



## WHO Global Initiative for Childhood Cancer and how the Caribbean Subregion Fits In

**Catherine Lam, MD, MPH, FRCPC, FAAP**

Director, Health Systems Unit

Director, Asia Pacific Regional Program

Associate Professor, Faculty Pediatric Oncologist

Departments of Global Pediatric Medicine and Oncology

Co-Director, WHO Collaborating Centre for Childhood Cancer



# Background: WHO Global Initiative for Childhood Cancer



# 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**
4. **groups...**
5. ...To collect high-quality population-based incidence and mortality data on cancer, **for**
6. **all age groups** by cancer...
7. ...
8. ...
9. To develop and implement evidence-based protocols for cancer management, in
10. **children** and adults, including palliative care...
11. To collaborate by strengthening regional and subregional partnerships ...
12. cost-effective ... as well as training

<http://www.who.int/iris/handle/10665/275676>

# 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*

# The Global Hearts Initiative

## Working Together to Promote Cardiovascular Health

Technical packages to address these major risk factors are:



TO DEFEAT  
THE GLOBAL  
TOBACCO  
EPIDEMIC



TO INCREASE  
PHYSICAL  
ACTIVITY



TO REDUCE  
SALT  
CONSUMPTION



TO ELIMINATE  
INDUSTRIALLY-  
PRODUCED  
TRANS-FATTY  
ACIDS



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

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

Advocacy

Leveraged Financing

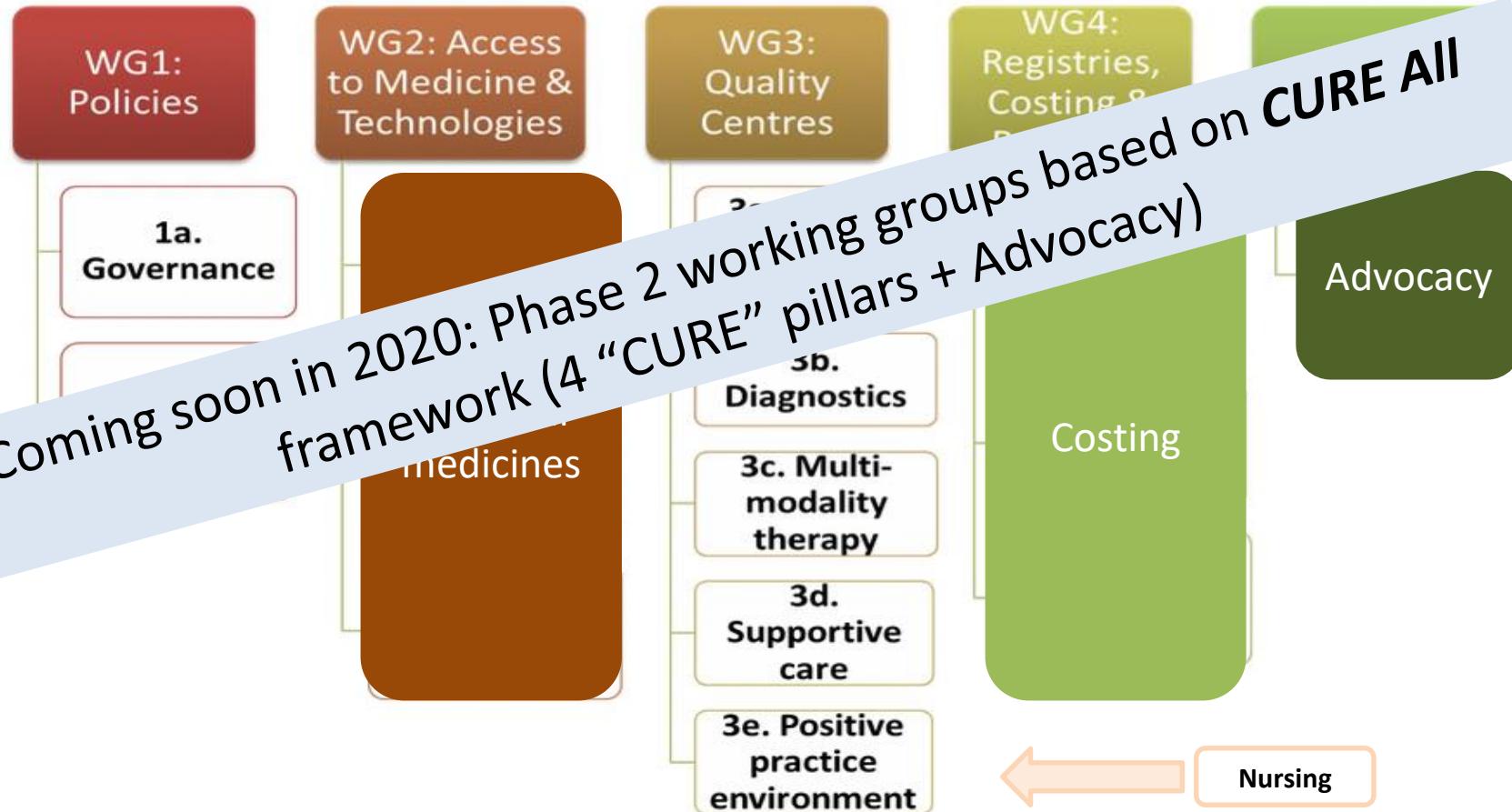
Linked Policies/Governance

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



**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**

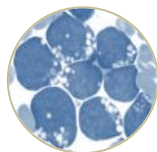
Consultants, Cancer Control



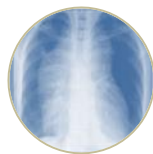
# Global Initiative for Childhood Cancer: Index Cancers



**Acute  
Lymphoblastic  
Leukemia**  
Most common  
worldwide



**Burkitt  
Lymphoma**  
Common in many  
low-income  
countries



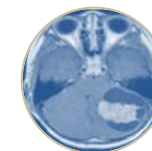
**Hodgkin  
Lymphoma**  
Common in  
adolescents



**Retinoblastoma**  
Connecting  
communities for  
early diagnosis



**Wilms  
Tumor**  
Connecting  
multidisciplinary  
services



**Low-Grade  
Glioma**  
Connecting  
health systems

From addressing common challenges...

