

Report on the
**Regional workshop
on empowering
progress: strengthening
implementation of the WHO
Global Initiative for Childhood
Cancer in the Eastern
Mediterranean Region**

Cairo, Egypt
4–5 March 2024



**World Health
Organization**

Eastern Mediterranean Region

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FOREWORD

In 2022, 36 000 children in the Eastern Mediterranean Region were diagnosed with cancer and, tragically, over 16 000 of them did not survive. These statistics not only reflect the severity of the disease but also underscore glaring disparities in access to quality care and treatment. While some countries in the world have survival rates exceeding 80%, many in countries in our Region struggle to achieve even a fraction of this success rate. This imbalance is not only a medical concern but a profound failure of equity and justice.

Aligned with the Global Initiative for Childhood Cancer (GICC), launched in 2018 by WHO, St. Jude Children's Research Hospital and other global partners, our mission is to ensure that no less than 60% of children diagnosed with cancer in our Region survive and thrive. Despite the formidable challenges posed by conflicts, political instability and economic crises in many contexts in the Region, our commitment to this goal remains steadfast. We recognize our duty to empower Member States with the necessary instruments and tools to strengthen national health systems, thereby enhancing childhood cancer care.

Central to our efforts is the imperative to ensure the availability of affordable, quality medicines for the treatment of the most common and treatable forms of childhood cancer. This includes the rollout of the Global Platform for Access to Childhood Cancer Medicines, which will facilitate the uninterrupted supply of quality-assured paediatric oncology medicines to low- and middle-income countries. This endeavour aligns seamlessly with the Regional Office for the Eastern Mediterranean's flagship initiative to enhance the supply chain and availability of quality medical products throughout the Region.

Enhancing cancer care, particularly for children, is integral to the strengthening of entire health systems and requires a multidimensional approach encompassing early detection, comprehensive treatment strategies, surveillance and rehabilitation. Addressing childhood cancer also contributes to achieving Sustainable Development Goal target 3.4 to reduce premature mortality from noncommunicable diseases (NCDs).

While the path ahead may be challenging, our collective insights and collaborations instil confidence in our ability to enhance childhood cancer outcomes in the Eastern Mediterranean Region. Together, let us continue our journey towards a future where every child with cancer can aspire to a healthier and brighter tomorrow.

Dr Rana Hajjeh

Director of Programme Management

WHO Regional Office for the Eastern Mediterranean

Although the Eastern Mediterranean Region is contending with myriad health priorities and grappling with challenges ranging from conflicts to economic turmoil, the battle against childhood cancer remains of paramount importance. After five years of GICC activities in the Region, enough insights have been gathered to develop contextually appropriate approaches aimed at driving meaningful change.

We have witnessed notable progress in many countries of the Region, even in crisis situations, especially the high-level commitment to childhood cancer expressed by seven countries/territories. Our advocacy approach has remained resolute, positioning the GICC as a catalysing agent to reinforce broader national cancer control efforts and reframing expenditures as investments in the future well-being and economic productivity of our nations' youth.

Flexibility and adaptability have guided our response amid conflict and instability. Through nimble collaboration across WHO tiers and with governmental and nongovernmental partners on the ground, we have swiftly mobilized resources to ensure uninterrupted care for children.

At the heart of our achievements lies the vibrant network of excellence encompassing children's hospitals, civil society organizations and research institutions throughout the Region. These entities champion the childhood cancer agenda, amplifying their voices through strategic partnerships with government counterparts, facilitated by WHO.

The empowerment of dedicated capacity at the country level, enabled by the GICC, has been crucial in catalysing progress that would otherwise have been prolonged. Our strategies, rooted in framing the GICC as an integrative national health agenda, swift adaptation to dynamic circumstances, nurturing robust partnerships and prioritizing dedicated human resources, underscore our steadfast commitment to advancing childhood cancer care in the Eastern Mediterranean Region.

As we chart a course for the next phase of GICC implementation in the Region, and in preparation for the Fourth High-Level Meeting of the United Nations General Assembly on the Political Declaration for the Prevention and Control of NCDs in 2025, critical to our strategy will be: (a) promoting ever greater resource mobilization for comprehensive support to our Member States; (b) ensuring that the voices of those with lived experience are heard in policy-making; and (c) advocating for the inclusion of childhood cancer in national emergency preparedness and response plans to maintain continuity of care during crises.

Dr Asmus Hammerich

Director, Department of Noncommunicable Diseases and Mental Health

WHO Regional Office for the Eastern Mediterranean

EXECUTIVE SUMMARY

A regional workshop on Empowering progress: strengthening implementation of the WHO Global Initiative for Childhood Cancer (GICC) in the Eastern Mediterranean Region was held in Cairo, Egypt on 4–5 March 2024, with the aim of accelerating action to fight childhood cancer in the Region. Medical advances have led to high survival rates for children with cancer in high-income countries, but low- and middle-income countries have significantly lower survival rates due to disparities in access to quality care. The Region is projected to see a substantial increase in paediatric cancer cases and mortality by 2050, driven by population growth rather than modifiable risk factors, emphasizing the reliance on health systems' capacity for timely diagnosis and treatment.

As the first phase of the WHO and St. Jude Children's Research Hospital collaboration on the GICC draws to an end, the workshop gathered WHO and health ministry experts together with the objective of enhancing childhood cancer care through the GICC framework. It aimed to share experiences, strategies and challenges across countries, and provide implementation and resource mobilization strategies adaptable to varying contexts. By fostering the creation of a professional network, the workshop sought to link regional efforts with global initiatives for a unified fight against childhood cancer.

During the workshop, GICC-focus countries in the Region shared their experiences with *CureAll* implementation, which aims to bolster health systems starting with childhood cancer care, highlighting the successes, challenges, lessons learned and future plans. WHO childhood cancer focal points from regions beyond the Eastern Mediterranean provided insights into diverse advocacy strategies and the importance of high-level commitment to programme sustainability. The inclusion of childhood cancer survivors' voices from the Region offered a vital perspective and inspired ongoing dedication to improving access to care and support services.

Furthermore, participants delved into the *CureAll* technical package. The discussions highlighted significant challenges in delivering effective childhood cancer care, such as financial barriers, limited public funding, insufficient health care personnel and poor standardization of care. The *CureAll* package proposes a holistic approach to overcome these obstacles, emphasizing models of care, workforce training, infrastructure development and research promotion. This integrated approach to child health underscores the shift towards holistic strategies that enhance outcomes for children with cancer, moving beyond traditional vertical programmes and providing an opportunity to promote ever greater prioritization of childhood cancer care amid competing health and development priorities.

Participants also discussed the importance of translating childhood cancer data into actionable and sustainable policies. Effective donor communication was identified as crucial for mobilizing resources, with strategies including trust-building, transparency and emphasizing the impact of contributions.

Finally, participants identified immediate and long-term actions to accelerate GICC implementation in the Eastern Mediterranean Region, as summarized in Box 1.

