exist within and between countries, leading to as few as 20–30% of children living in low- and middle-income countries surviving.²

In September 2018, the World Health Organization (WHO) announced the launch of the WHO Global Initiative for Childhood Cancer (GICC) following a series of meetings after the recognition by Member States, WHO and partners of the need to increase the prioritization of childhood cancer in order to transform health systems and reduce mortality related to noncommunicable diseases (NCDs). Through this initiative, WHO will support governments in assessing current capacities in cancer diagnosis and treatment, and in integrating childhood cancer into national strategies, health benefits packages and social insurance schemes. The goal of the initiative is to reach a global survival rate of at least 60% by 2030, while reducing suffering and improving the quality of life for children by: increasing the prioritization of childhood cancer nationally, regionally and globally; and expanding the capacity of countries to provide quality childhood cancer care.

¹ Steliarova-Foucher E, Colombet M, Ries LAG, Moreno F, Dolya A, Bray F, et al. International incidence of childhood cancer, 2001–10: a population-based registry study. *Lancet Oncol.* 2017;18(6):719–731.

² Lam CG, Howard SC, Bouffet E, Pritchard-Jones K. Science and health for all children with cancer. *Science.* 2019 Mar 15;363(6432):1182–1186. doi:10.1126/science.aaw4892. PMID: 30872518.

To discuss an appropriate regional governance structure for the initiative and identify suitable modes of regional collaboration for the successful implementation of the GICC in the Region, a regional consultation meeting was held virtually on 25 and 26 January 2021. The meeting, convened by the WHO Regional Office for the Eastern Mediterranean, was an important step in the rolling out of the GICC in the Region.

The objectives of the meeting were to:

- provide Member States with updated information on the GICC and the *CureAll* technical package;
- assess the regional childhood cancer situation based on regional modelling estimates and rapid overviews of national capacity and childhood cancer programmes in Eastern Mediterranean Region countries;
- identify and agree on a possible regional governance structure and partnership model to support the roll out of the GICC in the Region;
- discuss and agree on a stepwise approach to roll out the GICC in the Region, comprising a situation analysis, stakeholder mapping and engagement, and a prioritized set of activities.

The expected outcomes of the meeting were:

- a raised profile of childhood cancer as a public health priority in the Region and increased awareness about the WHO GICC;
- a regional situation analysis on childhood cancer, building on the development of country profiles through Member State engagement with the WHO Regional Office;
- establishment of a regional governance structure and an alliance of key childhood cancer networks in the Region, to ensure alignment of regional childhood cancer efforts and the provision of technical guidance to the Regional Office for the implementation of GICC in the Region; and
- identified priority activities and focus countries for the implementation of the GICC in the Region.

The meeting was attended by over 100 participants, including representatives from 19 ministries of health from the Region, paediatric oncologists, and representatives of global and regional paediatric oncology associations, UN agencies, and other global, regional and national partners in childhood cancer care, as well as the three levels of WHO.

In his opening remarks, Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, welcomed and thanked participants, saying he was confident that the deliberations would result in actionable steps that would improve the treatment of children with cancer in the Region. He noted that the Region had the highest per capita number of children with childhood cancer, and that although progress had been made in childhood cancer care with up to 80% of children diagnosed with cancer surviving, there were still areas in low- and middle-income countries where survival was only 30%, especially those experiencing humanitarian crises where resources were limited and difficult to access and the financial burden of cancer care fell on families.

The Regional Director said the best way to achieve the GICC goals was to ensure equitable access to diagnosis and treatment regardless of where the child lives. He highlighted the commitment by countries in the Region to ensuring that childhood cancer interventions were part of universal health coverage (UHC) benefit packages, building on the Sustainable Development Goals (SDG) agenda. He acknowledged that humanitarian crises and displaced populations in the Region further compounded the challenge of providing children with cancer with adequate and continuous access to care and support, requiring new and better ways to collaborate and create sustainable partnerships for childhood cancer by leveraging existing networks and civil society activities. He concluded by saying that with strong commitment and collaboration, the Region would succeed in improving the lives of children and their communities.

In his remarks, Dr Asmus Hammerich, Director of UHC/NCDs and Mental Health, WHO Regional Office, said the attendance at the meeting demonstrated the importance of the subject to the Region. He reiterated that this flagship initiative on childhood cancer was a crucial step towards achieving UHC and a strategic step towards achieving SDG target 3.4 (to reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being by 2030). He highlighted the development of the *CureAll* technical package to guide countries in the design and implementation of effective childhood cancer control measures that would enable equitable and high quality cancer care for children. He explained that the package consisted of a set of public health interventions and tools to support governments in planning and integrating childhood cancer programmes at the national level.

Dr Hammerich urged Member States to strengthen childhood cancer control as an integrated part of national cancer policies for the sake of equitable care, improved health and the avoidance of premature deaths, and to ensure the necessary long-term commitment and that the public health response was deeply anchored in national health systems. He affirmed the commitment of the WHO Regional Office to providing the necessary technical support to countries to strengthen the ability of their health systems to deliver quality NCD prevention and control services, including on childhood cancer.

2. Summary of discussions

The meeting comprised both plenary sessions and group discussions. In addition, a five-minute documentary on four children with cancer was shown illustrating how strong partnerships can improve health outcomes and global health inequities.

