



CureAll Framework: WHO Global Initiative for Childhood Cancer

Increasing access, advancing quality, saving lives



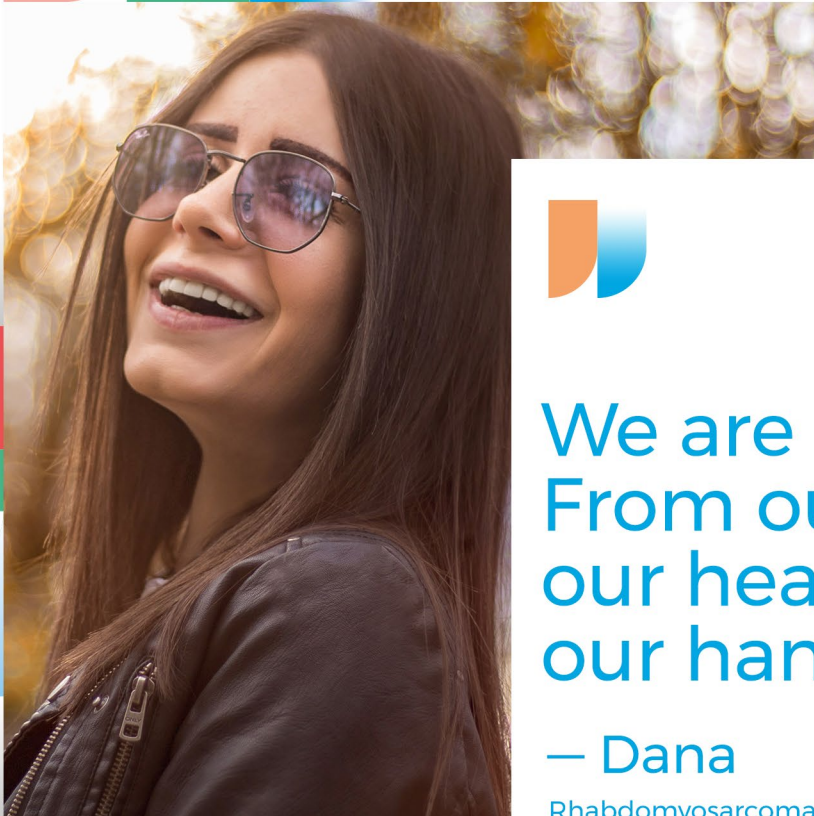
World Health
Organization



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

Increasing access, advancing quality, saving lives



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

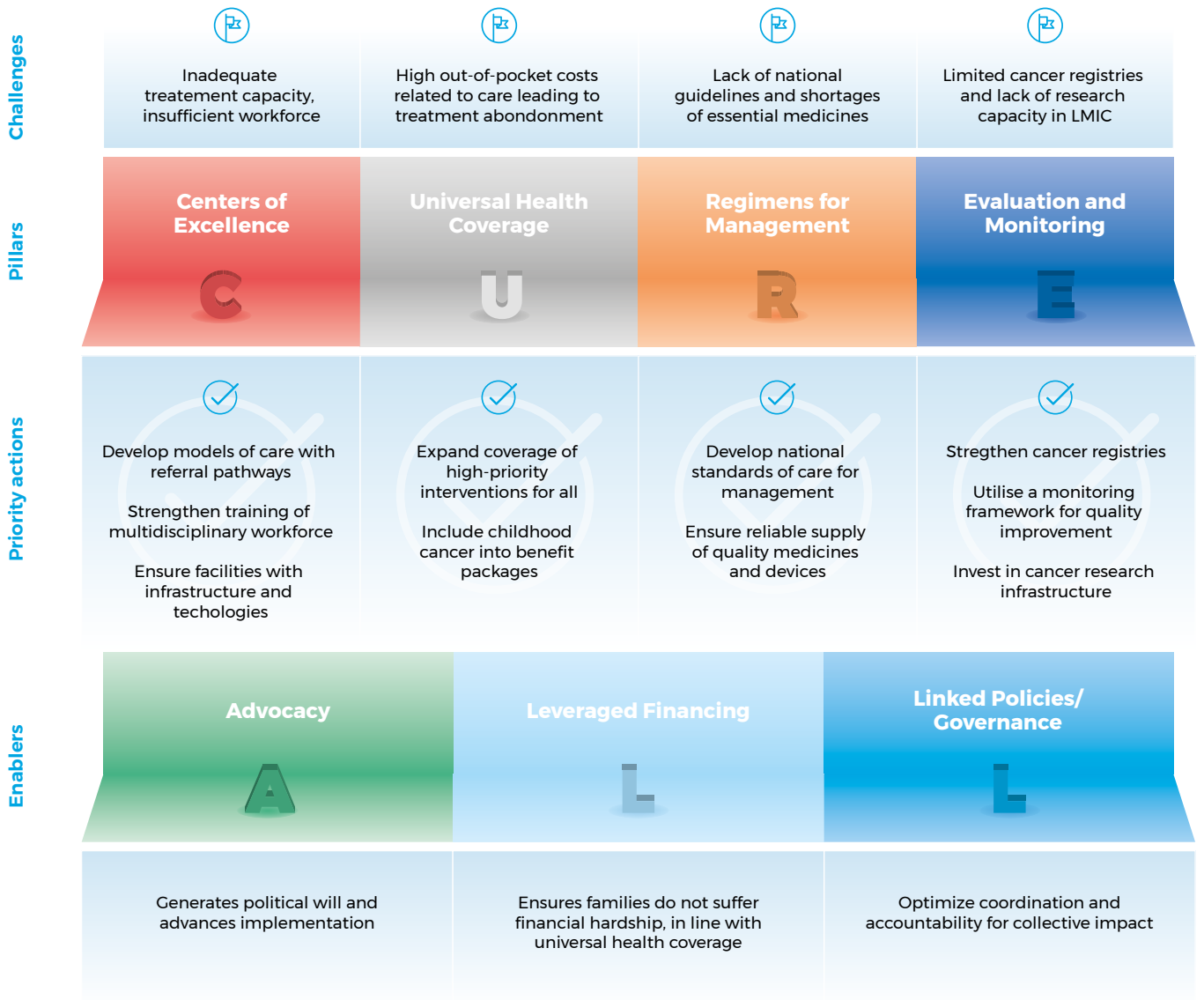