Box 1. Proposed follow-up actions

- Create and maintain a shared [repository](#) of resources and tools.
 - Ensure **dedicated human resources at country level** to move the childhood cancer agenda forward.
 - Develop a **value proposition** for childhood cancer.
 - Engage with patient organizations.
 - Include childhood cancer in emergency preparedness and response plans.
 - Raise the profile of childhood cancer with ministries of health or other
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BACKGROUND

Childhood cancers are increasingly contributing to the burden of disease in children worldwide, and the actual numbers of cases and deaths are likely to be significantly higher than estimated. Globally, more than 400 000 children aged 0–19 years are diagnosed with cancer every year. Medical advances have led to very high chances of survival in high-income countries, where more than 80% of children diagnosed with cancer will survive thanks to timely, affordable and equitable access to essential diagnostic, therapeutic and supportive care services. In some low- and middle-income settings, however, as few as one in five children survives cancer as a result of profound inequalities existing between and within countries.¹

The latest estimates from the WHO/International Agency for Research on Cancer's Global Cancer Observatory show that in the Eastern Mediterranean Region there were around 36 000 new cases of paediatric cancers and 16 500 deaths in 2022. The incidence ranged from 6.4 per 100 000 children aged 0–19 in Djibouti to 14.6 in the Syrian Arab Republic, and mortality ranged from 0.7 per 100 000 in Qatar to 6.8 in the Islamic Republic of Iran.² It is projected that the number of new paediatric cancer cases will reach almost 45 000 in 2050, with a 25% increase in mortality (20 600 deaths). In Somalia, childhood cancer cases are expected to increase by 80% and deaths by almost 83%.³

Unlike cancer in adulthood, the underlying factors that contribute to childhood cancer are poorly understood and only a small fraction of childhood cancers can be prevented. As the occurrence of childhood cancer is not influenced by modifiable or environmental risk factors, the expected increase in paediatric cancer cases and deaths in the Eastern Mediterranean Region depends solely on population growth.

In addition, there are no population-based primary prevention strategies to reduce the burden of childhood cancer. The ability to cure children with cancer depends on the capacity of health systems to ensure timely and accurate diagnosis, early referral and appropriate treatment. In other words, countries in the Region with more developed health systems have better childhood cancer outcomes compared to low- and middle-income countries and those experiencing conflict and emergencies.

¹ International Childhood Cancer Day 2024: reducing the survival gap [website]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024 (<https://www.emro.who.int/media/news/international-childhood-cancer-day-2024-reducing-the-survival-gap.html#:~:text=Recent%20medical%20advances%20make%20for,-%20and%20middle-income%20countries>, accessed 16 May 2024).

² Global Cancer Observatory: Cancer Today [online database]. Lyon: International Agency for Research on Cancer; 2022 (<https://gco.iarc.who.int/today>, accessed 16 May 2024).

³ Global Cancer Observatory: Cancer Tomorrow [online database]. Lyon: International Agency for Research on Cancer; 2022 (<https://gco.iarc.fr/tomorrow/en>, accessed 16 May 2024).

In 2018, WHO launched the GICC.¹ The main goal of the GICC is to reduce the survival gap by 2030 by making sure that at least 60% of children with cancer worldwide will survive their diagnosis, while significantly reducing their suffering and improving their quality of life. The Initiative is a cooperative effort involving WHO on a global, regional and country-specific scale, with the technical and financial support of St. Jude Children's Research Hospital.

The GICC also aims to assist Member States in achieving Sustainable Development Goal target 3.4: to reduce premature mortality from noncommunicable diseases (NCDs) by one third by 2030. These aims will be achieved through collaborative actions on a global, regional and national scale, with the WHO *CureAll* technical package² of strategic interventions providing implementation support. The GICC's initial emphasis will be on six specific cancers chosen as benchmarks to monitor advancements across the health system, alongside the engagement of focus countries with a record of strong political commitment and foundational efforts to supporting children with cancer.

The Noncommunicable Disease Prevention unit at the WHO Regional Office for the Eastern Mediterranean has galvanized national interest and action on childhood cancer. Ministers of health in seven focus countries/territories in the Region (Egypt, Jordan, Lebanon, Morocco, the occupied Palestinian territory, Pakistan and the Syrian Arab Republic) have committed to scale up interventions to increase the overall survival of children with cancer, in alignment with the WHO *CureAll* technical package. In addition to the seven focus countries/territories, Iran (Islamic Republic of), Iraq, Oman and Yemen have also been supported to carry out projects aligned with the GICC.

WORKSHOP RATIONALE

As the first phase of the WHO and St. Jude Children's Research Hospital collaboration on the GICC comes to an end (2018–2023, extended to June 2024), a regional workshop was organized for WHO country-level technical focal points. The workshop served as a stocktaking opportunity to share success stories from countries that have been implementing the GICC and to engage in focused strategic planning for the next phase of the Initiative – to raise the profile of childhood cancer in the Region even further, as an integral component of well-functioning health systems. In addition, the workshop provided an opportunity for countries to explore and design outreach strategies for resource mobilization with national and regional actors to ensure sustained engagement and implementation of childhood cancer national programmes.

¹ The Global Initiative for Childhood Cancer: increasing access, advancing quality, saving lives [website]. Geneva: World Health Organization (<https://www.who.int/initiatives/the-global-initiative-for-childhood-cancer>, accessed 21 May 2024).

² CureAll framework: WHO global initiative for childhood cancer. Increasing access, advancing quality, saving lives. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240025271>, accessed 21 May 2024).

The specific objectives of the workshop were to:

- provide a platform for sharing experiences, including achievements and challenges in national implementation of the GICC;
- provide participants with implementation, outreach and resource mobilization strategies that can be adapted to specific country contexts, including by highlighting the role of the GICC in supporting broader national efforts in cancer control and health system strengthening; and
- foster a professional network among participants for future collaboration and to connect WHO country offices with key regional and global players in the area of childhood cancer.

The expected outcomes of the workshop were to:

- collect and document insights from the GICC focus countries, including lessons learned and best practices;
- develop strategic implementation plans for childhood cancer control, considering the context of broader health systems strengthening and universal health coverage (UHC);
- strengthen participants' capacity to advocate for the inclusion and prioritization of childhood cancer in national health agendas; and
- strengthen participants' capacity to mobilize resources, including with national and regional actors, for the sustained implementation of national childhood cancer strategies/plans.

The workshop gathered representatives of the health ministries of the GICC focus countries/territories (Egypt, Jordan, Lebanon, Morocco, the occupied Palestinian territory, Pakistan and the Syrian Arab Republic) and WHO GICC focal points from each of these countries/territories as well as from Oman and Iraq, and WHO country office technical staff involved in the implementation of NCD-related programmes from the remaining countries of the Region.

Speakers and panellists included GICC focal points from WHO headquarters and from the WHO regional offices for Africa, South-East Asia and Europe, and representatives of partner organizations including St. Jude Children's Research Hospital, Childhood Cancer International, the Pediatric Oncology for the East and Mediterranean group, and the International Society of Paediatric Oncology. From the WHO Regional Office for the Eastern Mediterranean, representatives of the units for Noncommunicable Disease Surveillance, Health Systems, Child and Adolescent Health, and Communications, Resource Mobilization and Partnership provided valuable cross-cutting insights to the discussions. The Noncommunicable Disease Prevention unit was the technical lead of the workshop.

The programme of the workshop was designed to blend the experiences of Member States and WHO regional offices in implementing GICC-related activities, in-depth talks about resource mobilization and sustainability of projects in the future, experiences shared by childhood cancer survivors, and interactive plenary discussions. The programme for the workshop and the full list of participants are included as Annex 1 and Annex 2, respectively.