...to connecting vital partners

- Highly curable, with proven therapies
  - Prevalent in all countries
- Represents 50-60% of all childhood cancers (age 0-19)
- Helps to advance comprehensive childhood cancer services and systems strengthening

# Global Initiative for Childhood Cancer: Focus Countries

Engagement of all countries and regions vital

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 of **CURE All**, while providing feedback for the refinement of tools as part of broader global initiative

# WHO Global Initiative for Childhood Cancer: Initial Focus Countries

WHO Global Initiative for Childhood Cancer: Focus Countries by WHO Region

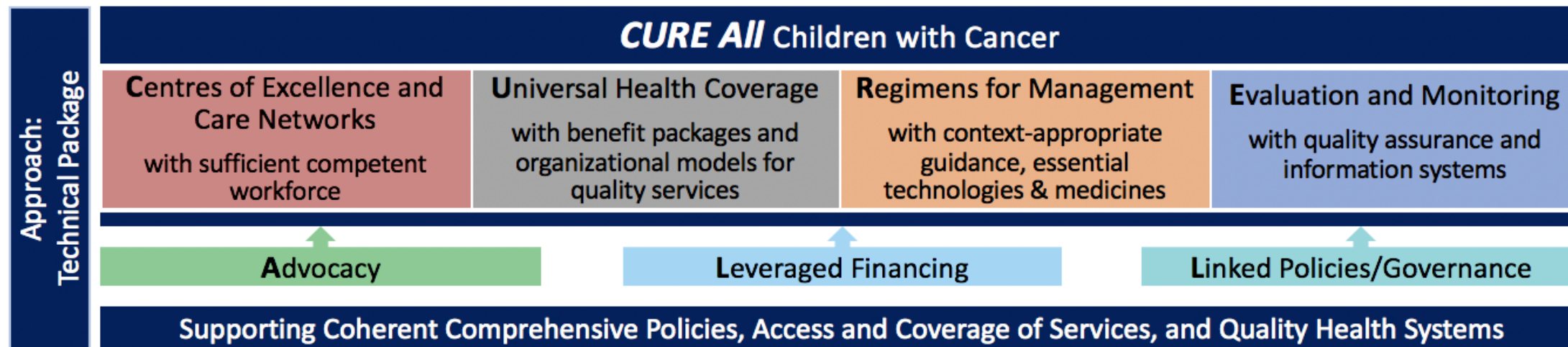
WHO Region ● AFRO ● EMRO ● EURO ● PAHO ● SEARO ● WPRO

Engaging 200+ working group experts from 90+ organizations



- WHO Workshops held in 2019:**
- Myanmar
  - Peru
  - Philippines
  - Uzbekistan
  - Ghana
- Workshops in planning for 2020:**
- Zambia
  - Morocco
  - Ukraine (to be confirmed)

# From Framework to Action



Using the **CURE All** framework or approach, 10 core projects have been identified as part of the WHO Global Initiative for Childhood Cancer, as starting points from which local leaders can choose and prioritize next steps and resource needs (technical, financial and other)

# CURE All Core Projects



- 1 Analysis of cancer health system
- 2 National Cancer Control strategy development / implementation
- 3 Implementation of cancer workforce training packages
- 4 National network and referral pathway strengthening
- 5 Defining national standards and guidelines for index cancers
- 6 Essential medicines and technologies strengthening, including via UN
- 7 Economic analysis and benefit packages review of cancer
- 8 Strengthening & linking cancer registries (population- & hospital-based)
- 9 Country dashboard for childhood cancer monitoring
- 10 Local/regional advocacy portfolios: case studies, awareness campaigns

