



# World Cancer Leaders' Summit

.....  
**2015**  
.....

17 - 18 November | Istanbul, Turkey  
Effective International Collaboration

## Breakout 2 - Green

*‘Children get cancer too. How to integrate childhood cancer into child health and primary care services’*

- > Co-hosted by Turkish Association for Cancer Research and Control (TACRC) and St. Jude Children's Research Hospital



World Cancer  
Leaders' Summit

# Burden of childhood cancer



- Each year, almost **200,000** children are newly diagnosed with cancer in the world.
- The exact number of new cases is not known as the number of children with cancer is not registered in many countries.

# Trends in 5-year Relative Survival Rates for Cancer in Children (0-14 years), 1975-2010

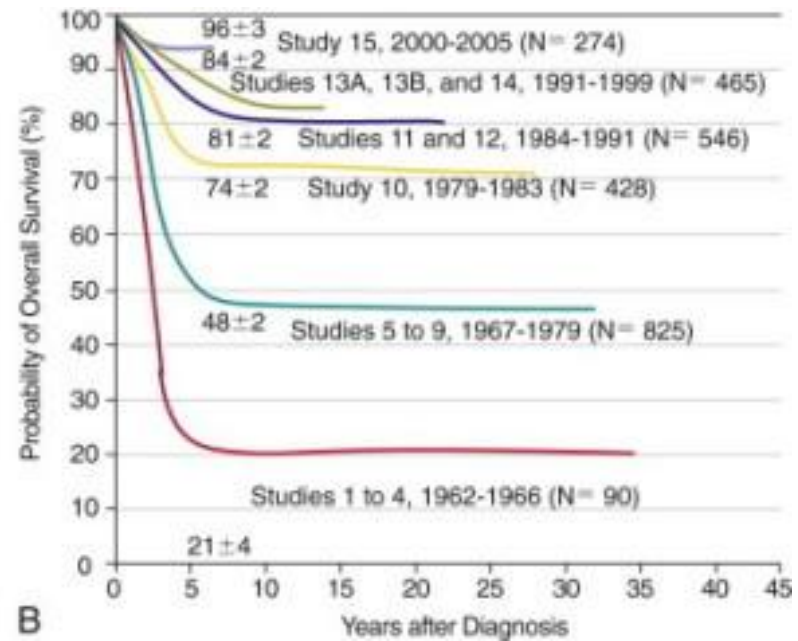
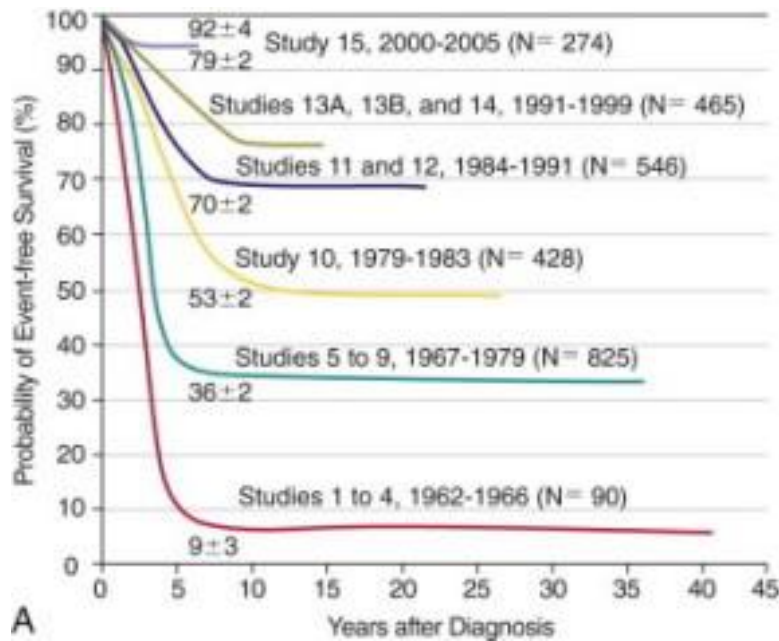


Based on follow up of patients through 2010. ONS=other nervous system.

\*Excludes benign brain tumors.

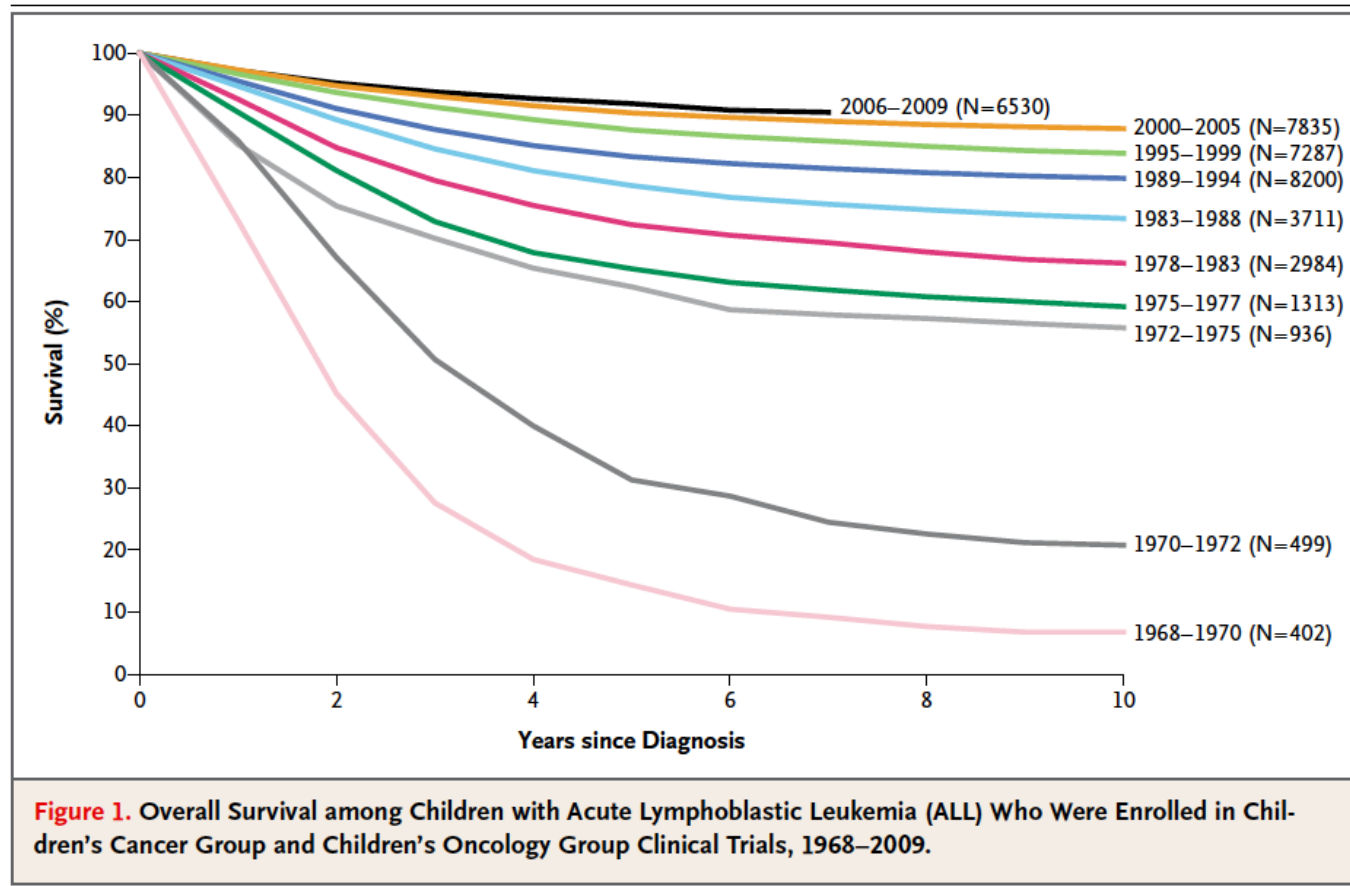
Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2013.

# Survival in 2628 children participated in 15 consecutive studies at St. Jude Children's Research Hospital



*N Engl J Med 354:166–178, 2006)*

# Overall survival In Children enrolled in CCG & COG studies



N Engl J Med 2015;373:1541-52.



## Survival challenge in childhood cancers

Despite ground-breaking advances in diagnosis and treatment of cancer, children with cancer who live in developing countries have less than a **50 per cent** survival rate, as opposed to **80 per cent** for children living in developed countries.