WHO PARTNERS FOR THE GICC

Since 2018, St. Jude Children's Research Hospital has served as the first and only WHO Collaborating Centre for Childhood Cancer, expressing unwavering dedication to enhancing global access and quality of childhood cancer care. As St. Jude Global, its approach encompasses capacity-building, education, research and resource mobilization. Its primary objective is to prioritize children with cancer globally, bridging outcome disparities and integrating them into health systems and national agendas, guided by the motto: "For every child. Everywhere." Empowering on-the-ground staff and teams remains paramount, including in efforts made in collaboration with WHO and global partners.

St. Jude's activities in the Eastern Mediterranean Region are rooted in the evolution and impact of its global outreach from the 1990s through to the establishment of St. Jude Global and the St. Jude Global Alliance in 2018. Initially focusing on twinning programmes across 24 programmes in 17 countries worldwide, the Alliance has expanded to engage in over 200 programmes in more than 80 countries globally, including 28 programmes in 15 countries in the Eastern Mediterranean Region, emphasizing education, patient-centred care and research. Notable achievements include the development of structured educational programmes, access to diagnostic tests and essential medicines, and infrastructure for research methodology and infrastructure development. St. Jude's approach integrates systems planning, policy monitoring and analysis to enhance the care framework, helping to underpin the GICC's success in the Region and addressing the need for innovative efforts to tackle geopolitical challenges in health care.

Since its inception in 1994, Childhood Cancer International (CCI) has grown from 11 member organizations in 11 countries to 183 member organizations across 93 countries, becoming the largest global patient-support organization for childhood cancer. CCI's strategic partnerships and advocacy efforts include International Childhood Cancer Day, Childhood Cancer Survivor Week and "Gold September" for Childhood Cancer Awareness Month. CCI's engagements and achievements in the Eastern Mediterranean Region included capacity-building projects as well as raising funds for earthquake relief in Lebanon and the Syrian Arab Republic. CCI's collaboration with WHO since 2012, particularly in WHO-CCI 3-year collaboration plans and its active participation in the GICC working groups, underscores the organization's commitment to improving childhood cancer care globally.

The Pediatric Oncology East and Mediterranean (POEM) group was established in 2013 with support from St. Jude Children's Research Hospital. POEM's mission is to enhance paediatric cancer care in the East and Mediterranean region through capacity-building, research, training and advocacy, aiming for every child to have equitable access to high-quality care. The group has hosted several scientific meetings and workshops in various countries, focusing on key areas such as nutrition, palliative care, retinoblastoma, infection control and minimal residual disease. POEM also collaborates closely with St. Jude on research methodologies and cancer registries, contributing to multiple studies and publications. Through its comprehensive training programmes for health care professionals and collaborative projects, such as the pathology capacity-building programme between Lebanon and the Iraq/Syrian Arab Republic, POEM exemplifies the importance of regional collaboration in improving paediatric oncology care.

Established in 1969, the International Society of Paediatric Oncology (SIOP) is the only global multidisciplinary society entirely devoted to paediatric and adolescent cancer. SIOP is working on improving the lives and increasing the survival rate of children and adolescents with cancer through global collaboration, education, training, research and advocacy. The most common cause of death among this group of patients is a lack of/wrong diagnosis, and so the focus of SIOP is to invest in modifying national guidelines, diagnostics research and registries.

CHILDHOOD CANCER SURVIVORS

Two cancer survivors were invited to the workshop to share their experiences, and reminded all participants of what is really at stake. Their presence prompted a refocus on the main objective of the whole initiative, which is to save lives and enhance the quality of life of children with cancer worldwide. One survivor, having undergone above-knee amputation due to osteosarcoma at the age of 15, now wore a prosthetic leg. The other survivor had faced leukaemia. Both survivors candidly shared their perspectives on the challenges confronting children diagnosed with cancer, emphasizing the critical importance of early detection and symptom awareness, as well as the necessity of post-treatment follow-up care. These important guests informed participants about their current jobs/studies and their dreams and aspirations, demonstrating that childhood cancer is curable and that survivors can lead a normal life, thus igniting even greater commitment to action among participants.

IMPLEMENTATION OF THE GICC IN THE EASTERN MEDITERRANEAN REGION

Incidence and mortality from paediatric cancers are higher in the Eastern Mediterranean Region compared to the global average, most likely resulting from the higher proportion of the under-19 population in the Region. Due to the substantial population growth that the Region is projected to experience in the next 25 years, the incidence of and mortality from childhood cancer are also likely to increase significantly.

In response to this, the WHO Regional Office for the Eastern Mediterranean has been carrying out country-level activities to enhance childhood cancer care since 2020. In the first phase (2020–2021), the regional team supported country-specific projects with funds and technical expertise, in line with the *CureAll* technical package. This approach facilitated partnerships and encouraged collaboration at national level, under the stewardship of ministries of health, thus building ownership of relevant projects. It also galvanized local action and engagement, which resulted in the prioritization of action on childhood cancer in more than one third of countries and territories of the Region.

At the beginning of 2024, action on childhood cancer is being prioritized at the highest level by seven countries/territories of the Region: Egypt, Lebanon, Jordan, Morocco, the occupied Palestinian territory, Pakistan and the Syrian Arab Republic. These focus countries/territories have taken steps to establish multistakeholder governance mechanisms on paediatric oncology and have conducted projects across a number of *CureAll* pillars and enablers.

Experiences from implementing countries

Panel discussion

In this panel discussion, each GICC country focal point was requested to share their experiences in implementing GICC activities across the CureAll technical package, highlighting the successes, challenges, lessons learned and future plans.

Morocco was the first country to join the Initiative, responding to the interest of the Ministry of Health and Social Protection and the Lalla Salma Foundation. An important step was the completion of a study on childhood cancer survival, which now constitutes the cornerstone of the National Plan to Combat Childhood Cancer. The second phase of the study showed that the overall survival of all patients at 1 year, 3 years and 5 years was 81.1%, 72.2% and 70.8%, respectively. As a result, the survival target for childhood cancer in Morocco was set at 80%. A specific road map for 2023–2029 was developed on the basis of the situational analysis. The main achievements include the establishment of a supportive care programme as well as palliative care, an evaluation of medical and paramedical practices of treatment, a study on the cost of treatment of childhood cancers, hospital standards for childhood cancers. Upcoming plans include the launch of the road map and the training of health professionals on early diagnosis of childhood cancers. Both the Ministry of Health and Social Protection and WHO focal points specified that Morocco has an opportunity to improve health services within the framework of reform, in particular the extension of medical coverage and the establishment of territorial health groups.

Lebanon recently joined the GICC as a focus country. The plans for the GICC projects are in line with the National Cancer Control Plan 2023–2028. The Ministry of Public Health is committed to strengthening the national childhood cancer programme and tackling inequities in cancer care through various measures. These include strengthening governance, updating cancer registry data, mapping stakeholders, conducting a survival study and developing an essential medicines list. The latter is being developed in response to the constant shortage of cancer medications in Lebanon, as well as the lack of national treatment protocols. Other challenges in Lebanon include the need to focus on the provision of secondary and tertiary services, while support for prevention, early detection and primary care services is comparatively limited. The shortage of human resources due to emigration is also a hurdle for the country. In addition, data are underreported and missing within the existing cancer registry.

