

Global Initiative in Childhood Cancer Concept Note

First Stakeholder Consultation: 29 – 30 August 2018 World Health Organization, Geneva, Switzerland

Background

With an estimate of over 300,000 children and adolescents diagnosed with cancer globally, cancer is a leading cause of morbidity and death in those age groups. While the survival rate of many childhood cancers has surpassed 80% in resource-rich settings, in low- and middle-income countries (LMICs) where access to quality care is limited, survival rates of 20% or less are expected. An estimated 90% of cases are in LMICs where most health systems are not adequately equipped to manage the burden of childhood cancer. As a result, the likelihood of a child appropriately receiving and surviving a cancer diagnosis is often determined by where that child lives. Unless actionable interventions are implemented now, avoidable deaths from childhood cancers will further increase over time.

In accordance with commitments by Member States to the 2030 UN Agenda for Sustainable Development including universal health coverage, all children should have access to a basic package of quality treatment and palliative care services. Lessons learned over the past 50 years in childhood cancer control demonstrate how accelerated progress is possible, and how inequities can be addressed.

To improve the outcomes of children with cancer around the world, in alignment with the World Health Assembly resolution 70.12 (Cancer prevention and control in the context of an integrated approach), a global initiative will be launched, with a shared objective that leverages strong, committed partnerships and technical expertise. To extend the dialogue and to outline the overarching framework and technical package on childhood cancer that can effectively engage partners and maximize in-country efforts, WHO will convene a stakeholder consultation 29-30th August 2018. This first consultation will serve as an opportunity to define the target and framework of a global initiative.

First Stakeholder Meeting (29 – 30 Aug)

Objectives

Two-day meeting to engage and galvanize key stakeholders to align common goals towards a global initiative on childhood cancer. Specifically, the meeting will:

- 1. Define a proposed target and strategies to address the global childhood cancer burden
- 2. Discuss inputs, outputs and outcomes of a global initiative in childhood cancer

Expected Outcomes

At the end of the two-day meeting, it is anticipated that participants will have:

- Defined concerted policy and people-centred actions at national, regional and global levels to improve childhood cancer outcomes
- Identified synergies with existing initiatives and investments in childhood cancer control
- Outlined platforms for multi-stakeholder dialogue and strengthened partnerships to mobilize action

Global Initiative in Childhood Cancer

Rationale: Need for a Global Initiative

Experience has shown that capacity building through a health systems approach to childhood cancer can rapidly augment capacity and save lives. Progress in countries at all income levels has been achieved by improving clinical services though capacity development, institutional partnerships, training and continuous quality improvement. It is similarly important to strengthen national policies and programmes to ensure that progress is sustainable and equitable, and that services are of the highest possible quality. By bringing together stakeholders from all sectors – local, national, regional and global – progress can be accelerated to address persistent gaps in outcomes and access, and generate new global goods that benefit children and adolescents with cancer.

Effective interventions to reduce deaths and disability from childhood cancer exist and can be introduced at low costs to help children and their families. Interventions for childhood cancer can both engage and benefit multiple stakeholder groups and diverse sectors, and provide models for expeditious cycles of new advances translated into practice. Small investments can make a significant impact on survival and improve the overall health system capacity.

The provisional objective of this Global Initiative is to bridge the critical gaps limiting the care, and cure, of children with cancer worldwide, through: (i) increasing access to care to all populations globally; (ii) developing a global quality framework, via health systems-centred efforts; and (iii) integrating childhood cancer into national policies and programmes.

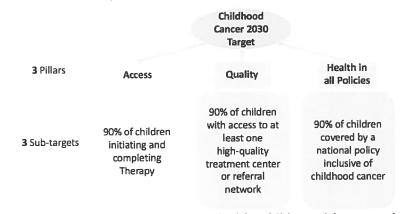
Defining a Target to Catalyse Action

To orient stakeholders and partners towards a common goal to benefit children with cancer around the world, a target is required. The provisional target proposed is (Figure 1):

By 2030, ensure 60% survival for children with cancer

The focus of this initiative is to save lives of children with cancer within the larger context of all the care needs of children and their families, including psychosocial support and palliative care. The timeline of achieving the goal by 2030 is to align with the UN Agenda for Sustainable Development.

In order to track progress toward this goal, this target, and accordingly, the inputs for this initiative will focus on six highly curable "index" cancers. This is the anticipated focus of initial interventions. The index cancers together represent 50-60% of all childhood cancers and are prevalent in all countries, and each can be addressed via proven effective therapies.