# Global Goals: SDGs; Sustainable Development Goals



## THE GLOBAL GOALS For Sustainable Development







**Thank you!**



World Cancer  
Leaders' Summit

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# Making Pediatric Cancer a Priority Models for Program Development and Implementation

Carlos Rodriguez-Galindo, MD

Chair, Department of Global Pediatric Medicine

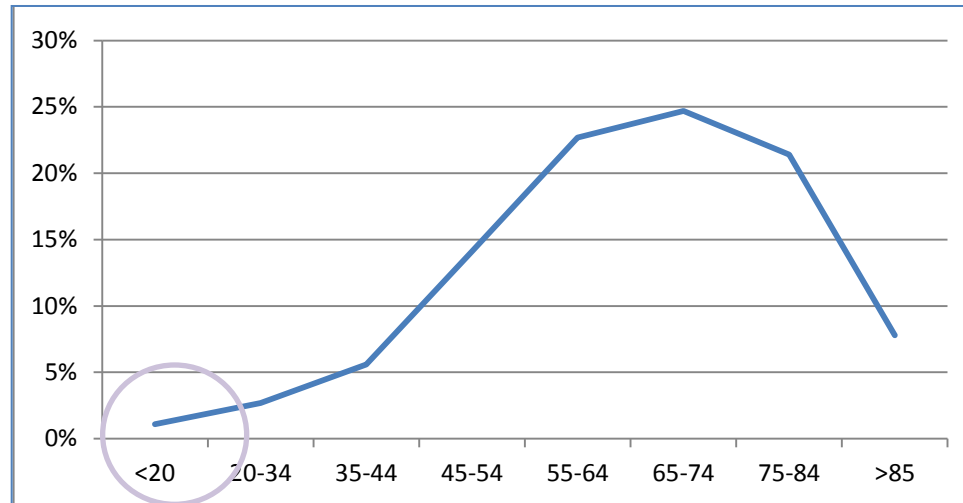
Four Stars of Chicago Chair in International Pediatric Research

Director, International Outreach Program

Executive Vice-President

St. Jude Children's Research Hospital

# Pediatric Cancer



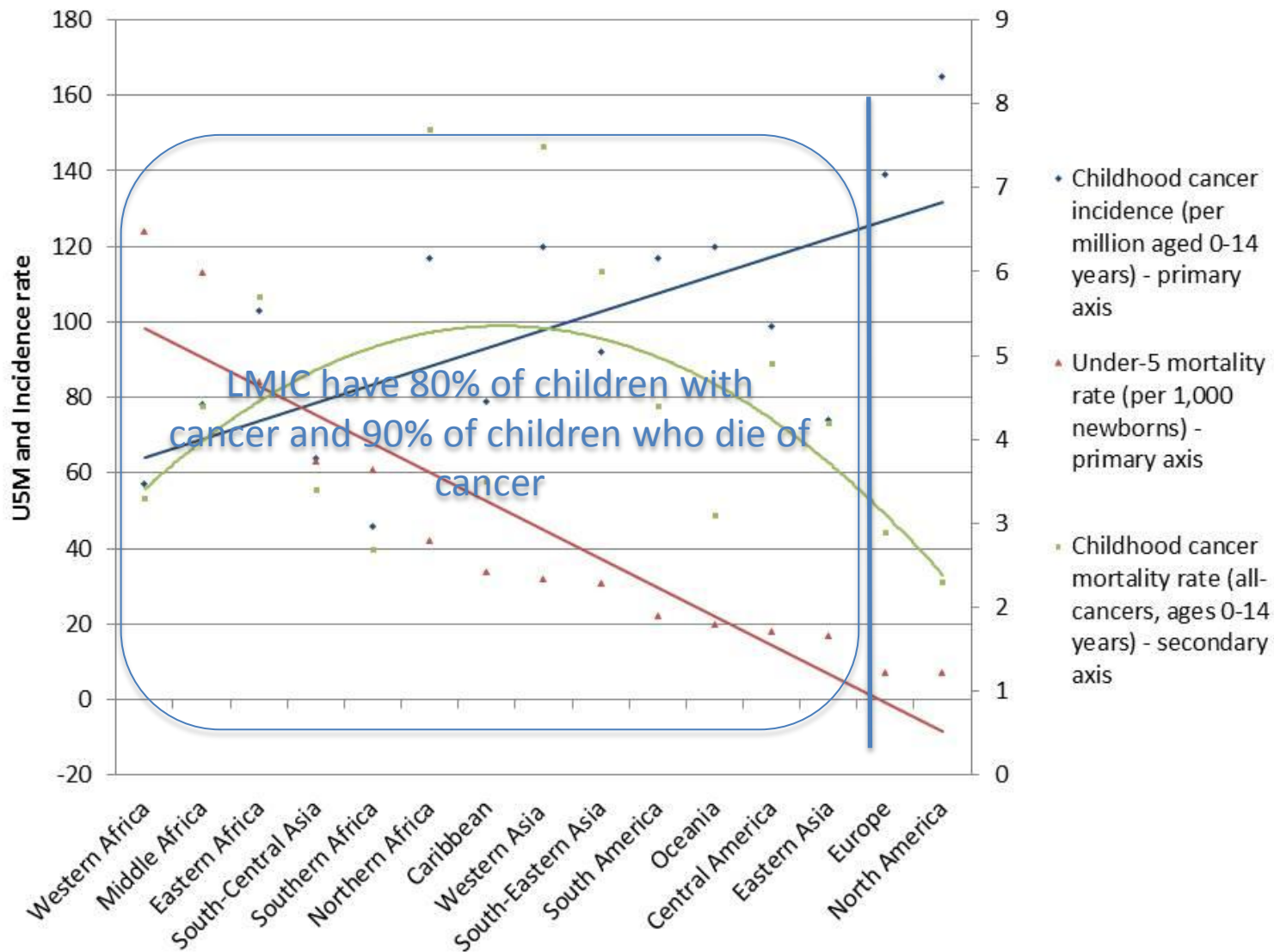
- 1%-2% of all cancers
- Incidence: 15/100,000 individuals <15 years
  - Or: 1/333 children
- Most common disease-related cause of death in children older than 5 years in HIC
- High probability of cure in HIC (80%) and more potential for life years gained than adult cancer



# What does it really mean to children?

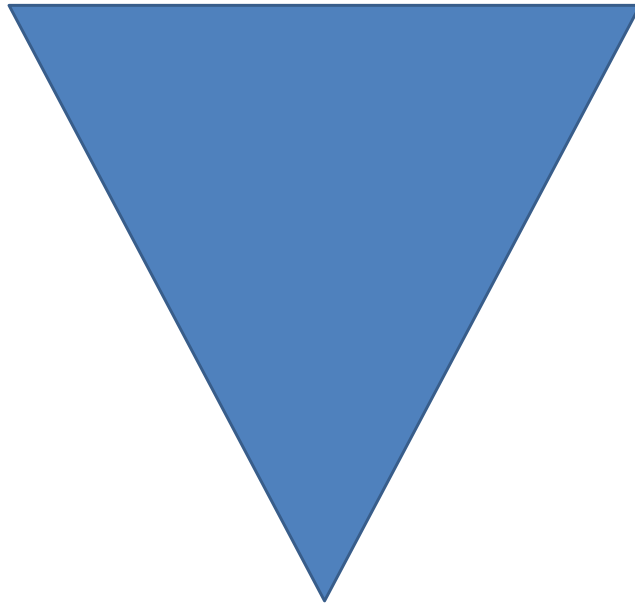
Income Category	Total Population <sup>1</sup> (n)	Population 0-14 years (as % of population) <sup>1</sup>	Population 0-14 years (n)	Incidence of childhood cancer (per million) <sup>2</sup>	Expected childhood cancer cases
High-income countries	1,306,000,000	17.3%	226,068,600	148	22,458
Upper-middle income	2,409,000,000	21.9%	527,089,200	118	62,197
Lower-middle-income	2,561,000,000	32.0%	818,751,700	73	59,769
Low-income countries	848,700,000	39.3%	333,199,620	76	25,323
<b>TOTAL</b>	<b>7,124,700,000</b>	--	<b>1,905,109,120</b>	--	<b>180,747</b>
<b>TOTAL FOR LMIC<sup>3</sup></b>					<b>147,289</b>
<b>% LIVING IN LMIC<sup>3</sup></b>					<b>81.5%</b>