The occupied Palestinian territory has been working on research papers documenting the ongoing struggles with medication provision, securing palliative care drugs, providing treatment and evacuating children with cancer from the Gaza Strip. In response to the acute emergency due to the war that followed 7 October 2024, the Augusta Victoria Hospital in east Jerusalem was supported through the GICC with emergency oncology medications to respond to the inability of cancer patients to return to the Gaza Strip for treatment. The occupied Palestinian territory has been prioritizing childhood cancer for a long time and has integrated it in national policies and guidelines; for example, the age of paediatric patients was increased to 14 years old for boys and 16 years for girls, an oncology youth ward was developed at the Turkish-Palestinian Friendship Hospital, and a subcommittee on paediatric oncology was

formed under the National Cancer Control Committee. Guidance for the early detection of childhood cancer is also being developed

Egypt has launched a strategic health framework for 2023–2030, with a key focus on enhancing the National Cancer Control Program. This initiative aims to standardize national protocols and strengthen the cancer registry. Additionally, the Ministry of Health and Population is actively involving non-State actors by establishing an annual screening programme for obesity among 6–12-year-old children in schools, demonstrating a strong commitment to a multisectoral approach in tackling NCDs. Furthermore, the Childhood Cancer Committee in Egypt is conducting a comprehensive gap analysis, prioritizing initiatives according to national requirements, aligning protocols with WHO standards and conducting feasibility studies to advance the prioritization of childhood cancer in the country.

The number of refugees in Jordan is continuously increasing. According to United Nations data, the total number of international migrants in Jordan is estimated to be 3 346 703, which constitutes 33.1% of the country's total population. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), Jordan hosts 757 805 refugees and asylum seekers of whom 12.5% are children under 5 years of age. More than 2 million Palestinians are registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) – the largest number of Palestinian refugees across all UNRWA fields. Children with cancer are treated at King Hussein Cancer Center, Amman, regardless of their nationality; however, but increased support to Jordan is necessary due to limited resources. Jordan was identified as one of the pilot countries for the Global Platform for Access to Childhood Cancer Medicines and its experience will serve as a fundamental lesson for other countries in the Region to follow. More work must be done in terms of referral pathways and the development of the population-based cancer registry, specifically the childhood cancer registry. Also, the National Cancer Control Strategy should include childhood cancer and mention vulnerable populations including refugees.

Oman's health care system is diverse, with a strong emphasis on primary health care. While challenges persist in areas such as capacity-building, retaining health care professionals and producing medical commodities, there are also notable strengths. Oman boasts a robust referral system, which is crucial for providing high-quality and timely care for childhood cancer cases. Additionally, the upcoming introduction of human papillomavirus (HPV) vaccination in May 2024 signifies a proactive step towards enhancing public health initiatives. WHO recommends fostering both domestic and international partnerships as a promising strategy for advancing cancer care in Oman.

Iraq has a large network of health care systems, all of which are impacted by politics and the environment. The impACT Review performed in the country has informed the actions required for childhood cancer and the broader cancer agenda. Two palliative care units are already being established and the maternal, child and adolescent health package is looking at the health care system with a health system lens, which is huge progress.

In Pakistan, through a partnership between WHO, the Ministry of National Health Services, Regulation and Coordination, and the Pakistan Society of Pediatric Oncology, and with financial, technical and coordination support from St. Jude, six national protocols for childhood cancer have been formulated, alongside the establishment of a robust referral system for brain tumours and the introduction of a centralized data management system. Stakeholder mapping has been completed, paving the way for a training workshop in the coming months. Despite challenges stemming from political issues and the absence of an electronic medical record system, the WHO Country Office in Pakistan remains committed to setting up a cancer registry and aims to extend cancer treatment to the Afghani population in the future.

The Syrian Arab Republic has been suffering from protracted war, making the presence of international organizations crucial for advancing health care. The approach pursued by the WHO Country Office involves implementing the *CureAll* framework to bolster the nation's cancer care initiatives. This entails enhancing centres of excellence (such as the BASMA association), conducting evaluation and monitoring, revising cancer guidelines, establishing linked governance and fostering collaboration through a national childhood cancer alliance. A launch workshop is planned for June 2024 as part of the planned strategy.

Childhood cancer: opportunity for health system strengthening

Plenary discussion

This session included a deep dive into the *CureAll* technical package to encourage the design of country projects to strengthen health systems, beginning with childhood cancer care.

Challenges impeding effective childhood cancer care include health financing issues such as high out-of-pocket payments, limited public funding, poor UHC coverage and the high cost of cancer medicines and technologies, and health system challenges including insufficient human resources to deliver paediatric oncology services, poor access to services and medicines, political unrest/conflict settings, too great a focus on vertical programmes, poor standardization of care and weak data registries.

The *CureAll* technical package aims to address these issues through a comprehensive approach encompassing four pillars (centres of excellence, UHC, regimens for management, and evaluation and monitoring) and three enablers (advocacy, linked governance and leveraged financing). The package proposes outputs such as models of care, training of the workforce, infrastructure development, expansion of coverage for high-priority interventions, establishing national standards of care, ensuring a reliable supply of medicines, developing cancer registries and promoting cancer research.

Take-home messages

- Cancer care, especially childhood cancer care, is an underprioritized but growing public health problem. WHO and partners, including St. Jude, can offer technical and financial support to assist Member States.
 - Determinants of paediatric cancer outcomes are linked to inequality and health system capacity. The GICC aims to address inequalities and bridge the survival gap between high-income countries and low- and middle-income countries.
 - The *CureAll* technical package offers evidence-based cost-effective interventions to enhance childhood cancer care. Scaling up these interventions is an investment rather than a cost.
 - Interventions for cancer control will support broader efforts to fight NCDs and to strengthen the health system.
 - The GICC is an opportunity for collaboration across sectors, including in the public and private space, and opens the door to meaningful partnerships with national and international actors.
 - The GICC enables the health ministry to prioritize childhood cancer care by offering financial resources and technical expertise from a global network of renowned paediatric oncologists.
-

Interdisciplinary approach to children's health

Plenary discussion

In this session, participants discussed cross-cutting strategies to address child and adolescent health, moving away from traditional vertical programmes towards a holistic approach to improve the outcomes for children with cancer.

The regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development 2019–2023¹ underscores a child-centred approach, grounded on three strategic areas of work: access equity and quality of UHC; protection during humanitarian emergencies; and integration and multisectoral coordination. The framework aims to respond to the most important challenges for child's health programmes, such as fragmentation and verticality. Other useful resources shared with the participants included:

- *Child and adolescent health in humanitarian settings: operational guide: a holistic approach for programme managers*, which encourages prioritization of continuity of care amid humanitarian emergencies, with an emphasis on chronic conditions;
- *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, which provides a road map for action;
- *Global Initiative to Support Parents: inter-agency vision*, emphasizing the role of parents and caregivers as central pillars in supporting children's health and development; and
- Adolescent and school health platforms, which can be leveraged to recognize early signs and symptoms of childhood cancer.

¹ Improving the health and development of newborns, children and adolescents in the Eastern Mediterranean Region: the regional implementation framework for newborn, child and adolescent health, 2019–2023. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<https://applications.emro.who.int/docs/9789290224372-eng.pdf>, accessed 22 May 2024).