Introduction of the GICC and CureAll technical package

An account of the events leading to the development of the GICC was presented, and the CureAll framework and the rationale for the six chosen index cancers explained. The CureAll technical package will be launched on International Childhood Cancer Day (ICCD) on 15 February 2021, along with other technical products. A report on the progress made in the 12 priority countries since the launch of the GICC was given. Barriers to implementation of the GICC in the Eastern Mediterranean Region were also discussed. The next steps for the GICC in the Region were noted as including monitoring progress and addressing implementation barriers.

St. Jude Global

The contribution of St. Jude Global to improving the quality of health care delivery and increasing survival rates of children with cancer globally was presented. St. Jude Children's Research Hospital (in the United States of America) declared its commitment and support for childhood cancer as a WHO Collaborating Centre and a major partner supporting the GICC.

Implementation of the GICC in Morocco

An overview of the progress of GICC implementation in Morocco was presented. It was noted that even before the launch of the GICC, Morocco had long prioritized cancer as part of the national multisectoral response on NCD prevention and control. With the launch of the GICC, Morocco had developed a national childhood cancer action plan (2021–2030) and set priority activities for 2021. It was felt that the case of Morocco demonstrated how a well-articulated vision and strategy allowed WHO and other partners to better direct and align their technical assistance and support.

Assessment of the regional situation of childhood cancer

The preliminary results of a snapshot survey of the Region and modelled estimates of childhood cancer survival were shared, providing an insight into the challenges and opportunities for childhood cancer in the Region. The following priority areas were identified through the survey:

- data strengthening through childhood cancer registries
- national/regional childhood cancer guidelines
- access to medicines
- health workforce capacity-development
- national quality assurance measures.

It was noted that the Region had opportunities, such as the prioritization of childhood cancer by governments, a multitude of partners supporting childhood cancer work in the Region and the availability of paediatric oncology training programmes, which could help advance the GICC.

Partner presentations

In their presentations, different partners gave an overview of their presence in the Region, their activities linked with the *CureAll* framework, and their collaboration and envisaged support for implementation of the GICC in the Region. The range of activities included advocacy, health workforce, capacity-building, clinical management, access to medicines, research, surveillance, resource mobilization, and supportive care in areas such as food, shelter and play therapy.

The presentations were followed by a round table discussion where the different partners agreed that building and delivering high-quality care for children with cancer required multi-agency support and strong

multidisciplinary services, and that organizations should attempt to complement rather than duplicate each other's efforts.

They also agreed on the need for a governance structure and responded positively to the prospect of working together. They noted different ways in which they could support the Region and complement each other, including in the areas of advocacy, capacity-development, access to care, resource mobilization and childhood cancer surveillance.

National engagement and institutional partnerships were seen as necessary for the sustainability of initiatives, but challenges were noted such as the political diversity of the Region, frequent changes in national authority personnel, competing national priorities, duplication of initiatives and humanitarian crises, requiring a tailored approach and an attention to needs during emergencies.

Break-out sessions

Break-out group discussions took place to brainstorm priority areas for intervention based on the 10 CureAll core projects. Each group had a mixture of WHO staff and country representation. Before dividing into the groups, the pillars and enablers of the CureAll package were explained and a poll held on the priority areas based on the CureAll core projects.

It was clear that all 10 core projects were seen to be crucial in improving childhood cancer survival and participants found it difficult to choose only a few priority areas. However, three priority areas stood out: establishing a national cancer control strategy; access to essential medicines; and the strengthening of cancer registries. The participants agreed that the priority areas could be addressed in parallel rather than in a sequential fashion.

Suggested additional regional priority areas not captured in the CureAll core projects included;

- paediatric palliative care
- early diagnosis
- childhood cancer research
- strengthening health system in emergency
- psychosocial support programmes for patients and family.

Participants felt there was need to conduct a situation analysis of the status of childhood cancer in the Region and to develop interventions tailored to the needs of the Region.

Call for proposals for projects to address barriers to childhood cancer care

A planned call for proposals and the rationale for the call were presented. The methods of dissemination and review and provisional timelines for the call were outlined. It was explained that the seed funding would be divided amongst the strongest submitted proposals, and participants welcomed the opportunity to advance childhood cancer care in countries.

3. Conclusion

The GICC and CureAll technical package present an opportunity for governments to better plan and integrate childhood cancer programmes at a national level. Strong political commitment will be necessary for the success and sustainability of the initiative. Integrating cancer within the SDG/UHC/NCD agenda is an opportunity to build stronger and more resilient health systems. Furthermore, the Eastern Mediterranean Region is frequently affected by emergencies, making it crucial to find

a means of not only strengthening health systems in normal situations, but maintaining access to services in emergency situations.

Building and delivering high quality care for children with cancer requires multi-agency support and strong multidisciplinary services. There is a multitude of partners already active in the Region that can support the GICC, necessitating a regional governance structure to foster collaboration between partners, under the leadership of WHO.

The heterogeneity of country health systems necessitates a tailored approach to the implementation of the GICC in the Region.

4. The way forward

Further implementation of the GICC in the Eastern Mediterranean Region will occur through the following steps:

- completion and dissemination of a meeting report;
- *CureAll* campaigns, including the virtual screening of the “How I live” film, a documentary on childhood cancer;
- regional stakeholder mapping to determine potential engagement and scope of activities;
- virtual consultations on a regional governance structure and partnership model for the GICC;
- a situation analysis of the status of childhood cancer in the Region using adapted *CureAll* assessment tools;
- development and dissemination of a call for proposals for projects that address barriers to childhood cancer care; and
- support for the development/scaling up of national childhood cancer programmes.



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