Palliative care should be offered to all children

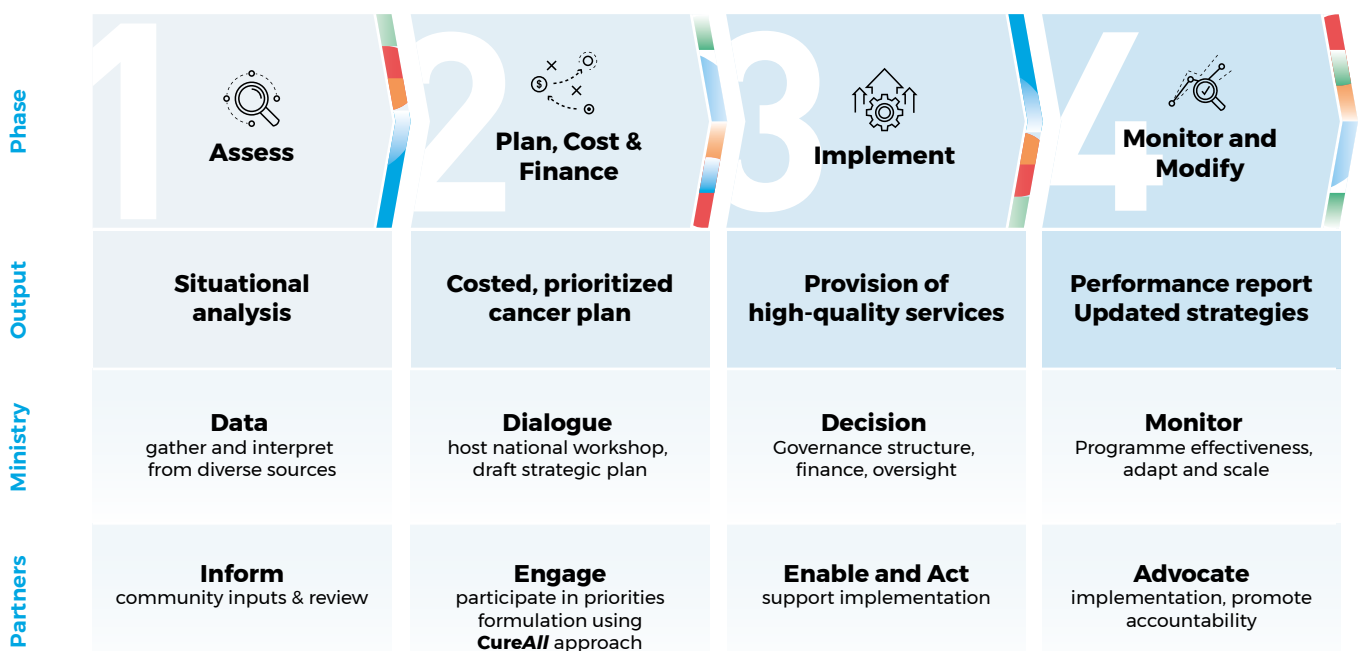


Follow-up of cancer survivors into adulthood required

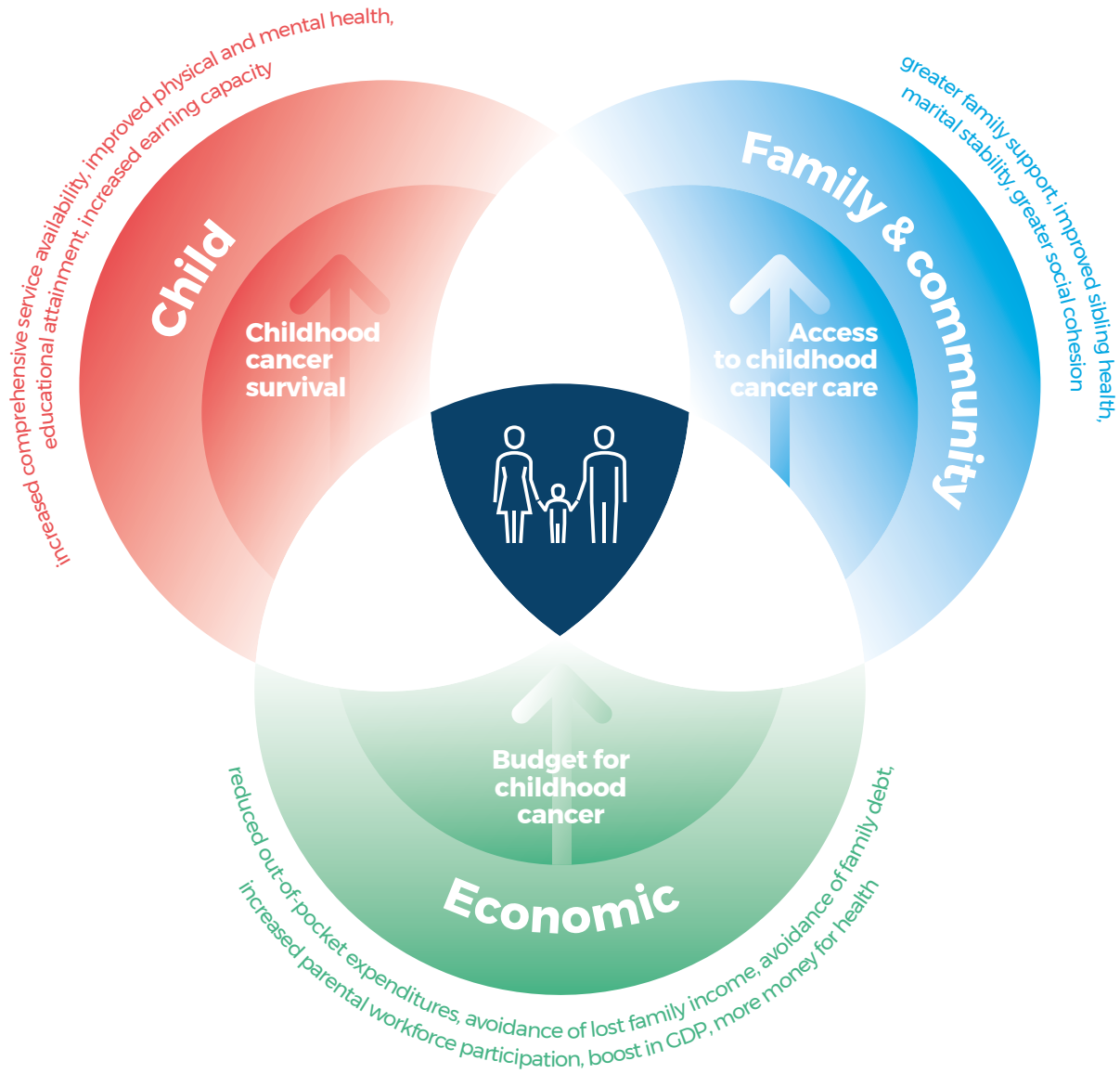
CureAll Framework



Implementation Approach



Social and economic value of investing in childhood cancer



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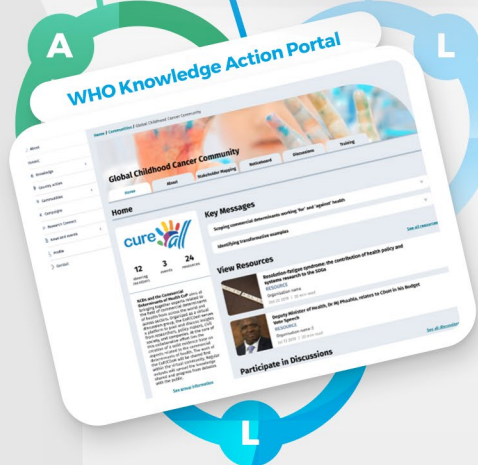