# Burden of disease



# Pediatric Cancer in the Developing World

## Global Health Priorities



### Global Health

- Infectious diseases
- Sanitation
- Clean water

### Non communicable diseases

- Cancer
- Heart Disease
- Diabetes
- Obesity

### Pediatric cancer

# The Child with Cancer in Resource Limited Settings



Late presentation  
and under  
diagnosis

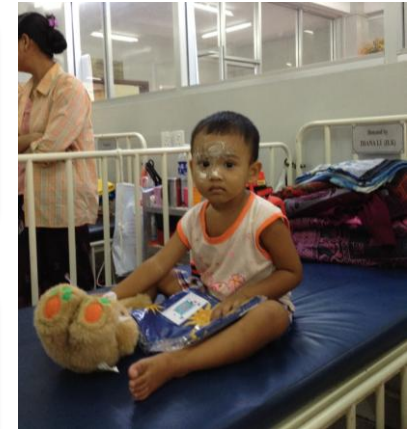
Deficient  
supportive care

Abandonment of  
therapy

Deficient nursing  
training and  
support

Malnutrition

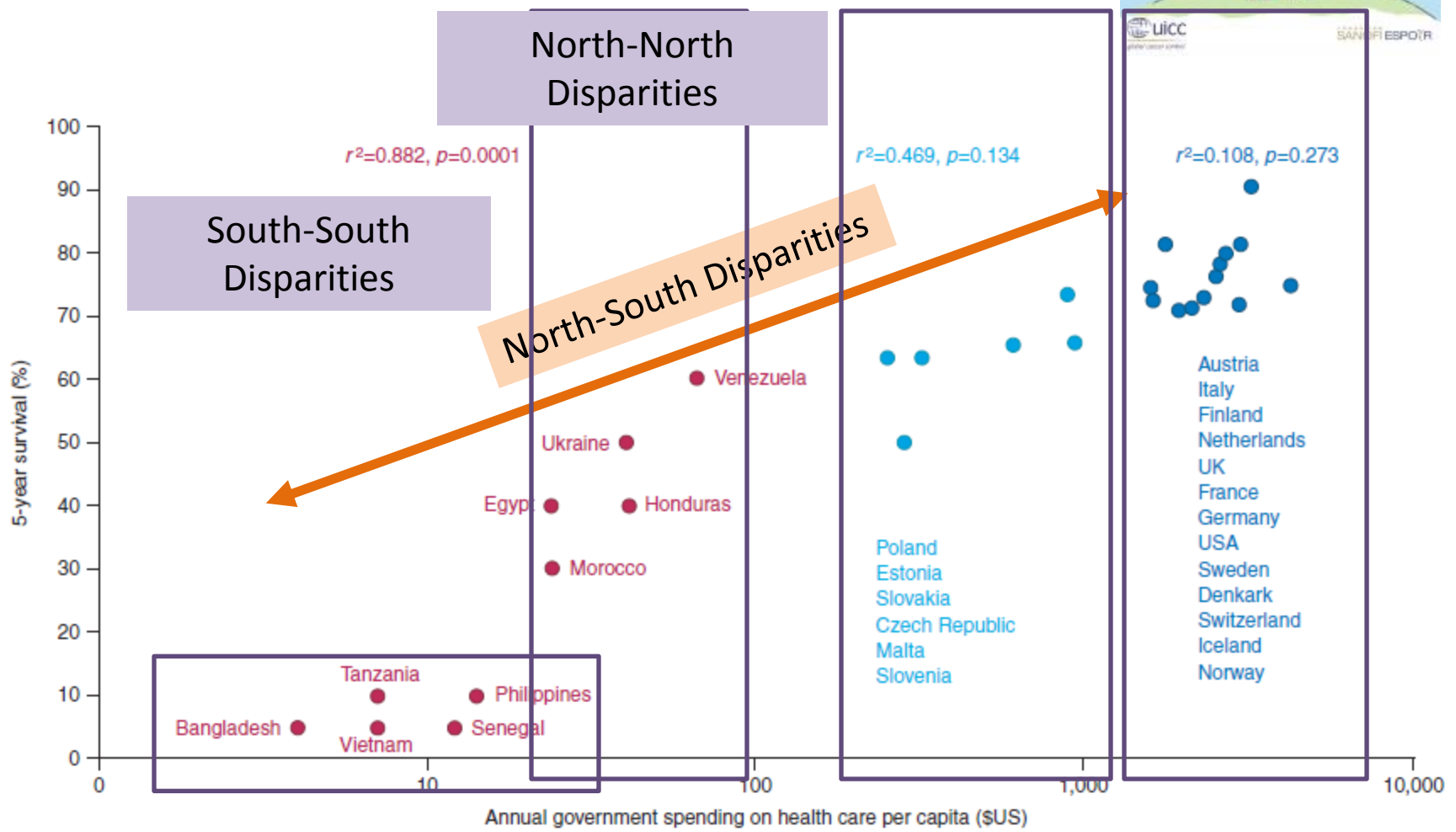
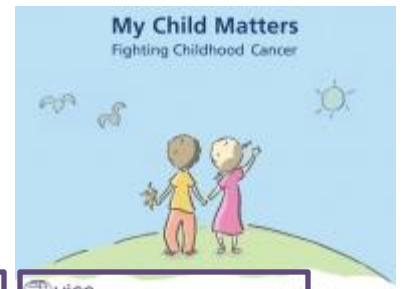
Deficient  
palliative care



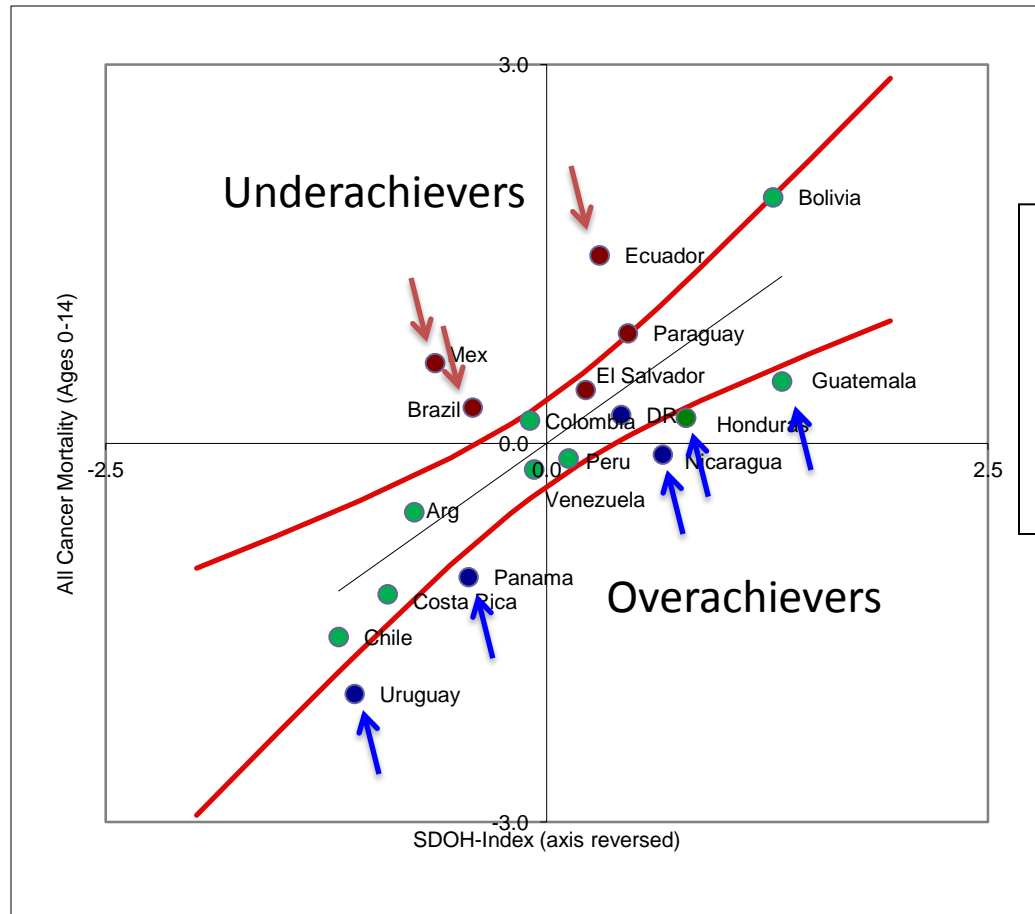




# Childhood cancer survival and government annual healthcare spending *per capita*: #1 determinant of survival globally



# Measuring Performance: Over and Under Achievers



- POU/System Indicators:
- Human resources
  - Infrastructure
  - Administration
  - Psychosocial