## Uzbekistan: Ranked Projects

- 3
- 2
- 1
- 7
- 6
- 5
- 4
- 8
- 9
- 10

# Next Steps to Achieve *CURE All* Goals for Children and Adolescents with Cancer in Uzbekistan



Forming **working groups** with pediatric hematologists & pediatric oncologists

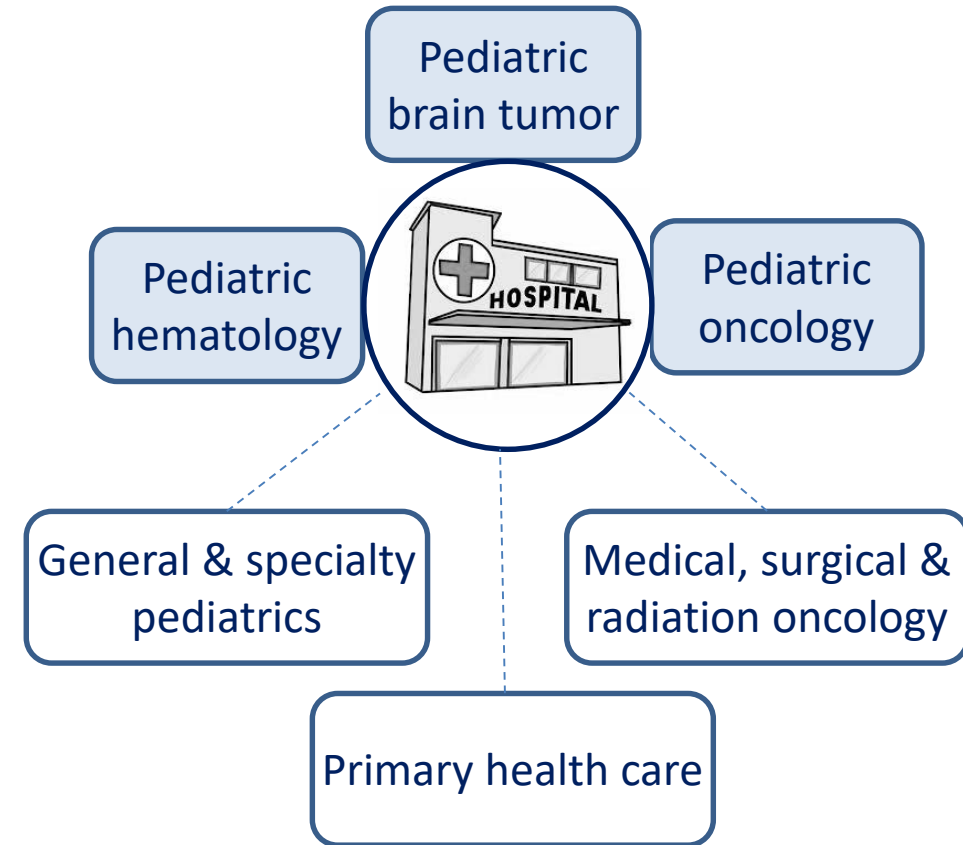


Drafting **National Cancer Control Plan** – engaging pediatric hematology & oncology & WHO/IARC/IAEA/St. Jude experts



Defining national needs for **cancer workforce training & unifying subspecialty** of pediatric hematology/oncology with national association

Organizing **comprehensive cancer care for children**



# WHO Toolkit to Support Implementation of CURE All Across Country Action Phases



## Sample Tools and Resources

### Phases of Country Action

### Areas of Support Available

**Assess**

*Assessment Tools*

- Stakeholder map
- National and facility rapid assessment tool (cancer)
- Country profiles (cancer; childhood cancer)

**Plan, Cost & Finance**

*Prioritization and Policy Dialogues*

- National workshop templates
- Tool to support priority setting, budgeting and health system planning
- Sample inputs for country-level investment case for childhood cancer
- Workforce planning tool

**Implement**

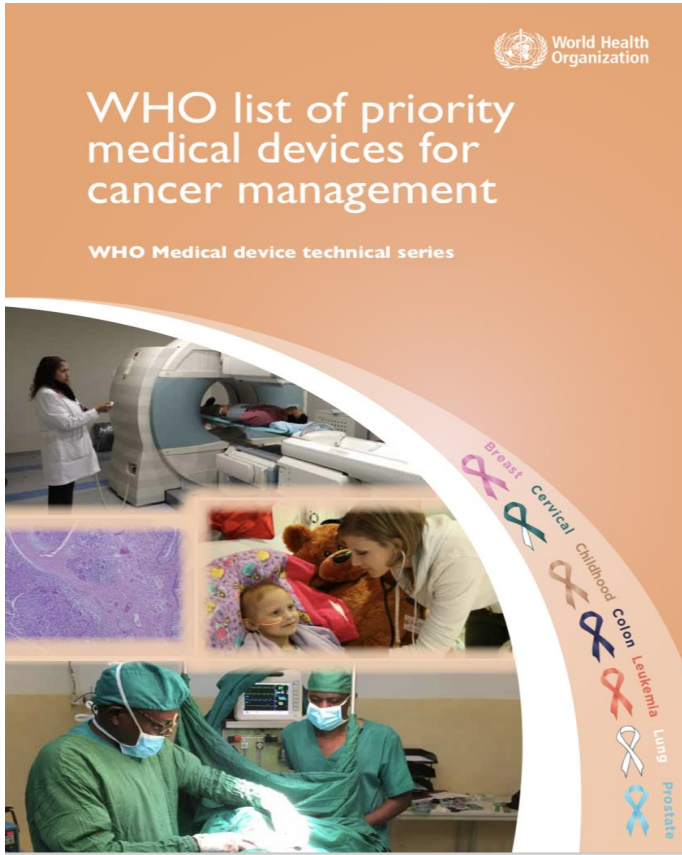
*Programme Implementation Support*

- WHO guidance for management and supportive care for six index childhood cancers
- Programme on access to cancer medicines and technologies (diagnostics, medicines, devices)
- Sample strategies for workforce scale-up