2030 Target By 2030, ensure 60% survival for children with cancer globally

Figure 1: Target for 2030

The proposed six cancers are: acute lymphoblastic leukaemia (ALL), Burkitt lymphoma, Hodgkin lymphoma, retinoblastoma, Wilms tumour and low-grade glioma. This proposed target by WHO, in partnership with St. Jude Children's Research Hospital and other partners, is based on work done reviewing different inputs, technical requirements and key priorities towards developing a comprehensive global initiative. (*Table 1*)

Cancer type	Estimated	Min targeted	Achievable	Survival in	Childhood	Estimated number
	survival* (%)	survival* (%)	survival* (%)	ніс	cancers (%)	of children in LMIC
ALL	20	50	80	91	23	62100
Burkitt lymphoma	30	50	80	89	4	10800
Hodgkin lymphoma	30	50	80	97	3	8100
Retinoblastoma	20	50	80	95	2	5400
Wilms tumour	30	50	80	95	5	13500
Low-grade glioma	30	50	80	90	13	35100
AML	5	20	40	64	6	16200
Medulloblastoma	10	30	50	72	5	13500
Osteosarcoma	20	30	50	74	1.5	4050
Ewing sarcoma	20	30	50	77	1.5	4050
Rhabdomyosarcoma	20	40	60	77	3	8100
Neuroblastoma	20	30	. 50	77	6	16200
Germ cell tumours	20	50	70	95	3	8100
Thyroid carcinoma	50	70	90	99	3	8100
Hepatoblastoma	20	30	50	70	1	2700

Table 1: Potential index and tracer cancers in children 0 to 19 years old

^{*} Data based on estimates from some low- and-middle-income countries (LMIC)

Interventions addressing these index cancers are expected to catalyse comprehensive childhood cancer systems strengthening across different dimensions, from timely diagnosis, core diagnostics and multidisciplinary treatment, to the needs of infants through to young adults. Several additional cancers can be assessed to further contextualize change across the health system, including such conditions as acute myeloid leukemia, medulloblastoma, and soft tissue and bone sarcomas.

Proposing Results across Three Pillars

To ensure 60% survival for children with these index cancers by 2030, the global initiative will engage interventions across three key guiding principles or pillars: Access, Quality, and Policies. These pillars will be used to inform the key outcomes: i) promoting access to treatment initiation and completion for children with cancer; ii) developing quality care centres and networks of excellence; and iii) increasing integration of childhood cancer into national policies and programmes (Figure 1 and 2). These targets will address needs spanning national, facility and community-based levels.

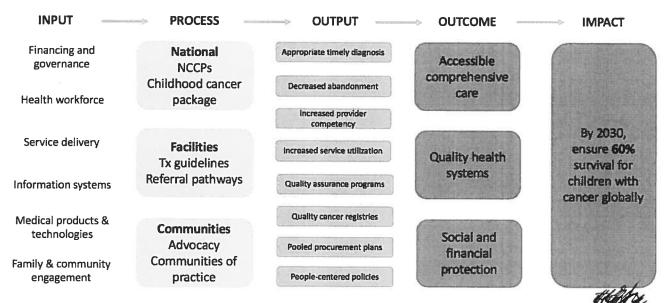


Figure 2: Results chain detailing inputs, processes, outputs and outcomes leading to the impact target

Inputs, Processes and Outputs in the Results Chain

Given strong implementation research in childhood cancer, there is increasing recognition of common obstacles to effective care. It is well established that issues contributing to poor outcomes include late diagnosis, treatment abandonment, insufficient or inadequately trained workforce, medicines and technologies that are of poor quality, unavailable or not accessible, and fragmented services. This is

compounded by insufficient data and weak registries that inhibit progress and informed decision-making. Accordingly, there are key outputs that will drive progress toward the target, such as ensuring appropriate and timely diagnosis (*Figure 2*).

How can appropriate and timely diagnosis be achieved? What are the guiding principles, key inputs and available platforms for coordinated action? Common levers used by stakeholders to build capacity are available at the global, national, facility and community levels. It is through coordinated efforts that key inputs will be most effectively delivered. Inputs can be organized through a health system lens. It is critical that each stakeholder identifies what inputs his/her affiliated entity is able to bring to bear. A global initiative requires diverse inputs from across sectors. For example, appropriate and timely diagnosis requires inputs such as improving community awareness, strengthening clinical diagnostic capacity at the primary care level, identifying relevant diagnostic equipment and defining their technical specifications, and linking different levels of the health system through referral and counter-referral mechanisms for timely care. To succeed, we must be able to define the key inputs and specify key actors who will contribute to each deliverable, and, as outlined in our meeting agenda, translate a shared vision into action and results (*Figure 3*).

