



# CureAll Framework: WHO Global Initiative for Childhood Cancer



World Health  
Organization

Increasing access, advancing quality, saving lives



# CureAll Framework: WHO Global Initiative for Childhood Cancer

Increasing access, advancing quality, saving lives



**World Health  
Organization**

CureAll framework: WHO Global Initiative for Childhood Cancer. Increasing access, advancing quality, saving lives

ISBN 978-92-4-002527-1 (electronic version) ISBN 978-92-4-002528-8 (print version)

**© World Health Organization 2021**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

**Suggested citation.** CureAll framework: WHO Global Initiative for Childhood Cancer. Increasing access, advancing quality, saving lives. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo/>

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design and layout: Penceo

Cover photo: Yelena Espinosa, St. Damien Hospital, Haiti

# CONTENTS

<b>Foreword</b> . . . . .	v
<b>Acknowledgements</b> . . . . .	vii
<b>Abbreviations and acronyms</b> . . . . .	viii
<b>Executive summary</b> . . . . .	ix
<b>Purpose, scope and audience</b> . . . . .	xi
<b>1. Overview</b> . . . . .	2
<b>1.1 Introducing childhood cancer</b> . . . . .	4
1.1.1 What is childhood cancer? . . . . .	6
1.1.2 Childhood cancer as a distinct cancer group . . . . .	6
<b>1.2 Understanding the disease burden</b> . . . . .	7
1.2.1 Global incidence and mortality . . . . .	8
1.2.2 Childhood cancer survival . . . . .	12
1.2.3 Access to childhood cancer services . . . . .	14
1.2.4 Social and economic impact of childhood cancer . . . . .	14
<b>1.3 Understanding the cause of inequity</b> . . . . .	16
<b>1.4 Childhood cancer in the public health agenda</b> . . . . .	17
1.4.1 Global commitments to childhood cancer . . . . .	18
1.4.2 Global Initiative for Childhood Cancer . . . . .	22
<b>1.5 Investment case</b> . . . . .	22
1.5.1 Evidence of cost-effective childhood cancer intervention . . . . .	24
1.5.2 Generating an investment case in childhood cancer . . . . .	24
<b>2. Strategic approach of CureAll</b> . . . . .	26
<b>2.1 Objectives of the WHO Global Initiative for Childhood Cancer</b> . . . . .	28
<b>2.2 CureAll framework: pillars and enablers</b> . . . . .	31
<b>2.3 Tracer cancers</b> . . . . .	32
<b>2.4 Childhood cancer care pathway</b> . . . . .	33
2.4.1 Family-centred, multidisciplinary care . . . . .	35
2.4.2 Palliative care . . . . .	37
2.4.3 Survivorship care . . . . .	39
<b>3. CureAll: priority interventions</b> . . . . .	42
<b>3.1 Pillar 1: Centres of excellence and Care networks to increase access to quality health services</b> . . . . .	44
Rationale . . . . .	44
What to do . . . . .	47
Sample metrics . . . . .	52
Case study . . . . .	53