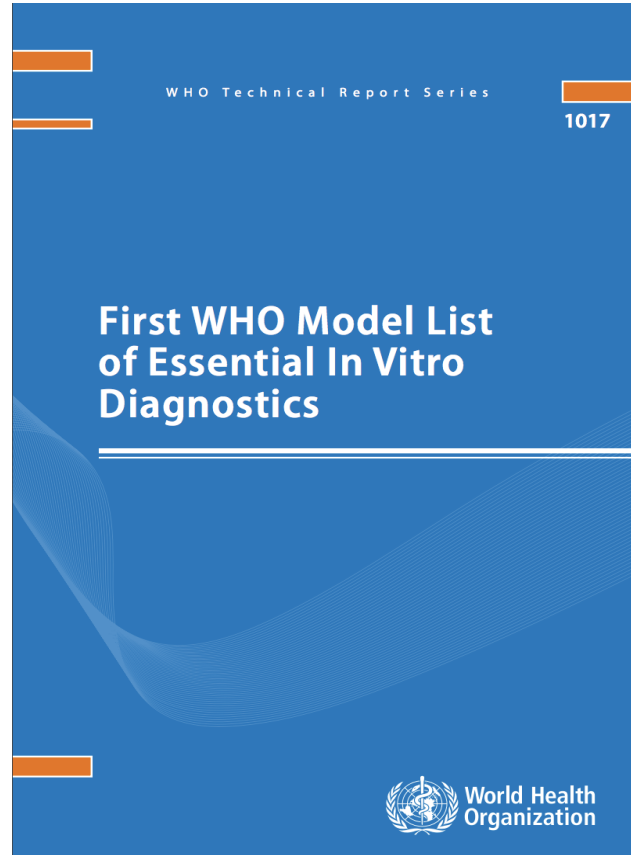
**Monitor & Modify**

*Programme Monitoring & Improvement Support*

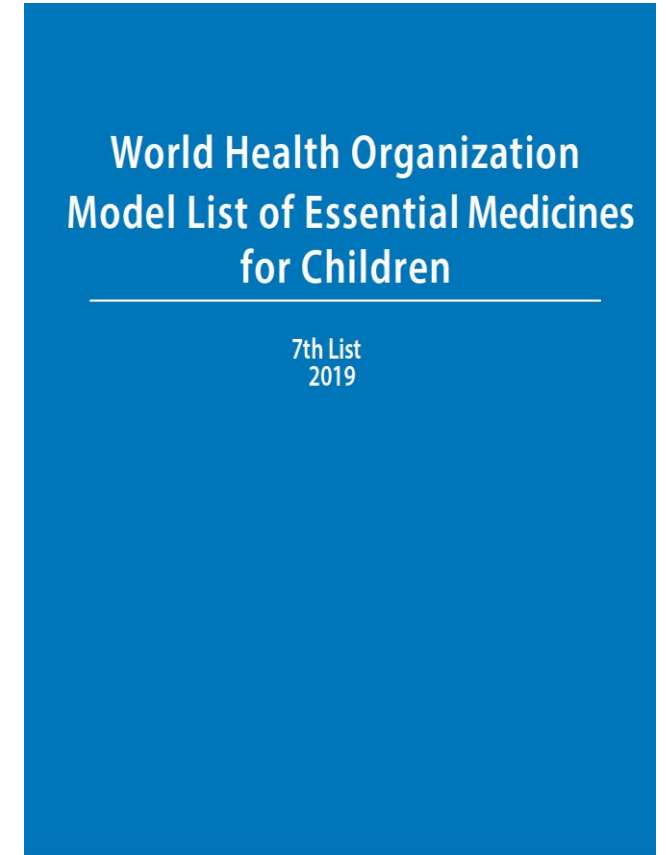
- Core dataset for cancer registries and programme monitoring
- Framework for research priorities



Including devices and supplies necessary to diagnose and manage cancers...



Including labs to help diagnose and guide management, encompassing tests to differentiate cancer subtypes and mutations that dictate different treatment...



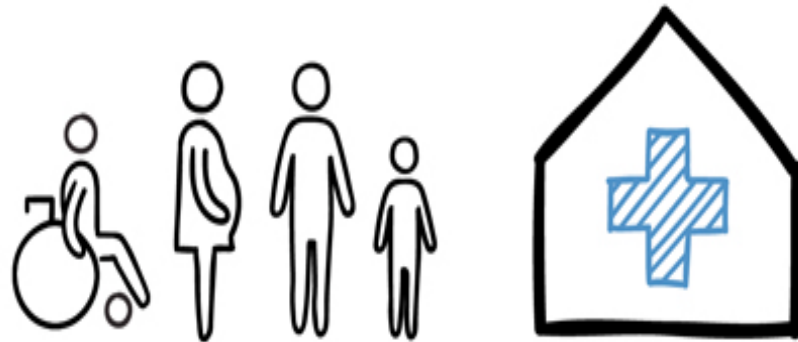
To enable safe and appropriate use of medicines



# Making an Investment Case

Investments in health systems  
could prevent

**97 million premature  
deaths by 2030**



SDG HEALTH PRICE TAG  
[www.who.int](http://www.who.int)



'Best buys' and other recommended interventions for the  
prevention and control of noncommunicable diseases

# TACKLING NCDs



EURO High-Level Meeting on  
NCDs Apr 2019: Turkmenistan: 44  
governments

UN High-Level Meeting on  
UHC – New York Sep 2019

Engaging with other  
United Nations  
agencies (UNDP,  
UNICEF)

WHO Global Meeting on  
Noncommunicable  
Diseases and Mental  
Health Dec 2019: Oman

SEAR Regional Workshop on  
Cancer Jun 2019

## Regional workshop to accelerate cancer prevention and control in the South-East Asia Region

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



Programs for special populations, such as childhood cancer, should be prioritized as a core response of national cancer control plans.

### **Make the childhood cancer control initiative an integral component of national cancer control**

Since childhood cancers, including the most common diagnosis of acute lymphoblastic leukemia, are highly curable we should aim to ensure that all children with cancers are diagnosed early and receive prompt treatment without any delay or financial hardship.

Survival rates of children with cancer are lower in SEA Region as compared to high-income countries; this inequality has to be recognized by governments. Although numbers of childhood cancers are fewer, they account for a high burden in terms of DALYs.

If in developed countries, survival rates for childhood cancer can be as high as 90%, if we know so much about how to cure and care for cancer, then WHY should we be denied simply because of where we were born?

- Ms Ritu Bhalla  
childhood cancer survivor

## 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

### Myanmar

Green	4.4 Strengthen childhood cancer network and interlink with NCCP, including 6 index cancer
	1.1 Set up NCCP with full-time programme manager and team and regional level
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
	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
	4.2 Identify and equip health facilities for cancer diagnosis and treatment at appropriate level.
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)
	5.1 Review and revise quantification of health workforce needs for cancer control
	<p><b>Personal Commitments</b></p> <ul style="list-style-type: none"> <li>- Develop the national cancer programme with full staffs at national and provincial levels and need funds to fulfill the roadmap – Lay Aung</li> <li>- Covey key message and roadmap to Ministry of Health and Sports</li> <li>- To link NCD Action Plan for 2020-21 - Kyaw Kan Kaung</li> <li>- Promote community awareness and that of primary health care workers. Knowledge about the early symptoms of priority cancers – Hnin Hnin Aung</li> <li>- To support National Cancer Control Programme for operationalizing national action plan and facilitate coordination of partners – My Paing</li> </ul>

