“Childhood cancer: the importance of universal access to treatment, care and support”

Side event on the occasion of the Sixty-eighth World Health Assembly

coop-sponsored by the Russian Federation, Germany, the Philippines and Ghana
with statements from SIOP\(^1\) and CCI\(^2\)

1. Logistics

- **Date:** 18:00 to 19:30 on Monday 18 May 2015
- **Venue:** Room XXIV (24) at the Palais des Nations in Geneva. Room 24 is located in the building E on the 1\(^{st}\) floor.
- **Catering:** juice and sandwiches will be offered on the tables outside Room 24 starting at 17:45 (beverages and food cannot be brought into the room).
- **Interpretation** from/to Russian and English will be provided.

2. Context

- Each year, more than 250,000 children across the world are diagnosed with cancer. In high-income countries, approximately 80% of children with cancer survive five years or more after the diagnosis of cancer. These improving outcomes result in a growing population of long-term survivors who need follow-up treatment and care.

- The prognosis is much lower for children diagnosed with cancer in low- and middle-income countries. Recent figures show that in developing countries, especially in African region and other countries with resource-constrained settings, 8 out of 10 children die from cancer, while in Europe and North America 8 out of 10 survive.

- Childhood cancer is part of a broader picture of NCDs. The global burden of NCDs constitutes a major public health challenge that undermines social and economic development throughout the world, and inter alia has the effect of increasing inequalities between countries and within populations.

- In 2011, world leaders who assembled at the first UN High-level Meeting on NCDs committed themselves to address the prevention and control of NCDs, including cancer, worldwide (see 2011 UN Political Declaration on NCDs\(^3\)). This was reiterated in 2014 when Ministers assembled at the second UN High-level Meeting on NCDs (see 2014 UN Outcome Document on NCDs)\(^4\).

- In 2013, Resolution WHA66.10 adopted by the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 that is aimed to operationalize the commitments of the 2011 UN Political Declaration on NCDs. NCD Global Action Plan provides a road map and a menu of policy options for all Member States and other stakeholders, to take coordinated and coherent action, at all levels, local to global, to attain the nine voluntary global targets, including that of a 25% relative reduction in premature mortality.

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\(^1\) International Society of Paediatric Oncology

\(^2\) Childhood Cancer International

\(^3\) See [http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)

\(^4\) See [http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1](http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1)
from cancer, cardiovascular diseases, diabetes or chronic respiratory diseases by 2025. This also applies to childhood cancer.

- NCD Global Action Plan mainly focuses on economically active population between the ages of 30 and 70. Though, statistics points out clearly that the issue of childhood cancer cannot be underestimated nowadays and requires urgent response at all levels of society.

- Factors explaining such dramatic figures in low- and middle-income countries include: the late diagnosis of cancer leading to lower levels of effective treatment; poorly equipped hospitals without appropriate medicines and equipment; other diseases that children might have; lack of knowledge about cancer among primary health care providers; high cost of treatment that many parents cannot afford, etc.

- There is a clear evidence that a global, collaborative and multistakeholder action against childhood cancer is required, particularly in low- and middle-income countries. Prevention and treatment of cancers, especially among children, should be included as a priority within national cancer control programs.

3. Objective:

- To raise the priority accorded to childhood cancer control on national agendas.

4. Expected outcomes:

- Raised awareness about the global burden of childhood cancer and the feasibility of addressing childhood cancer by implementing a set of very effective and affordable interventions for all Member States.

5. Speakers:

Moderator:
- Oleg Chestnov, Assistant Director-General for Noncommunicable Diseases and Mental Health, WHO

Speakers:
- Veronika Skvortsova, Minister of Health, the Russian Federation
- Hermann Gröhe, Minister of Health, Germany
- Janette Garin, Minister of Health, the Philippines
- Alex Segbefia, Minister of Health, Ghana
- Christopher Wild, Director, International Agency for Research on Cancer (IARC)
- Fritz Pleitgen, President, German Cancer League

6. Format:

- The nature of the side event will be informal. Discussions will not constitute an official record of the World Health Assembly’s proceedings.