# Where and how do we start?

**North America**  
6.8% of childhood cancers

**Europe**  
10% of childhood cancers

**Eastern Asia**  
12% of childhood cancers

**Northern Africa**  
5.2% of childhood cancers

**South-Eastern Asia**  
9.6% of childhood cancers

**Central America & Caribbean**  
3.4% of childhood cancers

**Western Asia**  
5.4% of childhood cancers

**South-Central Asia**  
21% of childhood cancers

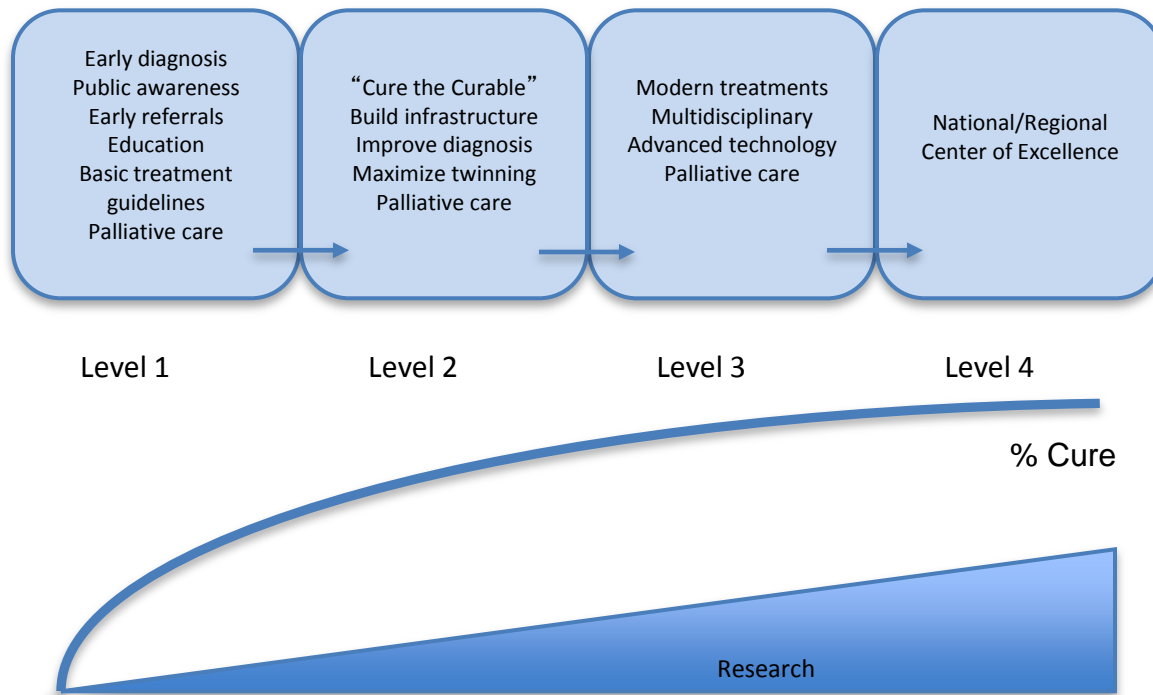
**Oceania**  
0.6% of childhood cancers

**South America**  
7.3% of childhood cancers

**Southern Africa**  
18.6% of childhood cancers

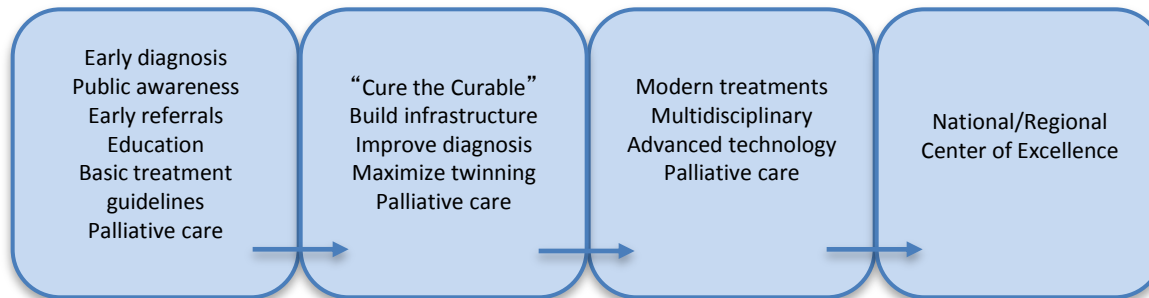
# Global Health Initiatives in Pediatric Cancer

## The Model



# Beyond Program Building

## Approach to Pediatric Cancer in the Developing World



Level 1

Level 2

Level 3


Level 4

% Cure

Research

# Beyond Program Building

## Approach to Pediatric Cancer in the Developing World



Twinning  
Program Building

# Building Capacity

## Twining



Improved Hospital Infrastructure  
Dedicated Pediatric Oncologists  
Dedicated Oncology Nurses  
Infection Control  
Multidisciplinary Care  
Evidence-based medicine  
“best possible treatment”  
Social Support - Foundations