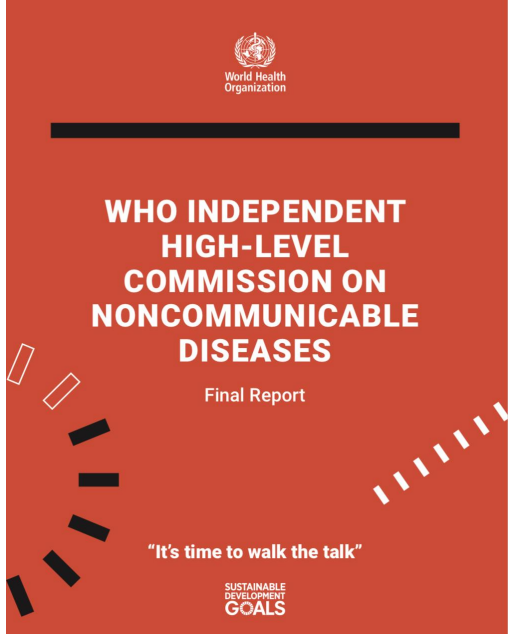


## ***CURE ALL***

---

WHO Global Initiative for Childhood Cancer

# WHO Non-communicable Diseases and Mental Health Global Meeting, Muscat, Oman Dec 2019



Solutions for non-communicable disease prevention and control



<https://www.bmj.com/NCD-solutions>

WHO Global Meeting to Accelerate  
Progress on SDG target 3.4  
on NCDs and Mental Health

WHO Global Initiative for  
Childhood Cancer

Date and Time: 11:30-13:00, MONDAY 9 DECEMBER, 2019

Location: Conference Room 3/4, 2<sup>nd</sup> Floor





# WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NONCOMMUNICABLE DISEASES

Final Report

"It's time to walk the talk"

SUSTAINABLE  
DEVELOPMENT  
GOALS

Although many proven interventions for NCDs exist, many countries are lagging behind in implementing them. The Commission identified the following challenges to implementation:

- Lack of political will, commitment, capacity, and action
- Lack of policies and plans for NCDs.**
- Difficulty in priority-setting.
- Impact of economic, commercial, and market factors.
- Insufficient (domestic and international) financing to scale up national NCD responses.
- Lack of accountability.

# Background: St. Jude as first WHO Collaborating Centre for Childhood Cancer (2018)

WHO Collaborating Centres are institutions designated by the WHO Director-General to carry out activities to strengthen institutional capacity and support implementation of the WHO's programmes

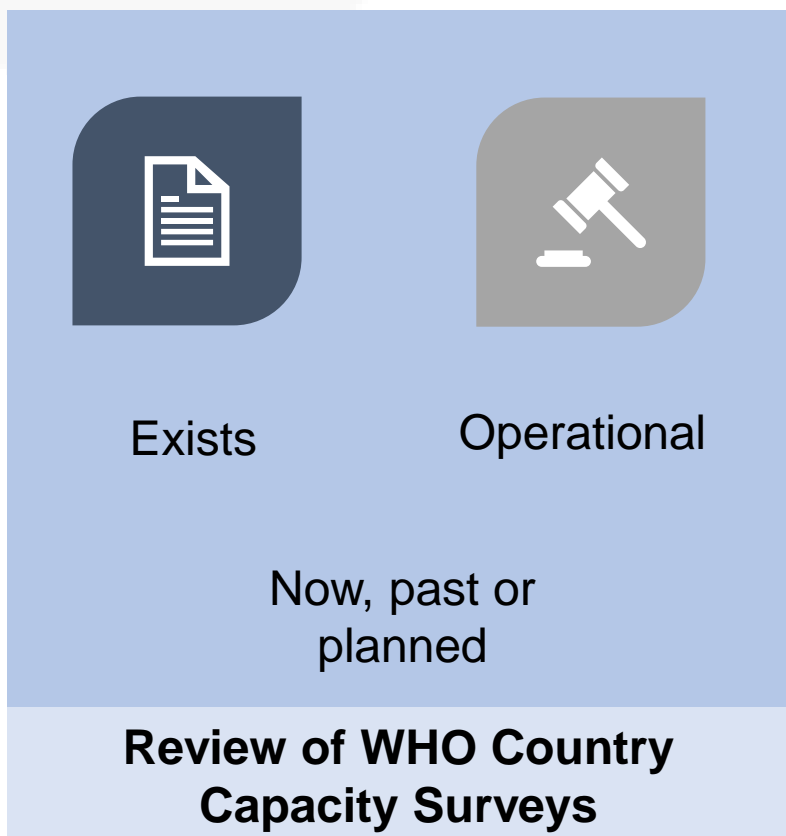
- Terms of Reference 1:** **National Cancer Control Plans (NCCPs)**  
Tools for prioritization, costing, and framework for monitoring & evaluation
- Terms of Reference 2:** **Platforms to Foster and Engage Leadership & Communities of Practice**  
Tools for health system innovation diffusion
- Terms of Reference 3:** **In-Country Support and Workshops, with Global Stakeholder Engagement**  
Highlight region- and country-sensitive needs for scaling up childhood cancer control