- The Moderator will provide brief welcoming remark, introduce speakers and invite them to deliver statements. Each statement should be no longer than 5 minutes.

- Ministers of Health will be invited to deliver statements on national burden of childhood cancer and policy and programmes that have best driven progress in reducing childhood cancer mortality in their countries.

- A video-message from Honourable Princess Dina Mired of Jordan will be displayed.
• Director of IARC will present a global picture of childhood cancer burden and lessons that can be learned from IARC researches.
• President of German Cancer League will deliver a speech on the role of supporting partnership programs in increasing quality of care.
• WHO ADG/NMH will deliver a statement on where does the world stand in addressing childhood cancer.
• Moderator will then invite 5 invited guests to deliver speeches from the floor:
  – Aleksandr Rumyantsev, Centre of Pediatric Hematology, Oncology and Immunology named after D. Rogachev, Russia,
  – Greg Aune, Childhood Cancer Survivor, USA,
  – Ralf Herold, Senior Scientific Officer, Paediatric Medicines, European Medicines Agency,
  – Gabriele Calaminus Immediate Past President SIOP,
  – Carmen Auste, Chair of CCI.

Speeches should be no longer than 3 minutes.
• Moderator will then invite the audience for a discussion in a 30-minute session. Audience can pose questions to the speakers and invited guests.
• PowerPoint facilities will be available to any of the speakers, however, it should be noted that statements, including PowerPoint presentation, are limited by 5 minutes.

7. Contact information:

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8. Script and guiding points for discussion:

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<td>18:00 – 18:05</td>
<td>Oleg Chestnov, WHO</td>
<td>Welcoming remarks and introduction of speakers</td>
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| 18:05 – 18:10 | Veronika Skvortsova, Minister of Health, the Russian Federation               | - National burden of childhood cancer in the Russian Federation  
- Which policies and programmes have best driven progress in the Russian Federation in reducing childhood cancer mortality                  |
| 18:10 - 18:15 | Hermann Gröhe, Minister of Health, Germany                                   | - National burden of childhood cancer in Germany  
- Which policies and programmes have best driven progress in Germany in reducing childhood cancer mortality                                |
| 18:15 – 18:20 | Janette Garin, Minister of Health, the Philippines                           | - National burden of childhood cancer in the Philippines  
- Which policies and programmes have best driven progress in the Philippines in reducing childhood cancer mortality                     |
| 18:20 - 18:25 | Alex Segbefia, Minister of Health, Ghana                                     | - National burden of childhood cancer in Ghana  
- Which policies and programmes have best driven progress in Ghana in reducing childhood cancer mortality                              |
| 18:25 – 18:30 | Video-message from Princess Dina Mired, Jordan                               |                                                                                                                                         |
| 18:30 – 18:35 | Christopher Wild, Director, IARC                                             | Global picture of the childhood cancer burden based on IARC data and which are the lessons we can learn from IARC research?         |
| 18:35 – 18:40 | Fritz Pleitgen, President, German Cancer League                             | Supporting partnership programs in increase quality of care                                                                            |
| 18:40 – 18:43 | Oleg Chestnov, WHO                                                           | Where do we (the world) stand in addressing childhood cancer?                                                                             |
| 18:43 – 18:45 | A. Rumyantsev, Centre of Pediatric Hematology, Oncology and Immunology, Russia | Prospects for the development of childhood hematology/cancer in the Russian Federation                                                   |
| 18:45 – 18:48 | G. Aune, Childhood Cancer Survivor, USA                                      | Surviving childhood cancer the value of medical treatment and care                                                                       |
| 18:48 – 18.51 | R. Herold, Senior Scientific Officer, Paediatric Medicines, European Medicines Agency | The role of medicine licencing organizations to increase access to treatment                                                            |
| 18:51 – 18.55 | G. Calaminus, Immediate Past President SIOP C. Auste, Chair of CCI          | How can civil society support governments in raising the priority given to addressing childhood cancers on national agendas?         |
| 19:25 – 19:30 | Oleg Chestnov, WHO                                                           | Closing remarks                                                                                                                          |