Participants highlighted that cancer and child health programmes are often disconnected at the national level, despite recognizing that building capacity with community health workers and identifying essential paediatric oncology services at primary health care level might greatly benefit the overall implementation of the *CureAll* technical package. Integration of childhood cancer care into child health programmes is not only challenged by issues related to logistics – i.e. the presence/lack of strong referral networks between primary and specialized care – or to inadequate multisectoral coordination, but also as a result of donors prioritizing vertical programmes and promoting further fragmentation of health systems.

Take-home messages

- Currently, integration of childhood cancer care in child health programmes is not sufficient.
 - Funds dedicated to vertical programmes promote and sustain fragmentation of health systems.
 - There is a need to strengthen the capacity of primary health care staff to address childhood cancers, as well as to streamline referral systems.
 - Mental health and palliative care, in addition to early referral of children with cancer, were recognized as areas for immediate action.
 - Building awareness and empowering communities through child health programmes can significantly reduce stigma around childhood cancers.
 - It was recommended to explore opportunities to discuss a WHO regional framework for integration of childhood cancer in child health programmes.
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Experiences from other WHO regions

Panel discussion

In this panel discussion, cancer focal points from the WHO regional offices for Africa, South-East Asia, Europe and the Western Pacific were asked to reflect on advocacy strategies adopted in their respective regions to promote ever greater engagement in the GICC, as well as their plans to ensure the long-term sustainability of national childhood cancer programmes.

The Regional Office for South-East Asia highlighted the importance of national consultations and meetings as well as the high-level commitment to cancer care in the Region. There are three focus countries in the South-East Asia Region. Because childhood cancer is considered a niche disease, it is addressed in the context of enhancing the broader cancer agenda. Some programmes have sustainability components, such as capacity-building in public institutions.

The Regional Office for the Western Pacific faces challenges in devising a fixed strategy due to the diverse contexts across the Region. In the Pacific Islands, specifically, the shortage of paediatric oncologists necessitates reliance on Australia and New Zealand for health care service provision. Cancer programmes are interconnected, with childhood cancer initiatives benefiting from leveraging cervical cancer as an entry point. In other words, in the context of missions to conduct imPACT reviews and investment cases for cervical cancer, the Regional Office makes sure to dedicate some time in the mission agenda to address childhood cancer. The three focus countries in the Region serve as leaders for others, with champions such as survivors and parents frequently engaged in advocacy efforts. However, the sustainability of projects is hindered by funding limitations in the absence of donors. The primary goal of projects implemented under

the GICC is to build sufficient country capacity for sustaining programmes. WHO collaborating centres play a crucial role in capacity-building for cancer, while national cancer control plans are aligned with global and regional mandates, encompassing childhood cancer initiatives.

The Regional Office for Africa comprises 47 countries, and one of the inclusion criteria to the GICC is a country's readiness to implement initiatives. Advocacy is of significant importance in addressing public health issues within the Region. Notably, First Ladies often serve as influential advocates for various diseases; in Ghana, for example, the First Lady led a strategic dialogue on NCDs and childhood cancer. Benin, Ghana, Kenya and Zambia have effectively utilized advocacy efforts to incorporate childhood cancer into their national insurance funds. Civil society also plays a pivotal role in advocacy endeavours. However, the foremost challenge remains sustainability, primarily due to limited resources. Integration with other programmes presents an important opportunity to ensure sustainability, such as incorporating childhood cancer into cancer control plans or national health insurance schemes as well as leveraging existing platforms rather than starting from scratch.

In the Regional Office for Europe, prioritization of childhood cancer presents unique challenges. Unlike other regions, there are no low-income countries in the Region and all countries have UHC incorporated in their national plans. Consequently, advocacy efforts for childhood cancer are often sidelined, with the primary challenge being the achievement of cost-effective outcomes. This was highlighted in the first *Childhood cancer inequalities in the WHO European Region* report in 2022.¹ To ensure the sustainability of programmes, collaboration across sectors is crucial and WHO has effectively utilized its convening role in this regard. One significant obstacle is that policy-makers are generally not drawn to cancer issues due to the lack of immediate and visible outcomes within the short timeframe typically associated with election cycles.

Take-home messages

- There is a need for a global resolution around UHC to include migrants and refugees in national plans to ensure cancer treatment for everyone and leave no one behind.
 - Utilizing innovative advocacy strategies involving high-level personalities, including outside of the health sector, such as First Ladies, was recognized as an effective approach.
 - Heavily investing in strengthening capacity to ensure the sustainability of childhood cancer programmes amid a number of competing health and development priorities was recommended.
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From childhood cancer data to policy formulation, sustainable financing and resource mobilization

Plenary discussion

This session described the pathway from collecting and analysing public health and economic data around cancer to formulating evidence-based and cost-effective policies to ensure

¹ Childhood cancer inequalities in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2022 (<https://www.who.int/europe/publications/i/item/9789289057615>, accessed 26 May 2024).

sustainable financing of childhood cancer programmes, as well as galvanizing donor interest for effective resource mobilization.

Cancer surveillance

Cancer surveillance is grounded on data collected through hospital-based and population-based cancer registries, then consolidated with population surveys, vital statistics and additional information on economic costs of care and disability. Population-based cancer registry data can be used to: (a) define and monitor cancer incidence at various levels; (b) investigate patterns of cancer treatment; and (c) evaluate the effectiveness of public health efforts to prevent cancer cases and improve cancer survival. In addition, hospital-based cancer registries provide information on clinical performance and outcomes.

Considerations for childhood cancer registries

- Cancer control in children is informed by detailed information on the disease, treatment and quality of care, and thus collection of information on diagnosis, treatment and long-term follow-up of a growing population of survivors is an integral part of childhood cancer surveillance.
 - The small number of cancer cases observed in childhood populations requires increased attention to data quality, because small errors may have a large impact on the generated data.
 - Data from hospital-based cancer registries can complement population-based data collection but cannot be used as a surrogate for the population-based data relevant for planning, monitoring and evaluating cancer control plans.
 - A well-developed paediatric hospital-based cancer registry could provide a good basis for setting up a subnational paediatric population-based cancer registry, which would incorporate the relevant registration standards and additional sources of information.
 - Death certificates are also a key data source for population-based cancer registries for the production of reliable and comparable incidence statistics in children
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Sustainable financing for childhood cancer programmes

A universal health coverage benefit package (UHC package) is a set of health interventions to which a population is guaranteed access through a range of government assurance mechanisms. These mechanisms may include direct financing or direct service provision, mandatory contributions and prepayment schemes, and regulatory structures that dictate what public and private entities must pay for or deliver. The UHC package entitlements should span the full spectrum of promotive, preventive, curative, rehabilitative and palliative care.

Defining a UHC package requires having a solid foundation of data around the disease burden and economic considerations, including sustainability plans, as well as conducting multistakeholder dialogues to prioritize interventions that are necessary in the context of a given population. It is important to note that selecting the interventions to include in the UHC package is a process driven by multiple combined factors (cost-utility versus cost-effectiveness) and that these factors should not overlook human rights principles (such as equity) and high-level commitments to deliver on global health and development targets, including SDG target 3.4.

The WHO UHC Service Package Delivery & Implementation (SPDI) Platform is an interactive and user-friendly tool to facilitate the prioritization of interventions to include in national UHC packages, including those related to childhood cancer care. It is important to note that interventions highlighted

in the CureAll technical package have been proven to be cost-effective and to produce an economic return three folds higher than the initial investment, on a global average. In addition, the CureAll technical package provides guidance on the most effective distribution of childhood cancer-related services across primary, secondary and tertiary care to avoid loss of effectiveness and efficiency.

