CureAll Framework: WHO Global Initiative for Childhood Cancer

Increasing access, advancing quality, saving lives
Children with cancer can’t fight alone, together we can fight it and win.

— Prince
Acute Lymphoblastic Leukaemia survivor

We are born strong. From our heads to our hearts through our hands.

— Dana
Rhabdomyosarcoma survivor
WHO Global Initiative for Childhood Cancer
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Approximately 400,000 children are estimated to develop cancer every year

>80% of children with cancer will survive in high-income countries

<30% of children with cancer will survive in many low- and middle-income countries

The Goal
To achieve at least 60% survival and to reduce suffering for all children with cancer by 2030

Pathways to Childhood Cancer Care

Not preventable - focus on early detection
Successful treatment relies on child- and family-centred care including psychosocial services
Consider special needs of adolescents and young adults
Highly curable, requiring multidisciplinary teams including supportive care and nutrition
Palliative care should be offered to all children
Follow-up of cancer survivors into adulthood required
CureAll Framework

Challenges
- Inadequate treatment capacity, insufficient workforce
- High out-of-pocket costs related to care leading to treatment abandonment
- Lack of national guidelines and shortages of essential medicines
- Limited cancer registries and lack of research capacity in LMIC

Pillars
- Centers of Excellence
- Universal Health Coverage
- Regimens for Management
- Evaluation and Monitoring

Priority actions
- Develop models of care with referral pathways
- Strengthen training of multidisciplinary workforce
- Ensure facilities with infrastructure and technologies
- Expand coverage of high-priority interventions for all
- Include childhood cancer into benefit packages
- Develop national standards of care for management
- Ensure reliable supply of quality medicines and devices
- Strengthen cancer registries
- Utilise a monitoring framework for quality improvement
- Invest in cancer research infrastructure

Enablers
- Advocacy
- Leveraged Financing
- Linked Policies/Governance

Implementation Approach
1. **Assess**
   - Situational analysis
   - Data gather and interpret from diverse sources
   - Inform community inputs & review

2. **Plan, Cost & Finance**
   - Costed, prioritized cancer plan
   - Dialogue host national workshop, draft strategic plan
   - Engage participate in priorities formulation using CureAll approach

3. **Implement**
   - Provision of high-quality services
   - Decision Governance structure, finance, oversight
   - Enable and Act support implementation

4. **Monitor and Modify**
   - Performance report Updated strategies
   - Monitor Programme effectiveness, adapt and scale
   - Advocate implementation, promote accountability
Social and economic value of investing in childhood cancer

**Children**
- Childhood cancer survival
  - Increased access to comprehensive care
  - Improved physical and mental health

**Family & community**
- Access to childhood cancer care
  - Greater family support
  - Improved sibling health
  - Marital stability
  - Greater social cohesion

**Economic**
- Budget for childhood cancer
  - Reduced out-of-pocket expenditures
  - Avoidance of lost family income
  - Avoidance of family debt
  - Increased parental workforce participation
  - Boost in GDP
  - More money for health
EXECUTIVE SUMMARY

Each year, an estimated 400,000 children (aged 0-19 years) develop cancer globally. The vast majority of these children live in low- and middle-income countries (LMICs) where treatment is often unavailable or unaffordable.

As a result, approximately 15-45% of children with cancer in LMICs survive, compared to more than 80% in high-income countries. This profound inequity is a threat to the attainment of universal health coverage and the realization of political commitments in the United Nations 2030 Agenda for Sustainable Development.

The inclusion of childhood cancer as a public health priority is feasible, effective and sustainable – it offers an important opportunity to catalyse progress in cancer control, to save lives and reduce suffering, and to demonstrate success in the noncommunicable disease agenda. Investing in children and strengthening childhood cancer programmes are strategic priorities for governments with the capacity to save hundreds of thousands of lives each year at a low per capita cost (estimated at US$ 0.03 – 0.15 for LMIC). Beyond the economic justification, childhood cancer warrants emphasis as a matter of equity, human rights and social justice.

Recognizing the need for action, the World Health Organization (WHO), alongside St. Jude Children’s Research Hospital and global partners, launched the Global Initiative for Childhood Cancer (referred to as the Initiative) at the United Nations General Assembly during the Third High-level Meeting on Noncommunicable Diseases in September 2018. The Initiative brings together stakeholders across sectors towards a shared goal of improving the health and well-being for children with cancer using the CureAll framework as a shared operational approach. By 2030, the Initiative aims to achieve at least 60% survival for childhood cancer globally and reduce suffering for all.

The special needs of children, including consideration of growth and development, socio-economic issues of their families and their participation in care, have to be considered when a child is diagnosed with cancer. Providing these services requires a special workforce, complex multi-disciplinary teams and advocacy. In particular, attention must be brought to children’s nutrition, psychosocial well-being, neurocognitive health, growth and long-term outcomes along their life course.

Section 1 provides a background to childhood cancer, including disease burden, recent progress in childhood cancer care, the causes of inequities related to childhood cancer mortality and an economic justification for the need to address childhood cancer care.

Section 2 presents the CureAll approach of the WHO Global Initiative for Childhood Cancer, focusing on the four pillars and three enablers. Together, they relay evidence-based strategies, programmes and policies that will increase the capacity of countries to provide quality services for children with cancer.

Section 3 is an explanatory guide to implementing the CureAll approach. The context for each pillar and enabler are provided, and priority actions are detailed.

The justifications for action are strong, guidance for priority actions is based on evidence, and stakeholder commitments to implementation are robust and unwavering. If we act together today, we can save the lives of one million children over the next decade.
Too many children have their lives cut short by cancer, and survival rates in poor countries are scandalously lower than those in wealthy countries.”

— Dr Tedros Adhanon Chebreyesus, WHO Director-General

As children, we are not only the future, but also the present of this world. Our future depends on the adults of today.

— Gabriel “Gabo” Alessandro Mayorga, childhood cancer survivor

More than 110 participating global organizations working together

All Hands in To CureAll children with Cancer

Progress in 2021 and beyond:

15 focus countries + 4 regional networks + 1 global community of practice for accelerated implementation