Decreased Abandonment  
Decreased Toxicity  
Improved Cure Rates



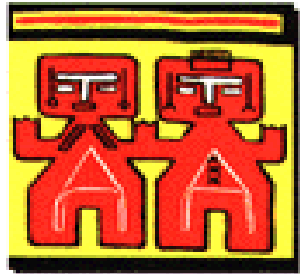
Dominican Republic







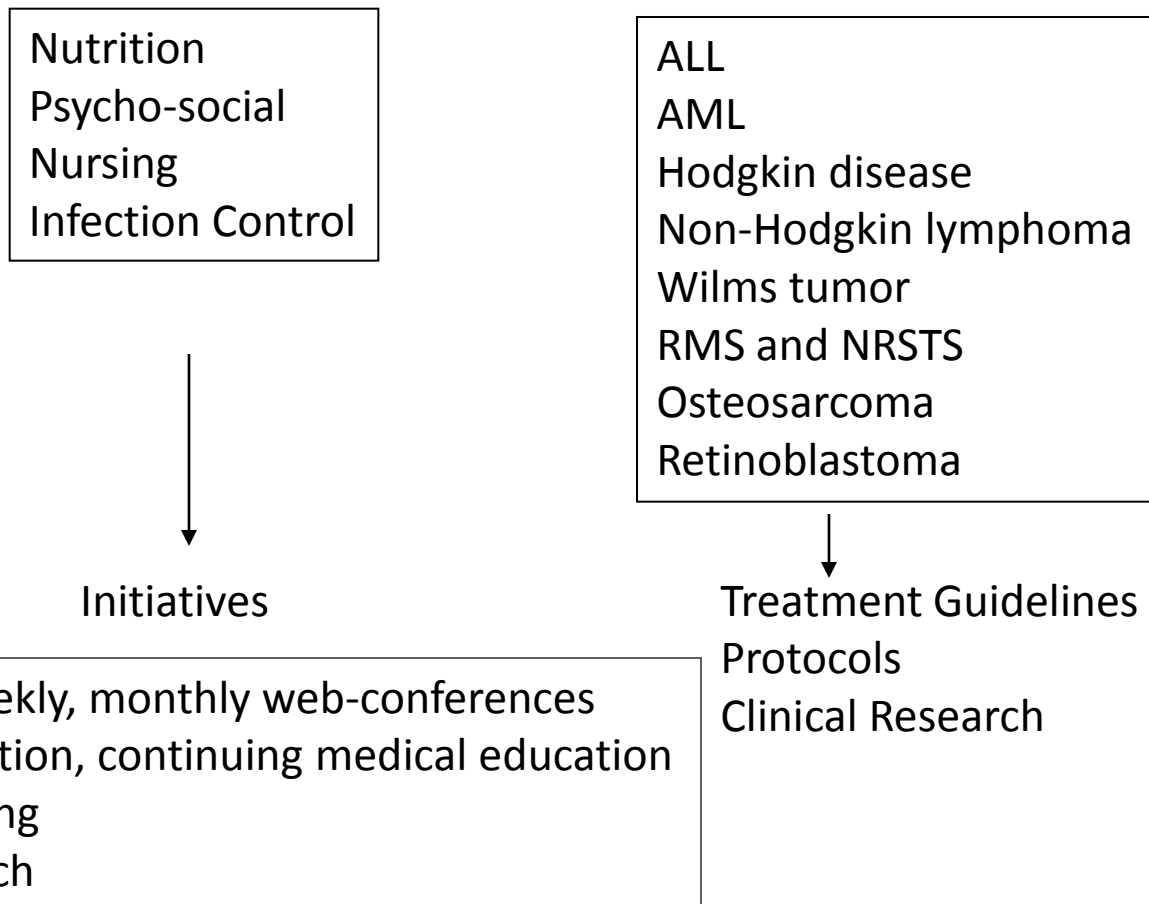
CANCER AND BLOOD DISORDERS CENTER





# The AHOPCA Experience

## Disease- and Problem-Specific Working Groups



# Beyond Program Building

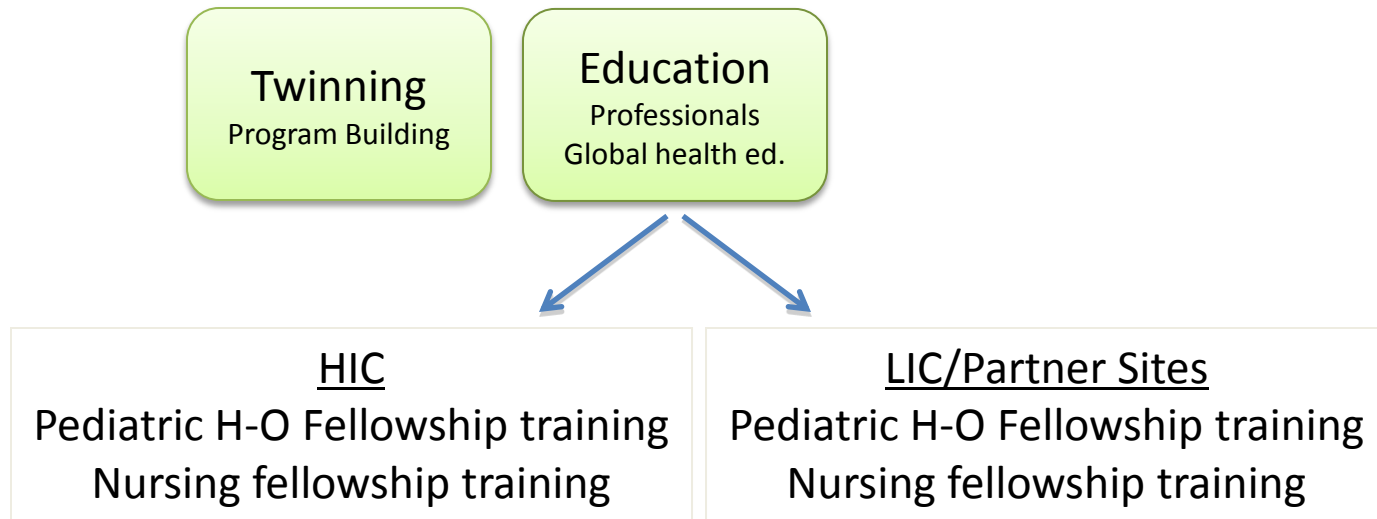
## Approach to Pediatric Cancer in the Developing World

**Twinning**  
Program Building

**Education**  
Professionals  
Global health ed.

# Beyond Program Building

## Approach to Pediatric Cancer in the Developing World



Research methods  
Health care policy/administration  
Epidemiology/Molecular  
Health economics  
Medical anthropology  
...

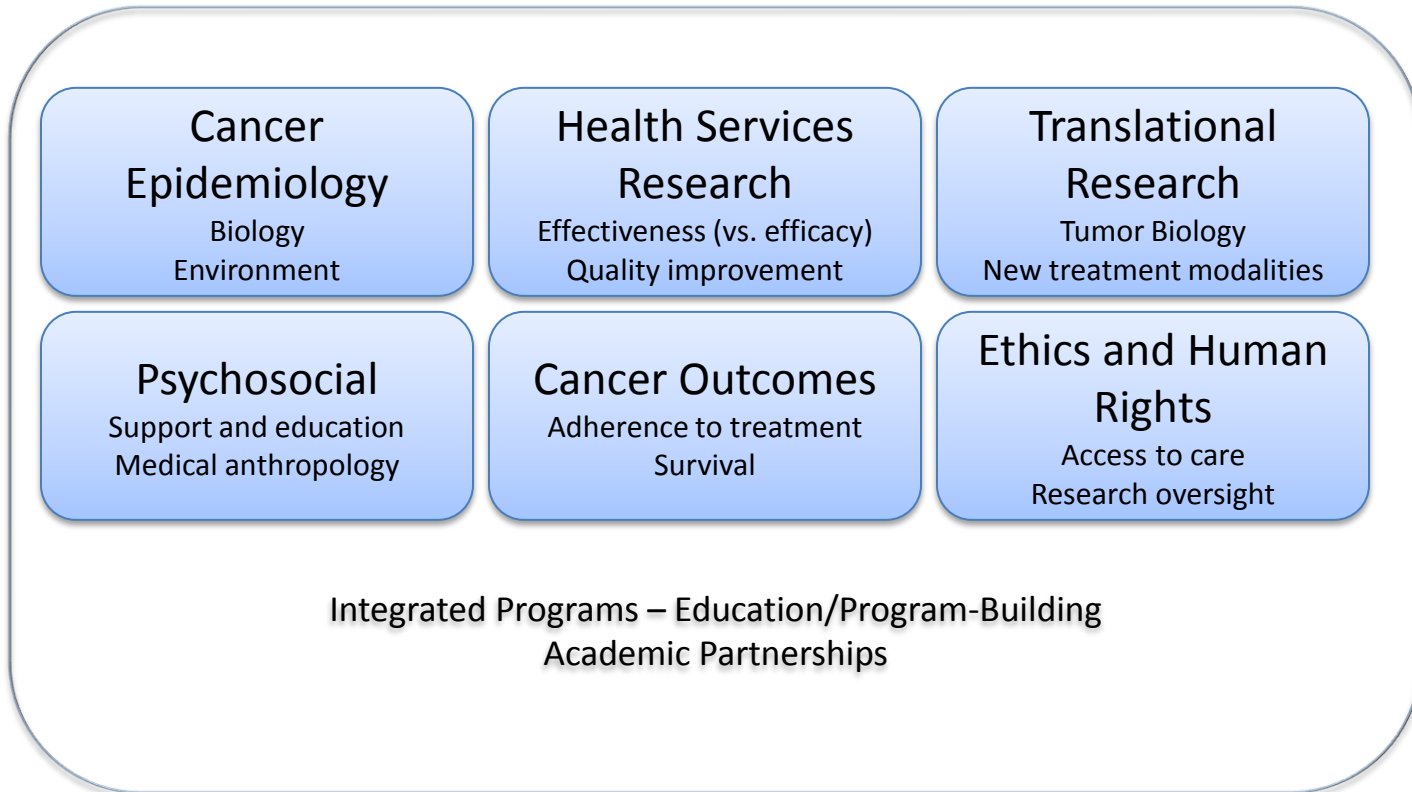
Building regional capacity  
Integrated research training  
Visiting professors  
...