Effective donor communication

The need for effective communication with donors is important due to the competitive environment, the need to overcome donor fatigue and the necessity to showcase work, ensure donor visibility and maintain their support. Principles of effective donor communication include planning early and collectively, prioritizing the donor and emphasizing values. Communication strategies, while based on statistics, should also focus on storytelling through human interest and success stories, and provide regular updates that keep donors engaged in project implementation.

Important values for consideration when engaging with donors

- Trust is fundamental in ensuring that donors feel confident their contributions are in capable hands. Donations should be used efficiently and it is crucial to communicate that the organization understands the problem and has the expertise to address it effectively, highlighting past successes and positive impacts.
 - Effective communication needs to convey the urgency of the issue at hand. Donors should understand what the issue is, why action is needed immediately and the consequences of inaction.
 - Transparency involves clearly and simply communicating how donations are utilized and the impact they are making or are expected to make. It is about sharing the organization's plan, the roles of other partners, and the challenges and opportunities, while also considering donor feedback.
 - Accountability ensures the organization operates ethically, fulfils legal obligations and maintains public trust. It enhances donor trust and confidence, building stronger relationships with donors, beneficiaries and the wider community.
 - Focusing on the beneficiaries is important to convince donors to support the programme. Illustrating how funds will be used to continue essential programmes and save lives is crucial. Real-life examples of how donations have led to positive outcomes, such as evacuating children to receive urgent treatment, are powerful.
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Donor recognition and visibility are essential parts of effective donor communication. Visibility is about highlighting the donor's role and should be planned as part of the overall process. Innovative and effective platforms include meaningful photos and videos, social media content and media products, including press releases and joint press conferences, web stories, meetings and thank you letters.

Effective resource mobilization

A systematic resource mobilization approach advocates for a shift towards programme-driven financing rather than donor-driven financing, emphasizing bottom-up project planning and costing. This approach aims for better alignment of resources to the deliverables and results, offering flexible financing and expanding the traditional donor base to enhance transparency and understanding of financing sources and shortfalls.

WHO is thus encouraged to develop resource mobilization plans to respond proactively to requests for proposals or to donor demands. Resource mobilization planning is a continuous, evidence-based process that utilizes tools, best practices and systematic approaches (such as a strategy/plan, donor

mapping/engagement plan, grant management, etc.) for maximizing and managing resources. This process is centred around building relationships and trust, and meeting expectations.

It is also important to meaningfully engage with donors and to cultivate a relationship with them. Important considerations include donors' current interests in terms of policies and priorities, official statements, grant-making strategies, past funding, legal requirements and preferences for consortiums.

In the Eastern Mediterranean Region, donors are traditionally interested in funding responses to emergencies. Therefore, NCD prevention and control, including cancer, has not received adequate resources as yet. Participants recommended developing a value proposition for childhood cancer, which would make the case for investing in cost-effective childhood cancer interventions. This value proposition will highlight WHO's normative guidance, while emphasizing the importance of governments investing in a comprehensive package of support from timely diagnosis, treatment and supportive care to preventing treatment abandonment and promoting survivorship, and leveraging existing resources and public goods, including those shared by St. Jude Global Alliance.

[The Global Platform for Access to Childhood Cancer Medicines](#)

Childhood cancer hospitals worldwide, especially in low- and middle-income countries, struggle to access affordable and safe medications due to procurement difficulties, regulatory issues and fragmented supply processes. The Global Platform for Access to Childhood Cancer Medicines is a groundbreaking initiative, borne out of a collaboration between St. Jude Global and WHO, aimed at tackling the significant challenge of ensuring access to affordable, safe, effective and quality childhood cancer medicines worldwide. With a commitment of US\$ 200 million from St. Jude over six years, the Global Platform, the first of its kind, aspires to facilitate the provision of essential cancer medicines to approximately 120 000 children in low- and middle-income countries by 2027. It aims to provide a holistic solution to the end-to-end challenges in the childhood cancer medicine value chain, leveraging networks and capabilities built through the GICC. The Platform represents a generational opportunity to address and potentially solve the longstanding issue of medicine availability for childhood cancer through a cohesive and coordinated approach.

The operational structure of the Global Platform encompasses several key components, including procurement agencies (the United Nations Children's Fund Supply Division and the Pan American Health Organization Strategic Fund) responsible for purchasing, logistics, quality assurance and tracking, as well as an administrative operational unit for strategic management, forecasting, supply chain strengthening and monitoring. A phased approach over six years, from 2022 to 2027, was planned for the Global Platform's rollout, starting with the development phase to establish operations and governance structures. This has been followed by a pilot phase, involving one country per WHO region, with Jordan being the selected country from the Eastern Mediterranean Region for 2022. The growth phase aims for expansion to up to 50 countries, impacting 40 000–50 000 children annually.

The Global Platform for Access to Childhood Cancer Medicines represents an innovative financial mechanism designed not only to alleviate the symptoms of medicine shortages but to strengthen national procurement and supply chain systems fundamentally. It emphasizes the

importance of country readiness, including solid governance, regulatory readiness and the ability to manage essential medicine procurement and distribution effectively. The Global Platform's success hinges on international cooperation, the engagement of a wide range of stakeholders and the commitment to ensuring that every child with cancer has access to the necessary medicines for treatment, regardless of where they live.

Take-home messages

- The Global Platform is not a donation mechanism.
 - The Global Platform is an innovative financial mechanism designed to strengthen national procurement and supply chain systems to overcome childhood cancer medication shortages and stockouts, as well as to reduce the risk of poor-quality treatment.
 - The Global Platform builds on existing systems at the national level, including those achieved through the GICC.
 - The Global Platform requires country readiness, including:
 - a solid governance system, with stewardship of the ministry of health and engagement of actors involved in childhood cancer care, including the private sector;
 - a ready regulatory system;
 - analysis of clinical, procurement and supply chain capacities to deliver, prescribe, safely handle and dispense essential medicines; and
 - the ability to generate purchase orders.
 - The Global Platform encourages local capacity for supporting access to medicines and, therefore, domestic resource mobilization and shared ownership for the sustainability of the programme.
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Next steps for GICC implementation in the Eastern Mediterranean Region

Plenary discussion

Participants reflected on the lessons learned during the workshop, focusing on the take-home messages, new concepts and tools. The session was also an opportunity to brainstorm around the next steps with regard to accelerating action on childhood cancer in the Eastern Mediterranean Region. Participants also identified the outcomes of the workshop and proposed future actions.

