WHO Global Initiative for Childhood Cancer

www.who.int/cancer/childhood-cancer/en/
Close to 90% of the world’s children are in low- & middle-income countries
WHO
Global Initiative for Childhood Cancer
Setting a bold target for 2030

By 2030,
Double the cure rate, ensuring at least 60% survival
for children with cancer globally, and reducing suffering for all

Saving one million more children
Mandate for Action from Member States
Cancer prevention and control in the context of an integrated approach

URGES Member States,

1. To continue to implement the roadmap of national commitments (NCD) ...
2. To implement the four time-bound national commitments (NCD) ...
3. To develop and implement national cancer control plans that are inclusive of all age groups...
4. ...To collect high-quality population-based incidence and mortality data on cancer, for all age groups by cancer...
5. ...
6. ...
7. ...
8. ...
9. To develop and implement evidence-based protocols for cancer management, in children and adults, including palliative care...
10. To collaborate by strengthening regional and subregional partnerships ...
11. To develop, implement, and monitor programmes for early diagnosis...
12. To develop and implement evidence-based protocols for cancer management, in children and adults, including palliative care...

http://www.who.int/iris/handle/10665/275676
Background: WHO Global Initiative for Childhood Cancer

1. May 2017
   - SEVENTH WORLD HEALTH ASSEMBLY
   - WHO/WHA12/4
   - 31 May 2017
   - Cancer prevention and control in the context of an integrated approach

2. March 2018
   - St. Jude became the first WHO Collaborating Centre for Childhood Cancer

3. July 2018
   - St. Jude and WHO executed a 5-year agreement with the goal “to measurably and sustainably improve outcomes for children with cancer worldwide”

4. August 2018
   - WHO Global Initiative in Childhood Cancer
   - First Stakeholder Meeting at WHO Headquarters, Geneva

5. September 2018
   - WHO announced the WHO Global Initiative for Childhood Cancer following the High-Level Meeting on NCDs
Integration of Childhood Cancer in Global Agenda

By Invitation Only

ENSURING A RIGHT TO CURE: CHILDHOOD CANCER CARE AND GLOBAL SURVIVAL DISPARITIES

FRIDAY • 28 September 2018
Noon – 1:30 PM
UN Headquarters
Conference Room 1
405 E. 42nd Street (46th Street and 1st Avenue)
New York, New York 10017

A United Nations General Assembly Side Event

Hosted by
Permanent Mission of the Hashemite Kingdom of Jordan to the United Nations

In partnership with

St. Jude Children’s Research Hospital

World Health Organization

Permanent Mission of El Salvador to the United Nations

Permanent Mission of the Republic of Moldova to the United Nations

Permanent Mission of the Kingdom of Morocco to the United Nations

Permanent Mission of the Republic of Philippines to the United Nations

Permanent Mission of the Russian Federation to the United Nations

Permanent Mission of the United States to the United Nations
The Global Hearts Initiative
Working Together to Promote Cardiovascular Health

Technical packages to address these major risk factors are:

- mpower: To defeat the global tobacco epidemic
- Active: To increase physical activity
- SHAKE: To reduce salt consumption
- REPLACE: To eliminate industrially-produced trans-fatty acids
- HEARTS: To promote CVD management in primary health care

Healthy-lifestyle counselling
- Evidence-based treatment protocols
- Access to essential medicines and technology
- Risk based charts (available soon)
- Team-based care
- Systems for monitoring
### Global Initiative for Childhood Cancer

**Goal**

By 2030, achieve at least a 60% survival rate for childhood cancer globally, and reduce suffering for all

→ *Save one million additional lives*

**Objectives**

1. Increase capacity of countries to provide quality services for children with cancer, and
2. Increase prioritization of childhood cancer at the global and national levels

**Outputs & Activities**

<table>
<thead>
<tr>
<th>National</th>
<th>Regional</th>
<th>Global</th>
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</table>

**Approach**

Proposed First WHO Technical Package for Childhood Cancer: *CURE All*
Global Initiative for Childhood Cancer

By 2030, achieve at least a 60% survival rate for childhood cancer globally, and reduce suffering for all → Save one million additional lives

(i) increase capacity of countries to provide quality services for children with cancer, and (ii) increase prioritization of childhood cancer at the global and national levels

Implemented across 6-10 countries (by 2019-2020) and 18-25 countries (by 2021-2023)