“Education Twinning” → Long-term partnerships

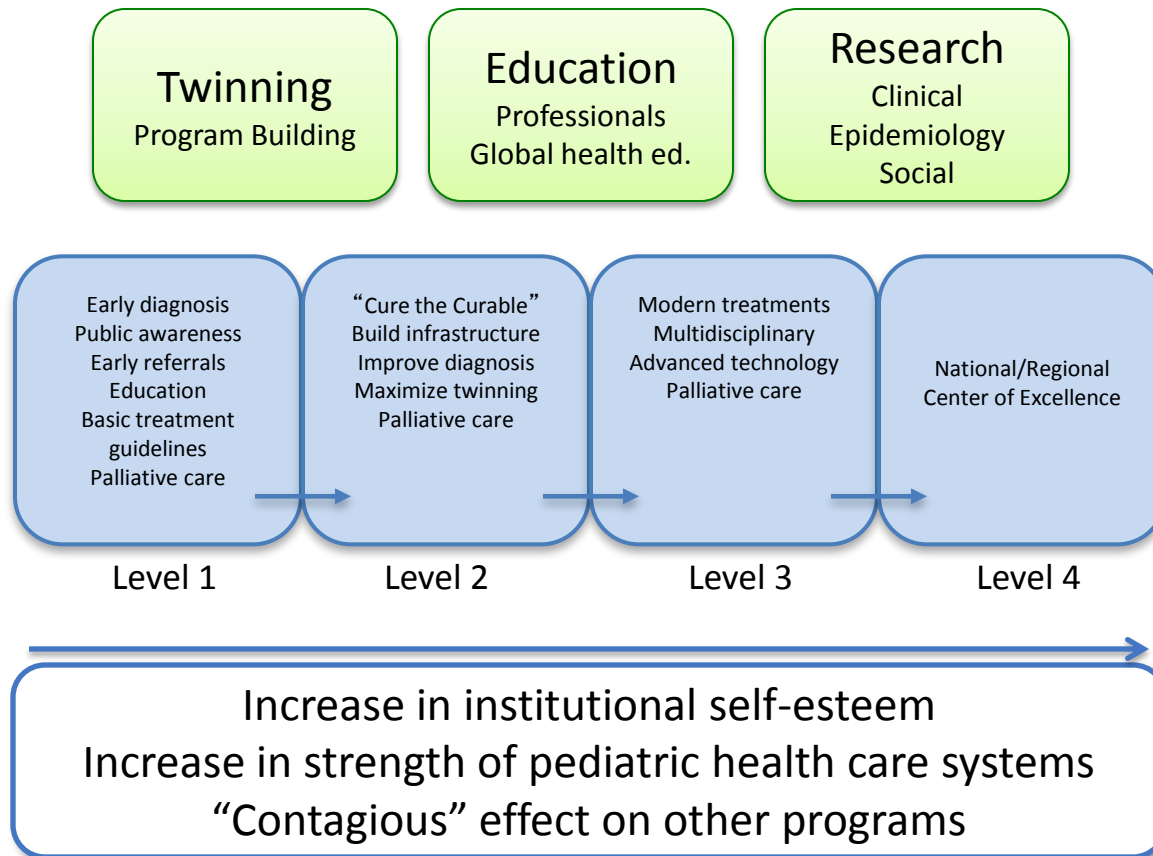
# Beyond Program Building

## Approach to Pediatric Cancer in the Developing World

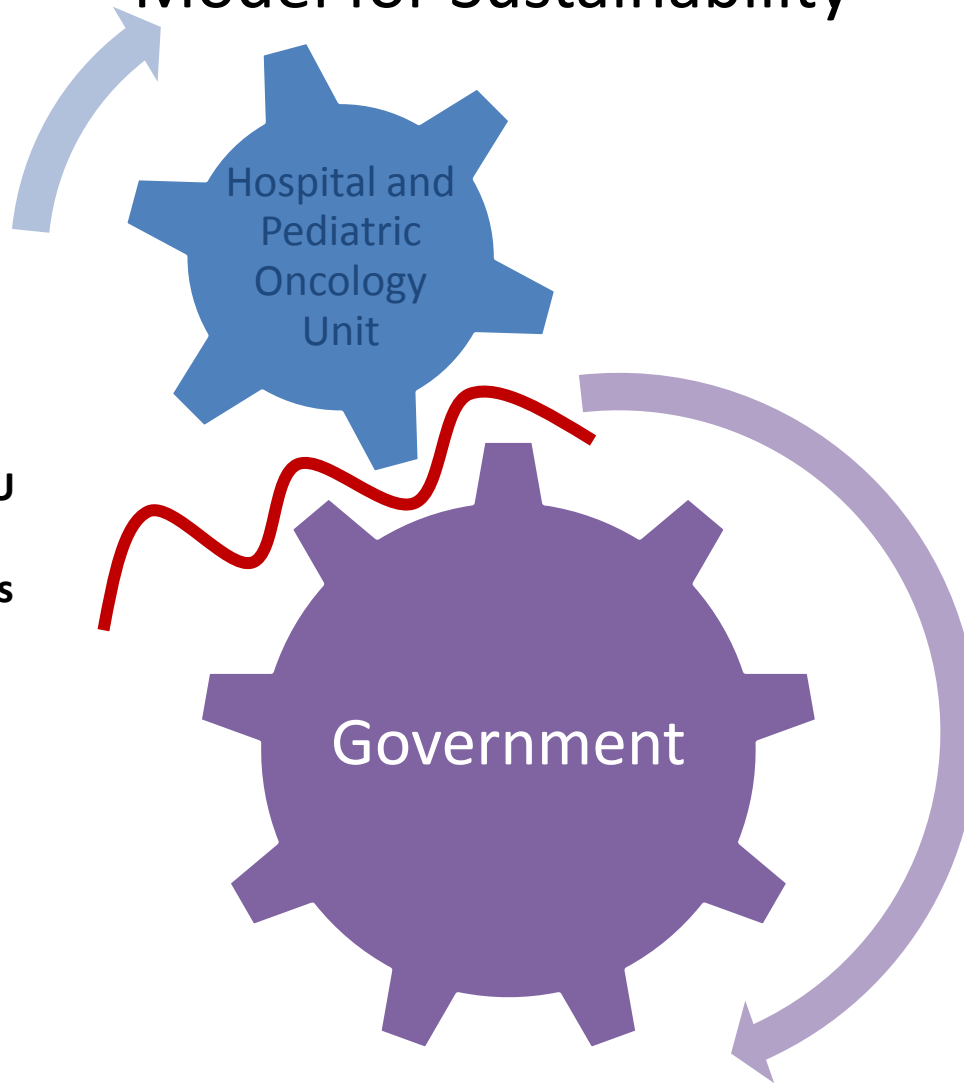


# Beyond Program Building

## Approach to Pediatric Cancer in the Developing World



# Building Pediatric Oncology Programs Model for Sustainability



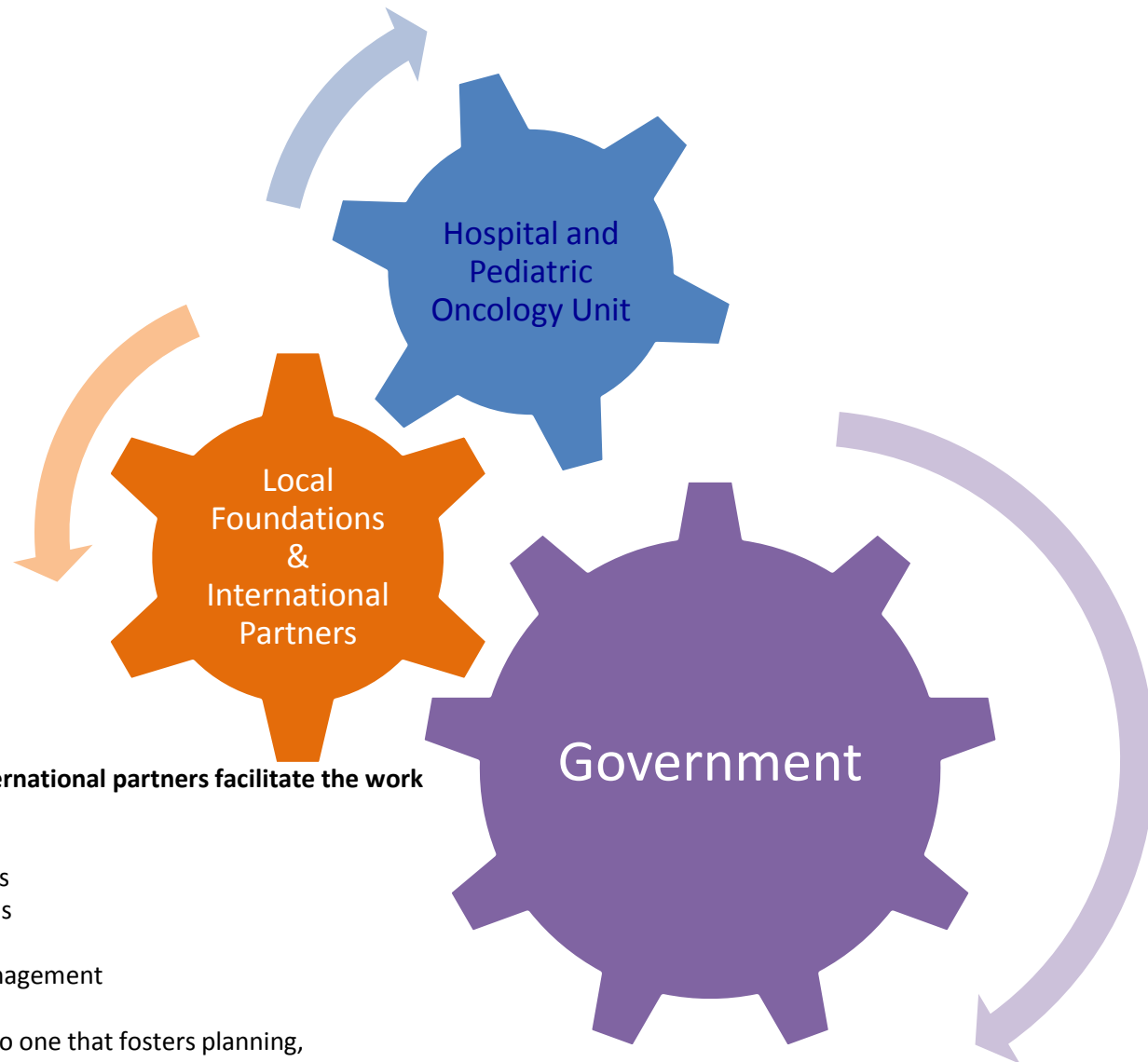
**Due to high-stakes in pediatric oncology, POU attempt to offer subspecialty care that is inherently:**

- Demanding
- Complex
- Time-consuming
- Expensive
- Multi- and inter-disciplinary

**The government is dealing with:**

- High volumes
- Competing needs
- Population changes
- Increased burden of non-communicable diseases
- Political changes
- Budgetary constraints
- Fragmentation concerns
- Accountability issues

# Building Pediatric Oncology Programs Model for Sustainability



**Local foundations and international partners facilitate the work through:**

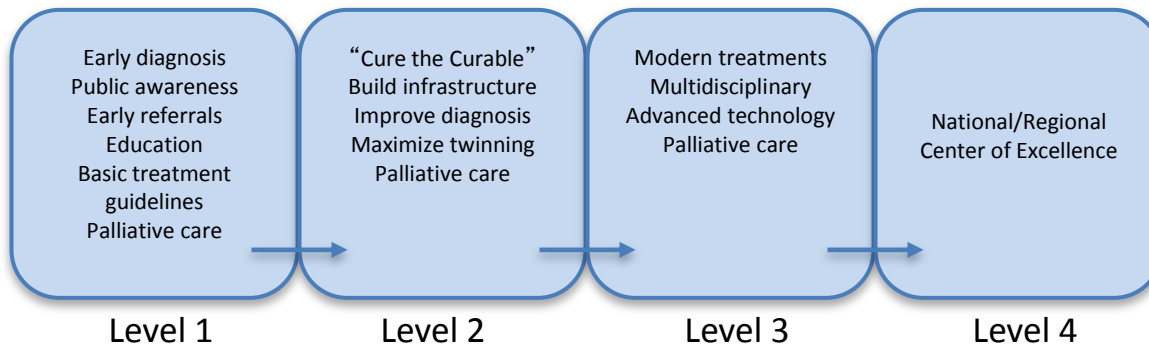
1. Training, education
2. Prioritization of resources
3. Goal setting and timelines
4. Technology transfer
5. Promote leadership, management
6. Build research capacity
7. Change medical culture to one that fosters planning, multidisciplinary care, communication and team work