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EXECUTIVE SUMMARY

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.



September 2018, launching of GICC

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 Adhanom Ghebreyesus,
WHO Director-General



Through collaboration and creativity, the extraordinary can be achieved and the most ambitious dreams realized. Working together, we will define the path to discovery and translate findings into cures for children around the globe.”



— Dr James R. Downing,
St. Jude Children’s Research Hospital
President and Chief Executive Officer



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



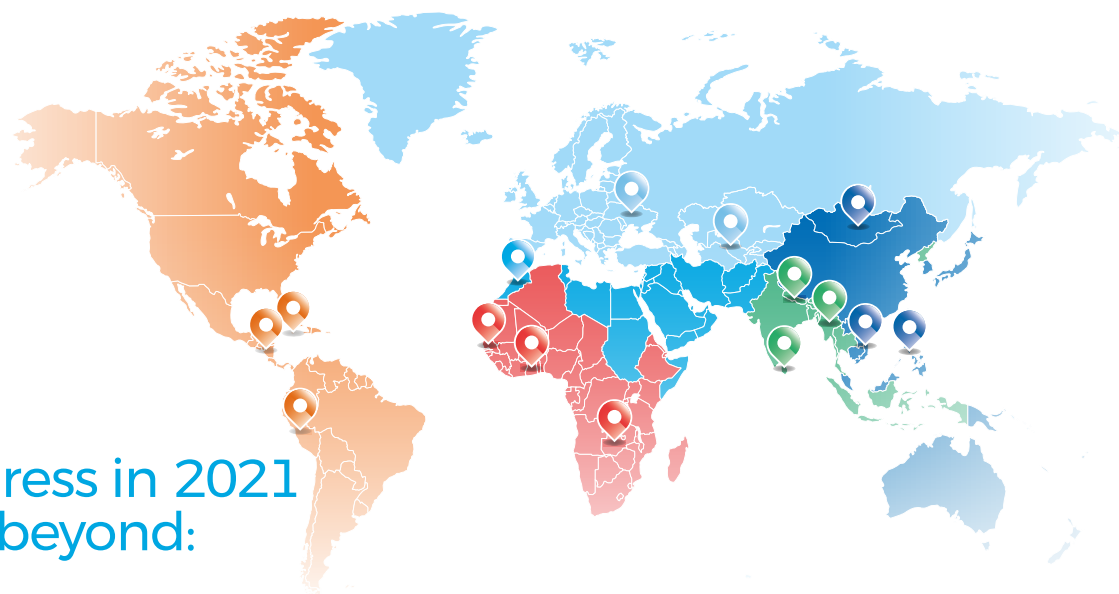
— Gabriel "Gabo" Alessandro Mayorga,
childhood cancer survivor



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