# St. Jude National Cancer Control Plan (NCCP) Analytic Program (2014-Present)

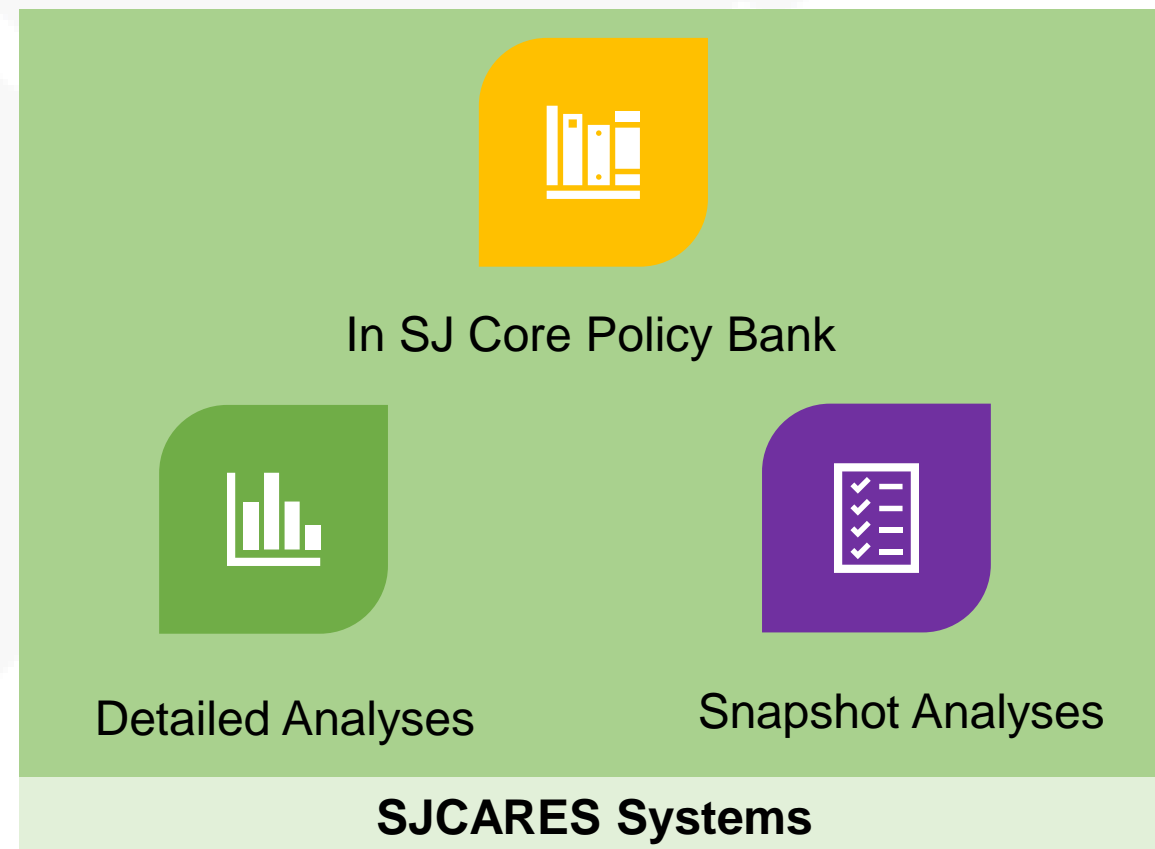
Cancer Plan...



Exists      Operational

Now, past or planned

**Review of WHO Country Capacity Surveys**



In SJ Core Policy Bank

Detailed Analyses      Snapshot Analyses

**SJCARES Systems**

# Sample Look at the Caribbean Subregion: Reported Existence of Cancer Plan? WHO Country Capacity Surveys



Country	2010	2013	2015	2017	2019
Antigua and Barbuda	No data	No	No	No	No
Bahamas	No data	No	No	No	No
Barbados	Yes	Yes	Yes	Yes	Not in effect
Belize	No	No	Yes	Yes	Yes, under development
Cuba	Yes	Yes	Yes	Yes	Yes
Dominica	No	No	No	No	No
Dominican Republic	No	Yes	Yes	Yes	No
Grenada	No data	No	No	No	No
Guyana	Yes	No data	Yes	No	No



# Sample Look at the Caribbean Subregion: Reported Existence of Cancer Plan? WHO Country Capacity Surveys



Country	2010	2013	2015	2017	2019
Haiti	No data	No data	No	No	Not in effect
Jamaica	No	No	Yes	Yes	Not in effect
Saint Kitts and Nevis	No	No	Yes	No	No
Saint Lucia	Yes	No	No	No	No
Saint Vincent and the Grenadines	No data	No data	No	No	No
Suriname	No	Yes	Yes	Yes	Yes, under development
Trinidad and Tobago	No	Yes	No	No	Yes, being updated



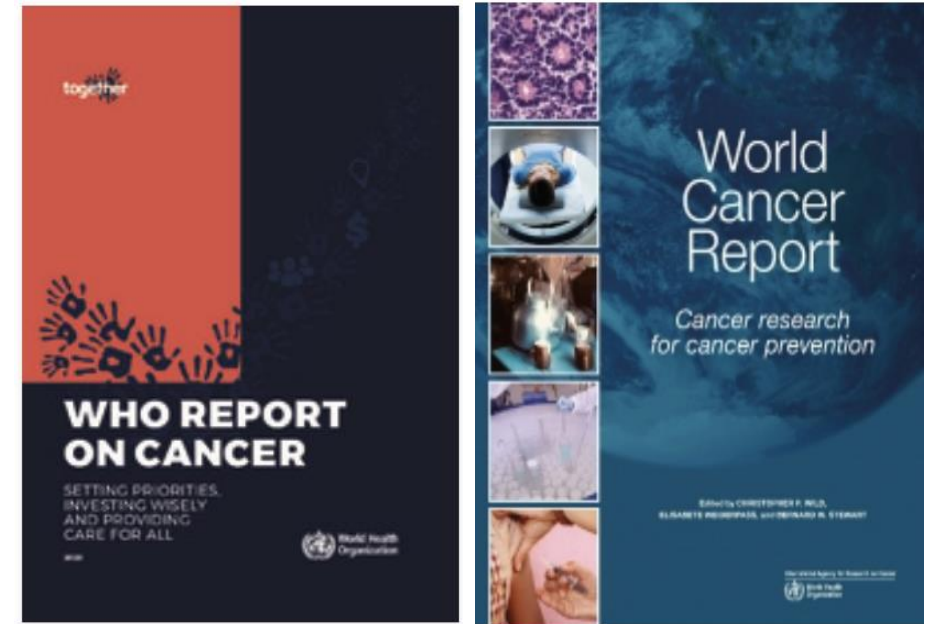
**St. Jude Core Bank for Latin America & Caribbean:  
100+ Plans Screened across 30+ countries/areas  
Spanning 2005-2030  
> 7000 text pages**

[healthsystems@STJUDE.ORG](mailto:healthsystems@STJUDE.ORG)



# WHO outlines steps to save 7 million lives from cancer

4 February 2020 | News release | Geneva, Switzerland



Launched Feb 4 2020  
for World Cancer Day

“At least 7 million lives could be saved over the next decade, by **identifying the most appropriate science for each country situation**, by basing strong cancer responses on universal health coverage, and by mobilizing different stakeholders to work together”, said Dr Tedros Adhanom Ghebreyesus, Director-General, WHO.