Take-home messages

- The GICC is an opportunity to strengthen the broader cancer agenda at the national level.
 - Governance structure, including high-level political commitment and a multisectoral approach, is crucial to effectively move cancer programmes forward.
 - Policy-making must include listening to the voices of those with lived experience.
 - While the occurrence of cancer in paediatric ages is not preventable, deaths are largely avoidable through strong and ready health systems.
 - Rigorous cancer surveillance, through systematic collection and analysis of data across the hospital- and population-based cancer registries, is fundamental to inform policy formulation and to evaluate national cancer programmes.
 - Public health data (i.e. incidence, prevalence, mortality, survival, etc.) and cost-effectiveness analyses of childhood cancer programmes must be considered in the context of broader human rights principles including equity, the right to health and leaving no child behind.
 - Childhood cancer programmes should be integrated with broader national programmes on child and adolescent health.
 - Stigma is a major obstacle to seeking cancer care, as many people in the Region fear that a cancer diagnosis will inevitably lead to death. Social influencers and role models, such as First Ladies, artists or athletes, can greatly support advocacy efforts to ensure that children receive timely diagnoses and are thus successfully treated.
 - Partnerships play a crucial role in the fight against childhood cancer and collaborative approaches leverage each partner's comparative advantage to synergistically achieve the common goal.
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ACTION POINTS

- Create and maintain a shared folder of resources and guidance to streamline the sharing of knowledge and to make available a repository of tools for implementation at the country level. This repository should include:
 - the CureAll technical package;
 - presentations from the workshop;
 - resource mobilization tools, including search engines listing pipeline opportunities for grants/loans (e.g. Devex);
 - tips and tools for effective communication with a wide variety of audiences;
 - tools for implementation of child and adolescent health programmes;
 - guidance on the establishment and sustainability of cancer registries; and
 - guidance on the use of WHO's UHC SPDI tool.
- Ensure dedicated human resources at country level (starting with securing the necessary funds) to move the childhood cancer agenda forward.
- Develop a value proposition for childhood cancer, which would make the case for investing in cost-effective childhood cancer interventions. This value proposition will highlight WHO's normative guidance, while emphasizing the importance of governments investing in a comprehensive package of support from timely diagnosis, treatment and supportive care to preventing treatment abandonment and promoting survivorship, and leveraging existing resources and public goods, including those shared by St. Jude Global Alliance.
- Engage with patient organizations to raise the voice of cancer patients and survivors in the decision-making process, in line with and in support of the regional implementation of the *WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions*.
- Ensure that childhood cancer-specific actions are included in emergency preparedness and response plans to secure the continuity of treatment for children with cancer in emergencies.
- Raise the profile of childhood cancer with ministries of health or other appropriate high-level authorities at the national level to ensure that childhood cancer is given space for discussion in international forums, including the World Health Assembly and the upcoming Fourth High-Level Meeting of the United Nations General Assembly on the Political Declaration for the Prevention and Control of NCDs in 2025.



ANNEX 1

PROGRAMME

Day 1: Monday, 4 March 2024**OPENING SESSION**

Moderated by:

*Lamia Mahmoud, Regional Adviser for
Noncommunicable Disease Prevention, WHO Regional
Office for the Eastern Mediterranean*

09:00–09:20	Opening remarks	<p><i>Dr Hanan Balkhy, Regional Director, WHO Regional Office for the Eastern Mediterranean</i></p> <p><i>Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean</i></p>
09:20–09:25	Objectives of the workshop	<p><i>Dr Lamia Mahmoud, Regional Adviser for Noncommunicable Disease Prevention, WHO Regional Office for the Eastern Mediterranean</i></p>
09:25–09:35	Overview of the WHO Global Initiative for Childhood Cancer	<p><i>Dr Roberta Ortiz, Medical Officer, WHO headquarters</i></p>
09:35–09:45	St. Jude as WHO Collaborating Centre for Childhood Cancer	<p><i>Dr Catherine Lam, Director, WHO Collaborating Centre for Childhood Cancer</i></p>
09:45–09:55	St. Jude Global Alliance’s activities in the Eastern Mediterranean Region	<p><i>Dr Sima Jeha, Director, St. Jude Global Eastern Mediterranean Regional Program</i></p>
09:55–10:10	Partners for progress	<p><i>Dr Roula Farah, Childhood Cancer International</i></p> <p><i>Dr Khaled Ghanem, Pediatric Oncology for the East and Mediterranean group</i></p> <p><i>Dr Alaa El Haddad, International Society of Paediatric Oncology</i></p>
10:10–11:00	Living with childhood cancer: shared experiences from survivors	
11:00–11:20	Implementation of the GICC in the Eastern Mediterranean Region	<p><i>Dr Lamia Mahmoud, Regional Adviser for Noncommunicable Disease Prevention, WHO Regional Office for the Eastern Mediterranean</i></p> <p><i>Dr Nasim Pourghazian, Technical Officer, WHO Regional Office for the Eastern Mediterranean</i></p> <p><i>Dr Giuseppe Troisi, Technical Officer, WHO Regional Office for the Eastern Mediterranean</i></p>

11:20–13:00	Panel discussion	<p><i>Experiences from implementing countries</i> Moderated by: <i>Jihan Azar, Technical Officer, WHO Regional Office for the Eastern Mediterranean</i></p>
	Egypt	<p><i>Dr Randa Abou El Naga, Technical Officer, WHO Egypt</i> <i>Dr Maha Ibrahim, Chair of Specialized Medical Centers, Ministry of Health and Population, Egypt</i></p>
	Iraq	<p><i>Dr Aamr Bebany, Technical Officer, WHO Iraq</i></p>
	Jordan	<p><i>Dr Dana Darwish, Noncommunicable Diseases Officer, WHO Jordan</i> <i>Dr Abdallah Ma'touq, Head of Cancer Programmes, Ministry of Health, Jordan</i></p>
	Lebanon	<p><i>Dr Edwina Zoghbi, Technical Officer, WHO Lebanon</i> <i>Dr Zeina Nasreddine, Advisor to the Minister of Public Health, Lebanon</i></p>
	Morocco	<p><i>Dr Imane Elmenchawy, Technical Officer, WHO Morocco</i> <i>Dr Aasmaa Chaoui, Childhood Cancer Focal Point, Ministry of Health, Morocco</i></p>
	Occupied Palestinian territory	<p><i>Dr Salwa Massad, Technical Officer, WHO West Bank and Gaza</i> <i>Dr Mohammad Najajreh, Chairman of Pediatric Cancer Department, Beitjala Hospital, Ministry of Health, Occupied Palestinian territory</i></p>
	Oman	<p><i>Dr Alaa Hashish, Public Health Officer, WHO Oman</i></p>
	Pakistan	<p><i>Dr Qudsia Uzma, Technical Officer, WHO Pakistan</i></p>
	Syrian Arab Republic	<p><i>Dr Wafaa Altajjar, Technical Officer, WHO Syrian Arab Republic</i> <i>Dr Lina Assad, Head of Cancer Programme, Ministry of Health, Syrian Arab Republic</i></p>
14:00–15:00	Plenary discussion	<p>Moderated by: <i>Dr Giuseppe Troisi, Technical Officer, WHO Regional Office for the Eastern Mediterranean</i></p>
	Childhood cancer: opportunity for health system strengthening	
15:30–16:30	Plenary discussion	<p>Moderated by: <i>Dr Khalid Siddeeg, Regional Adviser for Child and Adolescent Health, WHO Regional Office for the Eastern Mediterranean</i></p>
	Integrated approach to child's health	