# CONTENTS

<b>3.2 Pillar 2: Universal health coverage (UHC) and integration of childhood cancer . . . .</b>	<b>54</b>
Rationale. . . . .	54
What to do. . . . .	56
Sample metrics . . . . .	59
Case study . . . . .	60
<b>3.3 Pillar 3: Regimens optimized for delivery of quality diagnostic and treatment services</b>	<b>61</b>
Rationale. . . . .	61
What to do. . . . .	63
Sample metrics . . . . .	66
Case study . . . . .	66
<b>3.4 Pillar 4: Evaluation and monitoring with information systems to improve outcomes</b>	<b>67</b>
Rationale. . . . .	67
What to do. . . . .	72
Sample metrics . . . . .	75
Case study . . . . .	75
<b>3.5 Enablers . . . . .</b>	<b>76</b>
3.5.1 Enabler 1: Advocacy. . . . .	76
3.5.2 Enabler 2: Leveraged financing . . . . .	79
3.5.3 Enabler 3: Linked governance . . . . .	81
Sample metrics . . . . .	84
<b>4. Approach to implementation . . . . .</b>	<b>86</b>
<b>4.1 Accelerating impact in countries and regions. . . . .</b>	<b>88</b>
<b>4.2 Implementation approach. . . . .</b>	<b>91</b>
Assess. . . . .	91
Plan, cost and finance: prioritization and policy dialogues . . . . .	92
Implement . . . . .	92
Monitor and modify. . . . .	93
<b>4.3 Theories of change in childhood cancer . . . . .</b>	<b>93</b>
<b>4.4 Results chain for CureAll technical package . . . . .</b>	<b>94</b>
<b>4.5 Toolkit for implementing CureAll . . . . .</b>	<b>95</b>
<b>5. Conclusion. . . . .</b>	<b>98</b>
<b>References. . . . .</b>	<b>100</b>
<b>Annex: GICC Working group members (Phase I) . . . . .</b>	<b>106</b>




**Tedros Adhanom Ghebreyesus**  
 Director-General  
 World Health Organization



## FOREWORD

### **Increasing access, advancing quality, saving lives**

Care for cancer, like so many other diseases, reflects the inequalities and inequities in our societies. The impact on children is devastating.

Each year, an estimated 400 000 children are diagnosed with cancer around the world. The vast majority of these children live in low- and middle-income countries, where treatment is often unavailable, unaffordable or of poor quality.

The survival rate for these children is estimated to be between 15% and 45%. This compares to a survival rate of more than 80% in high-income countries.

Where a child lives should not determine whether he or she survives.

To address this profound inequity, WHO and St. Jude Children's Research Hospital launched the WHO Global Initiative for Childhood Cancer in 2018.

The Initiative brings together partners and stakeholders across sectors towards a shared goal of improving 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.

This approach aims to take into account the special needs of children, including their development, socioeconomic issues, and family participation in care. It requires a specialized workforce, complex multidisciplinary care and advocacy. In particular, attention must be given to children's nutrition, psychosocial well-being, neurocognitive and reproductive health, growth and long-term outcomes.

We are already seeing progress. Fifteen governments have committed to strengthen childhood cancer programmes, using the **CureAll** framework described in this document. More than 110 partner organizations have come to the table to support them. Three WHO regional networks have been developed, allowing for rapid expansion of impact to more than 50 countries. This has translated into real improvement in the lives of children with cancer.

Achieving the Sustainable Development Goals and universal health coverage based on primary health care means that governments, health systems, communities, and all other stakeholders must work together to address the underlying inequalities that mean some children have a better chance than others. Every child with cancer, and every child, deserves high-quality care. I believe this is a goal within our reach – **together**.



### Dr James R Downing

St. Jude Children's Research Hospital  
President and Chief Executive Officer



The St. Jude Children's Research Hospital mission is to advance cures and means of prevention for paediatric catastrophic diseases through research and treatment. Our work has helped raise cure rates for paediatric cancer to 80% in the United States. Unfortunately, children worldwide do not share this hopeful outlook. In fact, survival rates fall below 30% internationally.

Through St. Jude Global, the Global Alliance, serving as a WHO Collaborating Centre for Childhood Cancer and partnering with WHO to launch the Global Initiative for Childhood Cancer, we seek to improve the statistics.

Our goal is to raise paediatric cancer survival rates to 60% worldwide by 2030 and ensure a day when children everywhere have access to quality care.

The dream is bold, but within reach. At St. Jude, we have seen what success is possible when people come together with a shared purpose. Imagine the future we can build by uniting the world to tackle paediatric cancer.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_23535](https://www.yunbaogao.cn/report/index/report?reportId=5_23535)



云报告  
<https://www.yunbaogao.cn>

云报告  
<https://www.yunbaogao.cn>

云报告  
<https://www.yunbaogao.cn>