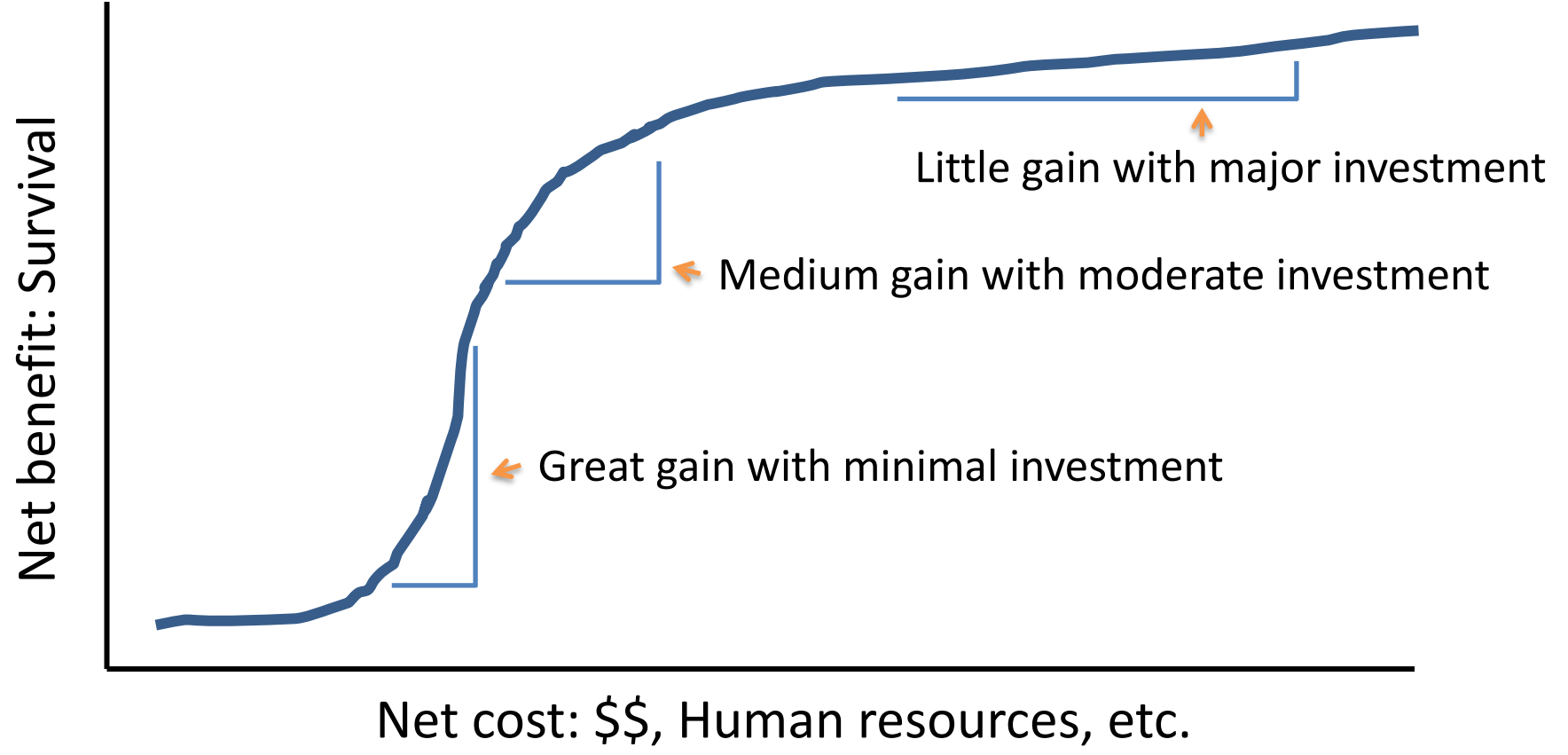
# Building Pediatric Oncology Programs

## Model for Sustainability





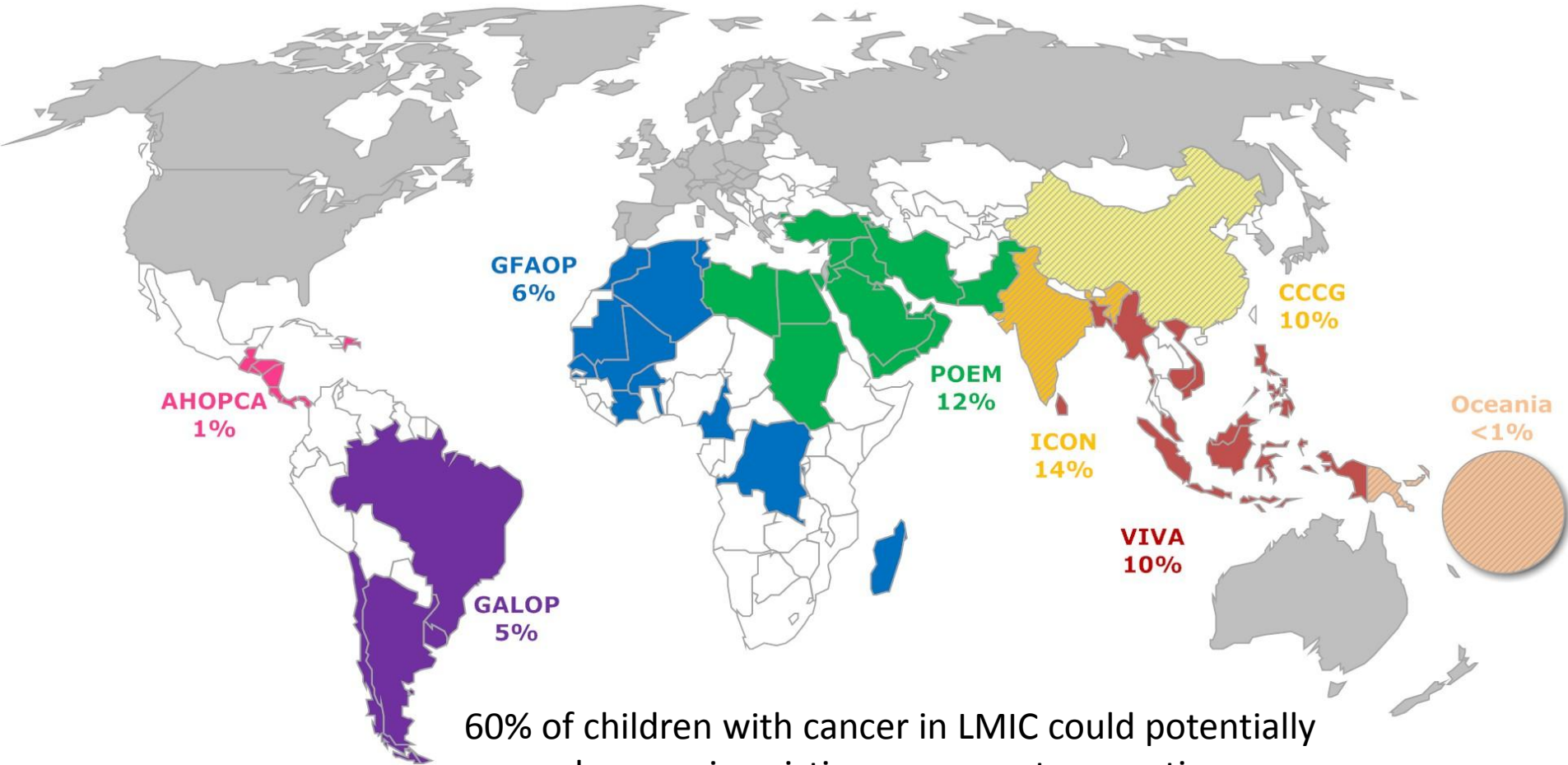
# The Efficiency Curve



# Practical Points for Program Building

- Level-adjusted objectives
- Incorporation of metrics and performance
- Gradual implementation of initiatives and progression through levels
- Sustainability and business models
- Key dimensions
  - Quality assessment and implementation
  - Training and capacity building
  - Incorporation of research methods
- Regional expansion – twinning<sup>2</sup>
  - The power of the region