**Tedros Adhanom Ghebreyesus**

Director-General

World Health Organization



Countries passed a resolution at the World Health Assembly in 2017 committing themselves to cancer prevention and control through an integrated approach, and asking WHO to provide guidance. Now is the time to convert political commitments into action. In 2018 WHO launched an initiative to save the lives of millions of children from cancer, and in 2019 we prequalified a biosimilar medicine for the first time, trastuzumab, paving the way for more women to have access to one of the most effective but most expensive breast cancer treatments. In 2020 WHO will present countries with a global strategy towards the elimination of cervical cancer, which kills one woman every two minutes, but is largely preventable.

# WHO Cancer Profiles 2020

## GLOBAL

Have early detection programme/guidelines for childhood cancer (2019)

**20%** of countries

Have defined referral system for children with cancer (2019)

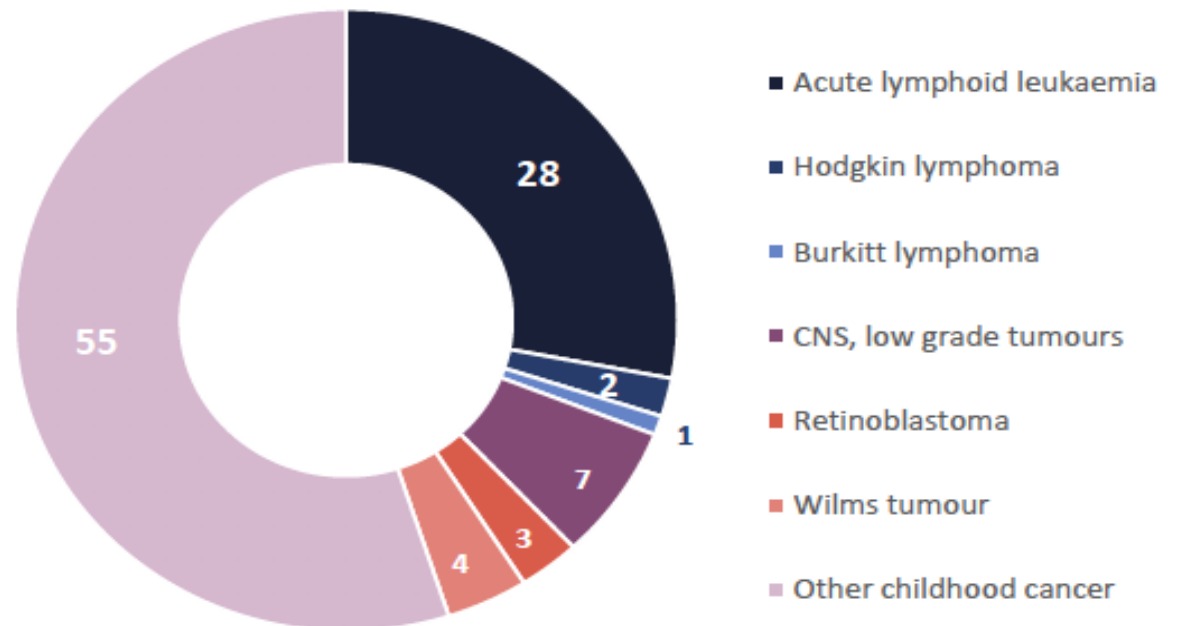
**33%** of countries

## JAMAICA

### Global Initiative for Childhood Cancer

Annual cancer cases (0-14 years old)	2020	<b>100</b>
Early detection programme/guidelines	2019	<b>no</b>
Defined referral system	2019	<b>no</b>

### Annual cancer cases (0-14 years old)



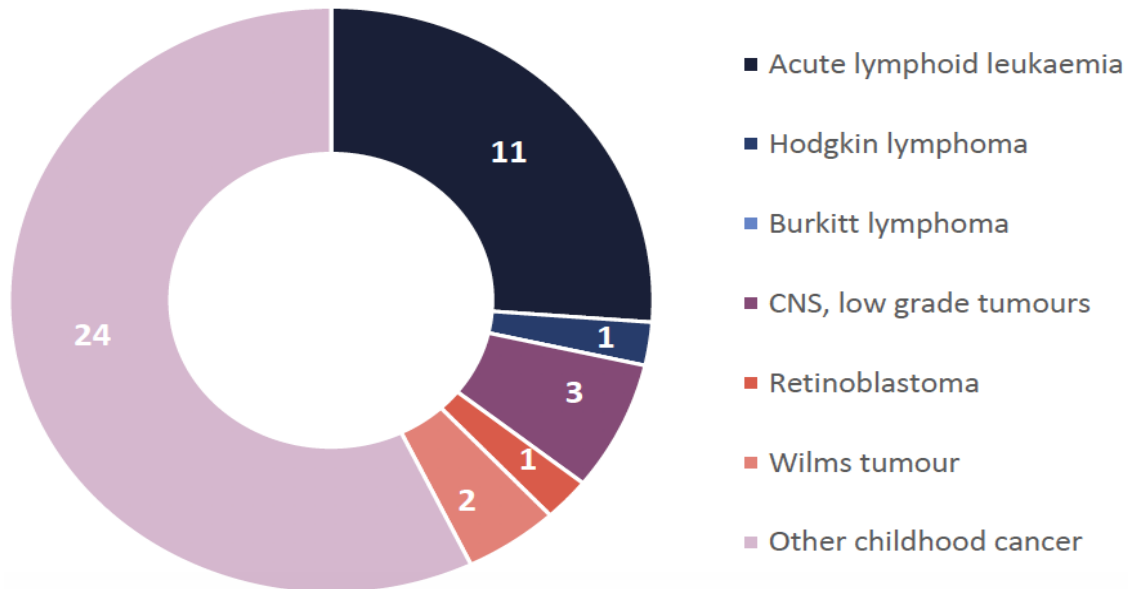
# WHO Cancer Profiles 2020

## TRINIDAD AND TOBAGO

### Global Initiative for Childhood Cancer

Annual cancer cases (0-14 years old)	2020	42
Early detection programme/guidelines	2019	don't know
Defined referral system	2019	don't know