**Outputs & Activities**

**National**
- Country Assessments, Case Studies, Support and Implementation Plans

**Regional**
- Regional Assessments and Dialogues, Snapshots, and Policy Briefs

**Global**
- Global Framework, Technical Package, Dashboard, and Advocacy Materials

**Approach:** Technical Package

**CURE All Children with Cancer**
- Centres of Excellence and Care Networks with sufficient competent workforce
- Universal Health Coverage with benefit packages and organizational models for quality services
- Regimens for Management with context-appropriate guidance, essential technologies & medicines
- Evaluation and Monitoring with quality assurance and information systems

**Supporting Coherent Comprehensive Policies, Access and Coverage of Services, and Quality Health Systems**
WHO Global Initiative for Childhood Cancer
Towards the Development of Global Technical Guidance

Overview of Working Groups

1a. Governance
1b. Financing

WG1: Policies

Essential medicines

WG2: Access to Medicine & Technologies

3a. Service delivery models
3b. Diagnostics
3c. Multimodality therapy
3d. Supportive care
3e. Positive practice environment

WG3: Quality Centres

WG4: Registries, Costing & Research

Costing

WG5: Advocacy

Advocacy

Dr. André Ilbawi
Technical Officer, Cancer Control
World Health Organization
Headquarters

Ariunzul Ganbaatar
Consultant, Cancer Control
World Health Organization
Headquarters

Dr. Catherine Lam &
Dr. Scott Howard
Consultants, Cancer Control
At least one **focus country** will be initially identified from each of the six WHO regions during Year 1-2 of the Global Initiative.

A focus country is identified as a site that is:

- Anticipated to demonstrate early measurable progress (including progress within the Global Initiative’s first two years); and
- Suitable to illustrate actions advancing one or more pillars (access, quality, policies), while providing feedback for the refinement of tools as part of broader global initiative.
Global Initiative for Childhood Cancer: Index Cancers

- **Acute Lymphoblastic Leukemia**: Common in many low-income countries. Most common worldwide.
- **Burkitt Lymphoma**: Common in many low-income countries.
- **Wilms Tumor**: Connecting health systems. Common in many low-income countries.
- **Low-Grade Glioma**: Connecting communities for early diagnosis. Most common worldwide.

From addressing common challenges... to connecting vital partners.

- Highly curable, with proven therapies
- Prevalent in all countries
- Represents 50-60% of all childhood cancers
- Helps to advance comprehensive childhood cancer services and systems strengthening
Global Initiative for Childhood Cancer: Focus Countries

• Six Focus Countries Selected
  o Myanmar (SEARO), Peru (PAHO), Philippines (WPRO), Uzbekistan (EURO), Zambia and Ghana (AFRO)
  o EMRO pending: Jordan, Morocco, or Pakistan

• National and Regional WHO Workshops
  o Conducted in Myanmar (May) and Peru (June)
  o Philippines (September), Uzbekistan (October), Zambia and Ghana (January 2020)
  o SEARO (June)
Objectives

1. To update Member States on the global initiatives and recent developments in cancer prevention and control within the context of 25 by 25 NCD targets and 2030 SDGs.

2. To identify prioritized areas for capacity strengthening to accelerate cancer prevention and control in the Region.

3. To support Member States to identify key leverage points for accelerating national cancer control activities including cancer registry and information system.
Regional workshop to accelerate cancer prevention and control in the South-East Asia Region

A Brief Report
New Delhi, India, 25-26 June 2019

Childhood Cancer in Key Message & Country Commitments

2.11 Make the childhood cancer control initiative an integral component of national cancer control

<table>
<thead>
<tr>
<th>Country</th>
<th>Commitment</th>
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<tbody>
<tr>
<td>Myanmar</td>
<td>Green 4.4 Strengthen childhood cancer network and interlink with NCCP, including 6 index cancer</td>
</tr>
<tr>
<td></td>
<td>1.1 Set up NCCP with full-time programme manager and team and regional level</td>
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<tr>
<td></td>
<td>Yellow 3.1, 3.3, 4.1. Develop and implement evidence based national guidelines for early diagnosis, proper referral, management of priority cases and engage the academia to formulate updated evidence-based guideline for cancer management and palliative care</td>
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<tr>
<td></td>
<td>5.2 Engage medical and health academia to formulate updated evidence-based, nationally approved protocols for cancer management and palliative care as a core learning competency for pre-service trainees</td>
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<td>4.2 Identify and equip health facilities for cancer diagnosis and treatment at appropriate level.</td>
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<td></td>
<td>Pink 1.3, 1.7 Allocate funds for NCCP and create mechanism for financial protection for cancer patients including palliative care (eg social security scheme)</td>
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<tr>
<td></td>
<td>5.1 Review and revise quantification of health workforce needs for cancer control</td>
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</table>