Day 2: Tuesday, 5 March 2024

9:30–10:30	Panel discussion Experiences from other WHO regions Regional Office for Africa Regional Office for Europe Regional Office for South-East Asia Regional Office for the Western Pacific	Moderated by: <i>Jihan Azar, Technical Officer, WHO Regional Office for the Eastern Mediterranean</i> <i>Dr Sharon Kapambwe, Technical Officer</i> <i>Dr Vitaly Smelov, Technical Officer</i> <i>Dr Bishnu Giri, Technical Officer (cancer)</i> <i>Dr Elick Narayan, Technical Officer</i>
11:00–13:30	Plenary discussion From childhood cancer data to policy formulation, sustainable financing and resource mobilization <ul style="list-style-type: none"> • Cancer surveillance • Sustainable financing for childhood cancer programmes • Effective donor communication • Effective resource mobilization for childhood cancer programmes 	Moderated by: <i>Lamia Mahmoud, Regional Adviser for Noncommunicable Disease Prevention, WHO Regional Office for the Eastern Mediterranean</i> <i>Dr Heba Fouad, Regional Adviser for Noncommunicable Diseases Surveillance, WHO Regional Office for the Eastern Mediterranean</i> <i>Dr Deena Alasfoor, Consultant, WHO Regional Office for the Eastern Mediterranean</i> <i>Ms Mona Yassin, Communication for Health Officer, WHO Regional Office for the Eastern Mediterranean</i> <i>Ms Yousra Bagadi, Resource Mobilization Officer, WHO Regional Office for the Eastern Mediterranean</i>
14:30–15:00	Upcoming GICC projects: the Global Platform for Access to Childhood Cancer Medications	<i>Dr Giuseppe Troisi, Technical Officer, WHO Regional Office for the Eastern Mediterranean</i> <i>Roberta Ortiz, Medical Officer, WHO headquarters</i>
15:30–16:30	Plenary discussion Next steps for GICC implementation in the Eastern Mediterranean Region	Moderated by: <i>Dr Giuseppe Troisi, Technical Officer, WHO Regional Office for the Eastern Mediterranean</i>
16:30–16:40	Closing remarks	<i>Dr Rana Hajjeh, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean</i> <i>Dr Lamia Mahmoud, Regional Adviser for Noncommunicable Disease Prevention, WHO Regional Office for the Eastern Mediterranean</i>

ANNEX 2

LIST OF PARTICIPANTS

MINISTRIES OF HEALTH

EGYPT

Dr Maha Ibrahim
Chair of the Specialized Medical Centers
Ministry of Health and Population
Cairo

JORDAN

Dr Abdallah Ma'touq
Head of Cancer Programmes
Ministry of Health
Amman

LEBANON

Dr Zeina Nasreddine
Advisor to Minister of Public Health
Ministry of Public Health
Beirut

MOROCCO

Dr Aasmaa Chaoui
Programme Manager, Noncommunicable Diseases Division
Ministry of Health
Rabat

OCCUPIED PALESTINIAN TERRITORY

Dr Mohammad Najajreh
Chairman of Pediatric Cancer Department, Beitjala Hospital
Ministry of Health
Ramallah

SYRIAN ARAB REPUBLIC

Dr Lina Assad
Head of Cancer Programmes
Ministry of Health
Damascus

PARTNERS

Dr Catherine Lam (virtual participation)
Director of the WHO Collaborating Centre for Childhood Cancer
St. Jude Children's Research Hospital

Dr Sima Jeha
Regional Director, St. Jude Global Eastern Mediterranean Regional Program
St. Jude Children's Research Hospital

Mr Gokhan Gulten
Programme Coordinator, St. Jude Global Eastern Mediterranean Regional Program
St. Jude Children's Research Hospital

Dr Roula Farah
Eastern Mediterranean Region focal point and representative
Childhood Cancer International

Dr Khaled Ghanem
Board Member
Pediatric Oncology for the East and Mediterranean group

Dr Alina Sadaf
Member of the Board of Directors
Pakistan Society of Pediatric Oncology

Dr Alaa El Haddad
Eastern Mediterranean Region representative
International Society of Paediatric Oncology

WHO SECRETARIAT

Dr Rana Hajjeh, Director, Programme Management, WHO Regional Office for the Eastern Mediterranean

Dr Rayana Ahmad Bou Haka, WHO Representative, WHO country office, Qatar

Dr Asmus Hammerich, Director, UHC/Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean

Dr Roberta Ortiz (virtual participation), Medical Officer, Noncommunicable Disease Management – Screening, Diagnosis and Treatment, WHO headquarters

Dr Heba Fouad, Regional Adviser, Noncommunicable Diseases Surveillance, UHC/Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean

Dr Lamia Mahmoud, Regional Adviser, Noncommunicable Disease Prevention, UHC/Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean

Dr Khalid Siddeeg, Regional Adviser, Child and Adolescent Health, Healthier Populations, WHO Regional Office for the Eastern Mediterranean

Dr Sharon Kapambwe, Technical Officer, Noncommunicable Diseases, WHO Regional Office for Africa

Dr Bishnu Giri, Technical Officer, Noncommunicable Diseases and Mental Health, WHO Regional Office for South-East Asia

Dr Vitaly Smelov, Technical Officer, Noncommunicable Disease Management, WHO Regional Office for Europe

Dr Yuliya Lyamzina, Consultant, Noncommunicable Disease Management, WHO Regional Office for Europe

Dr Elick Narayan, Technical Officer, Management of Noncommunicable Diseases, WHO Regional Office for the Western Pacific

Dr Deena Alasfoor, Health Economist, Department of Health Systems, WHO Regional Office for the Eastern Mediterranean

Ms Jihan Azar, Technical Officer, Noncommunicable Disease Prevention, UHC/Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean

Ms Mona Yassin, Communication for Health Officer, WHO Regional Office for the Eastern Mediterranean

Ms Yousra Bagadi, Resource Mobilization Officer, WHO Regional Office for the Eastern Mediterranean

Dr Nahla Gafer, Consultant, Noncommunicable Disease Prevention, UHC/Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean

Ms Farah Megalaa, Programme Assistant, Noncommunicable Disease Prevention, UHC/Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean

Dr Nasim Pourghazian, Technical Officer, WHO Regional Office for the Eastern Mediterranean

Dr Giuseppe Troisi, Technical Officer, Noncommunicable Disease Prevention, UHC/Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean

Dr Naimullah Safi, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Afghanistan

Dr Rayan Butaita, Public Health Associate Officer, Noncommunicable Diseases and Mental Health, WHO country office, Bahrain

Dr Maoulid Abdillahi, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Djibouti

Dr Randa Abou El Naga, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Egypt

Dr Marzeyeh Soleymani, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Iran (Islamic Republic of)

Dr Aamr Bebany, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Iraq

Dr Hanan Hassan, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Iraq

Dr Dana Darwish, Technical Officer, Noncommunicable Diseases, WHO country office, Jordan

Dr Edwina Zoghbi, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Lebanon

Dr Imane Elmenchawy, Nutrition and Noncommunicable Diseases Officer, Noncommunicable Diseases and Mental Health, WHO country office, Morocco

Dr Salwa Massad, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Occupied Palestinian territory

Dr Alaa Hashish, Public Health Officer, Noncommunicable Diseases and Mental Health, WHO country office, Oman


Dr Qudsia Uzma, Technical Officer, Reproductive, Maternal, Newborn, Child and Adolescent Health, WHO Country Office, Pakistan

Dr Khaled Nada, Public Health Officer, Noncommunicable Diseases and Mental Health, WHO country office, Saudi Arabia

Dr Mohamed Osman, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Somalia

Dr Nazik Ibrahim, Consultant, Noncommunicable Diseases and Mental Health, WHO country office, Sudan

Dr Wafaa Altajjar, Technical Officer, Noncommunicable Diseases and Mental Health, WHO country office, Syrian Arab Republic



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