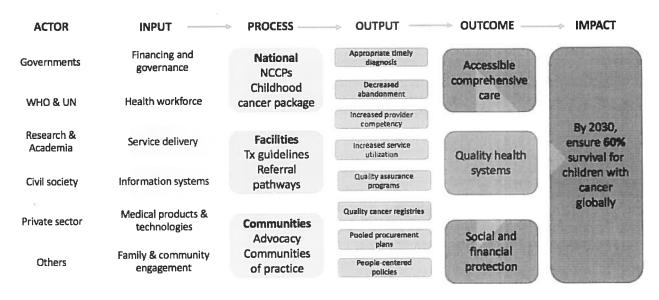


Figure 3: Results chain including actor engagement



Global Initiative in Childhood Cancer: Stakeholder Meeting

29-30 August 2018 - Agenda

Location: Salle D (7th Floor), WHO Headquarters, Geneva

Wednesday, 29 August 2018							
Background Background							
08.30 - 09.00	Meeting registration						
09.00 – 10.00	Welcome & overview Introduction Adoption of agenda	Dr Etienne Krug Dr Carlos Rodriguez-Galindo					
10.00 – 10.30	Childhood cancer on the public health agenda: WHO mandate	Dr André Ilbawi					
10.30 - 10.45	Break						
Towards a Shared Vision							
10.45 – 11.30	Defining parameters for an initiative: where are we now and where do we want to be? • Setting a target • Open discussion	Dr Catherine Lam Dr André Ilbawi Ms Silvana Luciani (facilitator)					
11.30 – 12.00	Responding to the target: country perspectives	Representatives from select countries					
12.00 – 13.00	 Effective implementation: input from partners Successes and challenges Factors enabling scale-up and innovation 	Representatives from global agencies					
13.00 - 14.00	Lunch						
14.00 - 14.40	Linking global programmes to implementation: UN & Regional Office perspectives	Dr Cherian Varghese Dr Gampo Dorji					
14.40 – 15.00	Introduction to Break-out Groups	Dr Marilys Corbex Dr Daniel Moreira					
15.00 – 16:30	Breakout groups (Exercise #1) Defining the target Identifying key outputs	All					
16.30 – 17.30	Open discussion and wrap-up Reporting of breakout group Planning for day #2	Rapporteurs					
18.00 – 19.30	Cocktail reception						





SHEW PARTY	Thursday, 30 August 2018						
	Translating a Shared Vision into Action						
09.00 – 09.30	 Data for decision-making & monitoring progress Assessing health information systems Building registry capacity Quality improvement measures 	Dr Freddie Bray Dr Eva Steliarova-Foucher Dr Warrick Kim <i>(facilitator)</i>					
09.30 – 10.15	 Improving access to health products for diagnosis, treatment and palliative care Assessing current gaps Anticipating potential levers to improve access to care 	Dr Sarah Garner Dr Scott Howard					
10.15 – 10.45	Integrating childhood cancer into national health plans & benefit packages • Country-specific costing of plans/programmes • Investment case for childhood cancers • Linking to existing work on costing & packages	Dr Melanie Bertram Dr Filip Meheus Dr Nickhill Bhakta					
10.45 - 11.00	Break						
11.00 – 11.15	 Developing global inputs including technical package Identifying priority inputs Monitoring framework Breakout Exercise #2 	Dr Slim Slama Dr André Ilbawi					
11.15 – 13.00	Breakout groups (Exercise #2) • Setting priority inputs • Translating input into country level changes	All					
13.00 - 14.00	Lunch						
14.00 – 15.00	Open discussion Reporting of breakout group #2	Rapporteurs					
Next Steps							
15.00 - 15.30	Implementing in country: Member State perspective Open discussion	Representatives from select countries					
15.30 – 15.45	Break						
15.45 – 16.45	Next Steps: developing a coordinated strategy Community & family engagement Global & local advocacy	Ms Ruth Hoffman Dr Giorgio Perilongo Dr Carlos Rodriguez-Galindo Dr Prebo Barango (facilitator)					
16.45 – 17.00	Closing remarks	Dr Etienne Krug					



Global Stakeholder Consultation

A GLOBAL INITIATIVE IN CHILDHOOD CANCER

29-30 August 2018

World Health Organization, 20 Avenue Appia, Geneva, Switzerland

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