Personal Commitments

- Develop the national cancer programme with full staffs at national and provincial levels and need funds to fulfill the roadmap – Lay Aung
- Covey key message and roadmap to Ministry of Health and Sports
- To link NCD Action Plan for 2020-21 - Kyaw Kan Kaung
- Promote community awareness and that of primary health care workers. Knowledge about the early symptoms of priority cancers – Hnin Hnin Aung
- To support National Cancer Control Programme for operationalizing national action plan and facilitate coordination of partners – My Paing
First National Workshop on Childhood Cancer Control Programme in Myanmar

Naypyitaw May 6, 2016
Developing a Health Systems Framework for Childhood Cancer
Applied for Planning, Implementation, Monitoring and Evaluation

**Service Delivery**
1. Establish *ward space* with improved *isolation* and *infection control* capacity
2. Implement *supportive care* improvement program (including nutrition and palliative care)
3. Establish *referral pathway* (engaged satellites)

**Health Workforce**
4. Establish *curriculum, training, & practice pathway* for community health providers, specialist physicians, and nurses

**Information Systems**
5. Establish *standard medical record* for childhood cancer care with hospital-based core cancer registry

**Medical Products & Technologies**
6. Establish *sustained access* to essential *medicines* and to essential *diagnostics* and *therapies* for childhood cancer

**Financing/Governance**
7. Increase *public financing* coverage of essential *diagnostics & medicines* to 80% or higher
8. Establish *policies* to facilitate *cancer therapy completion*

**Family Support & Community Engagement**
9. Implement *funded housing* for families of children undergoing cancer treatment
10. Support launch of hospital-based *parent/patient support* groups
Second National Workshop on Childhood Cancer Control Programme in Myanmar – May 2019

Myanmar May 8-9, 2019
Myanmar National Workshop – May 2019

Achieving Priority Action Goals for childhood cancer by 2021

### 3 MAIN GAINS Since 2016

1. Diagnosis
   - Ensuring Essential Immunohistochemistry, Flow Cytometry, and Microbiology

2. Treatment
   - Ensuring Essential Medicines and Supplies – Chemotherapy, Antimicrobials, and Other Supportive Care

3. Treatment Completion
   - Supporting Patient Journey and Patient Tracking, starting with Recognizing Childhood Cancer as a Notifiable Disease, with Hospital-Based Cancer Registration

### 3 ESSENTIAL ACTIONS To Meet 2021 Targets

1. Diagnosis
   - Action 1: Diagnosis

2. Treatment
   - Action 2: Treatment

3. Treatment Completion
   - Action 3: Treatment Completion

### 3 GOLDEN OPPORTUNITIES To Extend Benefits

- Win-Win “Golden Opportunities”
### Myanmar Workshop 2019 Outputs:
#### 3 Essential Actions and Sample Immediate Activities

| ACTION 1: DIAGNOSIS | STOP duplicate testing  
| STOP rotating nurses and other core trained staff (remuneration, retention)  
| ACTION 2: TREATMENT | START enabling DMR lab to be used for clinical services  
| START teaching curriculum for postgraduate doctors (to ensure evidence-based prescribing / resource use); post-market surveillance & quality assurance for essential medicines  
| ACTION 3: TREATMENT COMPLETION | SCALE-UP capacity building for technicians, pathologists, as well as equipment and sustainable access to consumables  
| STOP treatment abandonment through increased support for families and providers  
| START recognizing childhood cancer as notifiable disease, involving all policy makers and community providers  
| SCALE-UP patient tracking system and training for pediatric cancer registration and data use  