### Annual cancer cases (0-14 years old)

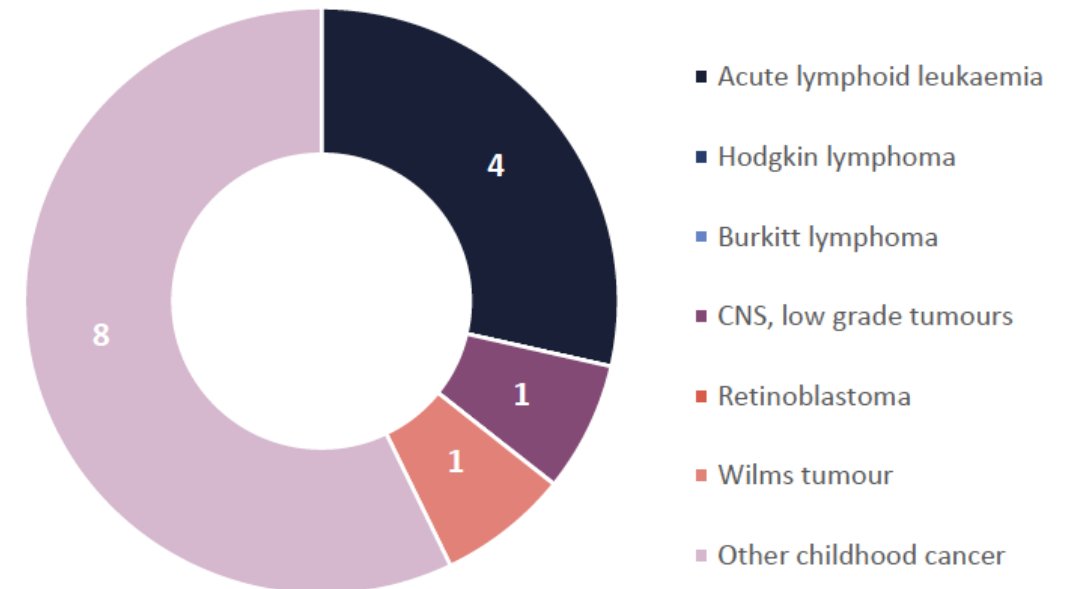


## BAHAMAS

### Global Initiative for Childhood Cancer

Annual cancer cases (0-14 years old)	2020	14
Early detection programme/guidelines	2019	no
Defined referral system	2019	no

### Annual cancer cases (0-14 years old)





# WHO Cancer Profiles 2020

## SAINT VINCENT AND THE GRENADINES

### Global Initiative for Childhood Cancer

Annual cancer cases (0-14 years old)	2020	12
Early detection programme/guidelines	2019	no
Defined referral system	2019	no

## BARBADOS

### Global Initiative for Childhood Cancer

Annual cancer cases (0-14 years old)	2020	5
Early detection programme/guidelines	2019	no
Defined referral system	2019	no

## SAINT LUCIA

### Global Initiative for Childhood Cancer

Annual cancer cases (0-14 years old)	2020	3
Early detection programme/guidelines	2019	no
Defined referral system	2019	no

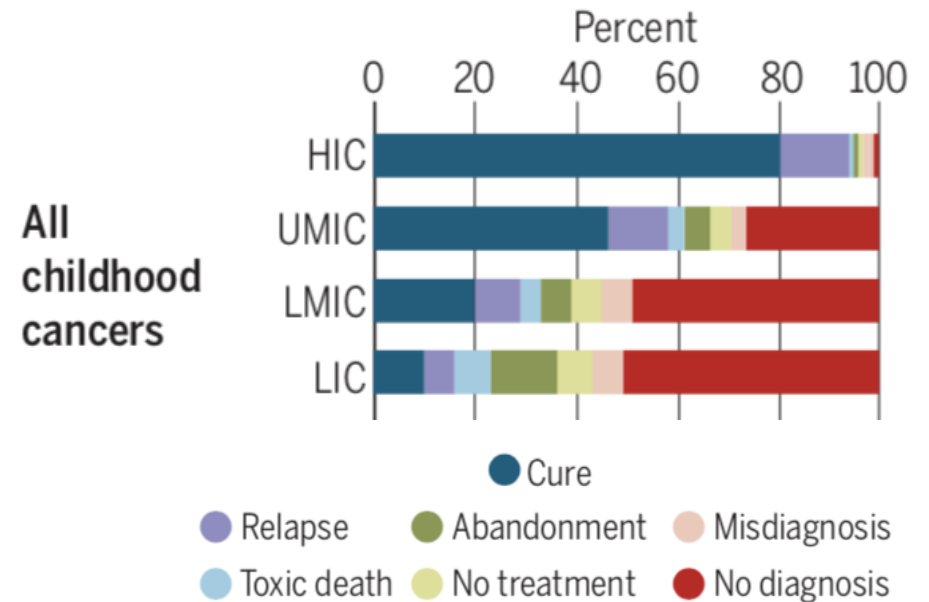
# Achieving the Global Initiative Targets in the Caribbean



- C: ...
- U: ...
- R: ...
- E: Enriched baseline and follow-up data, expanded to children 0-19 years
- A: ...
- L: ...
- L: Aligned integration of childhood cancer in national and regional policies
  - Understanding and addressing bottlenecks to development and effective implementation

# Towards Care, Cure, and Health for All

- **Avoidable deaths from childhood cancers** in low- and middle-income countries result from:
  - lack of diagnosis, misdiagnosis or delayed diagnosis, obstacles to accessing care, abandonment of treatment, death from toxicity, and higher rates of relapse.



<https://www.who.int/news-room/fact-sheets/detail/cancer-in-children>

Lam CG, Howard SC, Bouffet E, Pritchard-Jones K. **Science** 2019

# A HEALTHIER HUMANITY

The WHO Investment Case for 2019-2023



## WHO's Triple Billion Targets by 2023



# Thank You!

[Clam@stjude.org](mailto:Clam@stjude.org)



## Global Reach

---

*Finding cures. Saving children. Everywhere.*