By Q2 2020

By Q4 2020
Peru National Workshop – June 2019

Personal Pledges
To Meet 2021 Targets

10 Core Commitments
To Meet 2021 Targets
<table>
<thead>
<tr>
<th>Action Plan (lead by 10 working Groups)</th>
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<tbody>
<tr>
<td><strong>Early Detection</strong></td>
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<tr>
<td>Online and classroom education, social</td>
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<td>network campaigns as well as telemedicine</td>
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<td>and mobile app tools</td>
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<td><strong>Treatment abandonment</strong></td>
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<td>Institutional abandonment committees,</td>
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<td>time-off legislation for parents, patients’ follow-up tools, collaborations with NGOs</td>
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<tr>
<td><strong>Health Services</strong></td>
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<td>Create standardized policies regarding</td>
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<td>requirements for the integrated care of children with cancer</td>
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<td><strong>Education</strong></td>
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<tr>
<td>Mandatory rotations in the POU for pediatric residents, create new PHO subspecialty, <strong>train pediatricians in basic oncology</strong></td>
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<td><strong>Registry</strong></td>
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<tr>
<td>Implementation of <strong>SJ CARES</strong>, training of DM, development of SOP</td>
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<tr>
<td><strong>Nursing</strong></td>
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<tr>
<td>Support research and <strong>nurse educator program</strong>. Working on <strong>APHON curse</strong> led by Peruvian nurses in 2020</td>
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<tr>
<td><strong>Psychosocial</strong></td>
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<td>Formation of a comprehensive psycho-social program with educational material for affected children and families</td>
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<td><strong>IC/IP and supportive care</strong></td>
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<td>Auto-evaluation and then work with <strong>SJ Infectious Disease Program</strong> on technical documents (F&amp;N) as well as <strong>EVAT</strong></td>
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<tr>
<td><strong>Surgical Oncology</strong></td>
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<td>Development of a standardized clinical practice and educational program for pediatric oncology surgeons</td>
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<td><strong>Palliative care</strong></td>
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<td>My Child Matter’s grant (<strong>mented by SJ</strong>) for the training of 250 providers and advocacy for legislation for access to PC</td>
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Philippines National Stakeholder Workshop on Childhood Cancer

Wednesday, September 25th, 2019 – Manila, Philippines

Agenda

#BayanihanSaBatangMayKanser

WHO Global Initiative for Childhood Cancer

World Health Organization

World Child Cancer

St. Jude Children’s Research Hospital

Collaborating Centre for Childhood Cancer

Childhood Cancer International
<table>
<thead>
<tr>
<th>#</th>
<th>Sample Strategic Projects</th>
<th>Elements of CURE All Framework Supported</th>
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<tbody>
<tr>
<td>1</td>
<td>Detailed analysis of cancer health system capacity</td>
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<td>2</td>
<td>Economic analysis and benefit packages review of cancer with cross-sectional perspective</td>
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<td>3</td>
<td>National cancer control plan development / implementation / review</td>
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<td>4</td>
<td>National network and referral pathway strengthening</td>
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<td>5</td>
<td>Implementation of cancer workforce training packages</td>
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<td>6</td>
<td>Country dashboard for Childhood Cancer monitoring</td>
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<td>7</td>
<td>Essential medicines and/or technologies - mapping, monitoring and strengthening networked delivery, with potential UN support for procurement</td>
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<td>8</td>
<td>Defining and harmonizing national standards and Clinical Practice Guidelines (CPGs) for 6 index cancers appropriate for local context</td>
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<td>9</td>
<td>Strengthening and linking information systems for cancer, including HBCRs and PBCRs</td>
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<td>10</td>
<td>Locoregional advocacy portfolios: case studies, campaigns and materials; successes, challenges, and lessons learned</td>
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Policy and Programmatic Opportunities

**INPUT**
- Centres of Excellence and Care Networks
- Universal Health Coverage
- Regimens for Management
- Evaluation and Monitoring
- Advocacy
- Leveraged Financing
- Linked Policies/Governance

**PROCESS**
- **Facilities**
  - Tx guidelines
  - Referral pathways
- **Communities**
  - Advocacy
  - Communities of practice
- **National**
  - NCCPs
  - Childhood cancer package

**OUTPUT**
- Appropriate timely diagnosis
- Decreased abandonment
- Integrated palliative and supportive care
- Increased provider competency
- Increased service utilization
- Quality assurance programs
- Quality cancer registries
- R&D programs
- Pooled procurement
- People-centered policies

**OUTCOME**
- Accessible comprehensive care
- Quality health systems
- Social and financial protection

**IMPACT**
- By 2030, ensure at least 60% survival for children with cancer globally, and alleviation of suffering for all.
- One million more lives saved

**ACTOR**
- Governments
- WHO & UN
- Research & Academia
- Civil society
- Private sector
- Others

**R&D programs**
- Integrated palliative and supportive care

**Policy and Programmatic Opportunities**
- Pooled procurement
- People-centered policies

**World Health Organization**
- Organización Mundial de la Salud
- World Health Organization

**World Health Organization**
- Organización Mundial de la Salud
- World Health Organization
A HEALTHIER HUMANITY
The WHO Investment Case for 2019-2023

WHO’s Triple Billion Targets by 2023