# Regional Collaborative Initiatives in Pediatric Cancer



60% of children with cancer in LMIC could potentially be seen in existing or nascent consortia

# Beyond Program Building

## Approach to Pediatric Cancer in the Developing World

**Twinning**  
Program Building

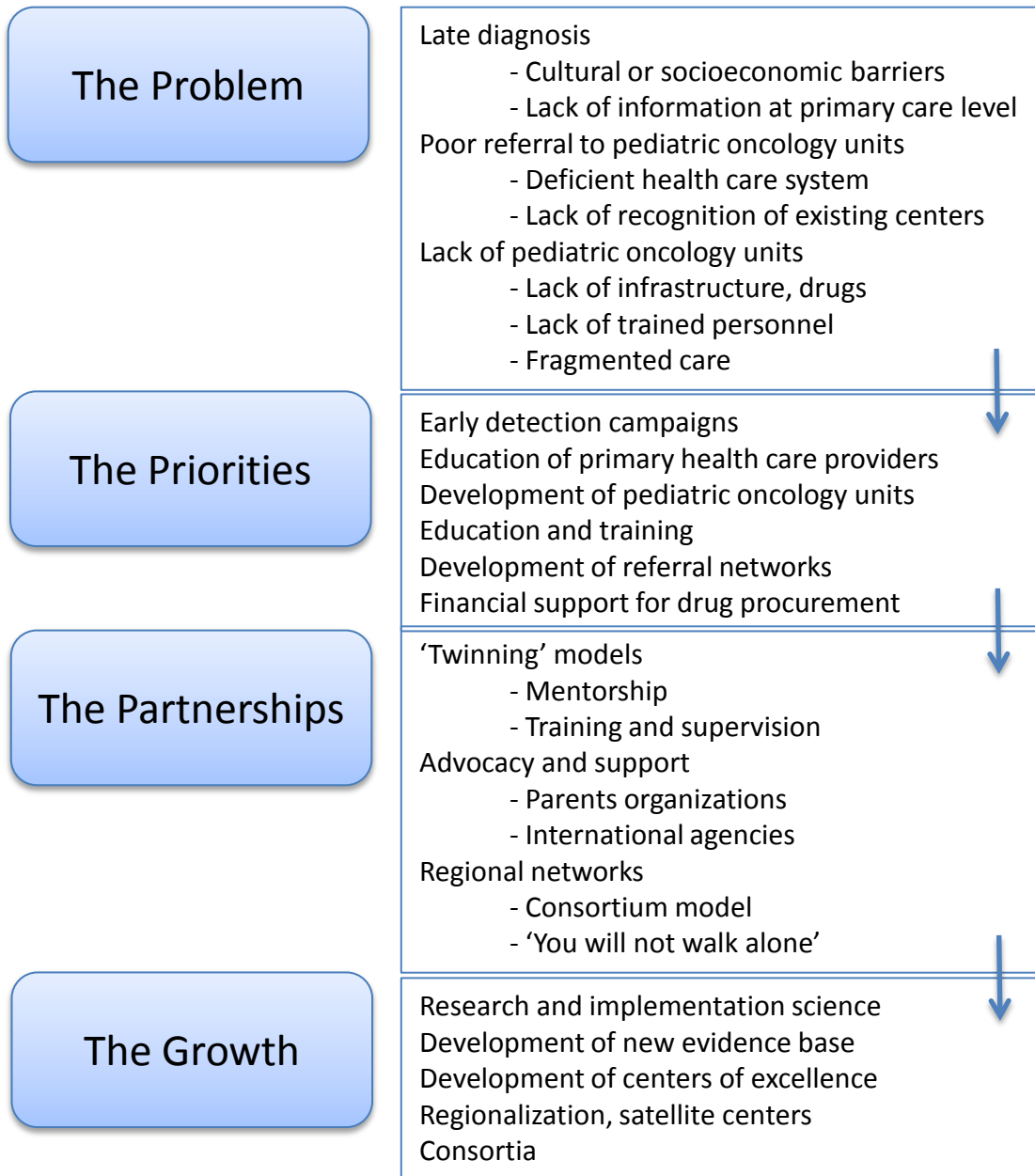
**Education**  
Professionals  
Global health ed.

**Research**  
Clinical  
Epidemiology  
Social

Academic centers must assume responsibility  
Change in philosophy – new vision ... new mission  
Strong commitment  
Not ‘mission work’  
Integrated within programmatic goals  
Education: students, residents, fellows  
Financial support

**“Breakthrough in Pediatric Cancer”**

# Moving Forward ...



Thanks!



[carlos.rodriquez-galindo@stjude.org](mailto:carlos.rodriquez-galindo@stjude.org)



# **Accomplishments of a Retinoblastoma Awareness Campaign through the distribution of Flyers during the Annual Vaccination Campaign in Honduras**

Dra. Ligia Fu

Fundación Hondureña para el Niño con Cáncer

Servicio de Hematología y Oncología Pediátrica

Hospital Escuela Universitario

Tegucigalpa, Honduras

Centroamérica



# Hospital Escuela Tegucigalpa, Honduras



# Retinoblastoma

- Most frequent intraocular tumor (2-4% of tumors in children)
- Signs and symptoms: Leukocoria
- Strabismus, glaucoma
- Survival rate at early diagnosis in developed countries >90%
- Cancer prevention /Early detection

# Leukocoria- Early Sign of Retinoblastoma



**Abnormal white reflection from the retina of the eye**

**Retinoblastoma,**  
(cáncer de ojo), puede producirle  
ceguera o quitarle la vida a su hijo,  
si no se trata a tiempo.

Si le está apareciendo una mancha blanca en el centro del  
ojo (*leucocoria*) llévelo de inmediato al centro de salud u  
hospital más cercano porque podría tratarse de un cáncer.

El cáncer en los ojos es  
**CURABLE**  
si se detecta a tiempo.

Si nota en su niño cualquiera de estos síntomas envíe la referencia al siguiente correo electrónico:  
[referencias@salvavidahonduras.org](mailto:referencias@salvavidahonduras.org)  
para que la Fundación Hondureña para el Niño con Cáncer pueda apoyar a su hijo.

**Campaña Educativa de Detección Temprana  
Fundación Hondureña para el Niño con Cáncer**

**FUNDACIÓN  
HONDUREÑA  
PARA EL NIÑO  
CON CÁNCER**

**Apadrina a un niño por solo Lps. 1.00 diario**

Departamento	Nombre	Dirección	Teléfono	Horario
Atlántida	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Choluteca	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Comayagua	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
El Paraíso	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Francisco Morazón	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Interoceánico	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Islas de la Américas	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
La Paz	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
La Unión	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Occidente	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Orizaba	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Quezaltenango	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Retalhuleu	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
San Marcos	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
San Pedro Sula	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Siguatepeque	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Soloma	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Tegucigalpa	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00
Yamoro	San Marcos	Calle 10 de Octubre, No. 100	2242-1000	08:00 a 18:00

# Before Awareness campaign for Early detection of Retinoblastoma (2003)



## DELAYED DIAGNOSIS OF RETINOBLASTOMA

The cases of Retinoblastoma referred to the Hospital presented Extraocular invasion (73%)

# EARLY DETECTION OF RETINOBLASTOMA DURING THE MASSIVE VACCINATION CAMPAIGN IN HONDURAS



- Annual Massive vaccination campaign (95% coverage) for children less than 5 years old
- Distribution of flyers and posters about Leukocoria a suspicious sign of Retinoblastoma

# ANNUAL VACCINATION CAMPAIGN + RETINOBLASTOMA AWARENESS



- 500000 Leukocoria flyers distributed to parents
- 1625 Public Health Centers accessed in the country
- \$3000 dollars spent by the Fundacion Hondureña para el Niño con cancer to produce flyers and posters

# DISTRIBUTION OF EDUCATIONAL MATERIAL IN HONDURAS

**El Cáncer también ataca a los ojos.**



Puede producirle ceguera o quitarle la vida a su hijo, sino se trata a tiempo.

Usted puede detectar el Cáncer, observando el ojo de su hijo o hija, y si le esta apareciendo una mancha blanca llévalo ahora mismo al Centro de Salud o al hospital mas cercano.

**Mayor Información en:**  
Centro de Salud mas cercano / Servicio de Hemato Oncología  
Pediátrica del Hospital Escuela.  
Tel. 235-5225, 232-2322 ext. 316 ó 507


**Fundación Hondureña para el Niño con Cáncer**  
Oficina Principal Tel. 235-8774, 235-6108, 800-220-VIDA (8432)  
[www.salvamivida.org](http://www.salvamivida.org)

“Promoviendo vida saludable a través del poder ciudadano”




**EL CÁNCER**  
Puede producirle ceguera o quitarle la vida a la persona, sino se trata a tiempo.

**USTED**  
puede detectar el  
**CÁNCER**  
al observar el ojo  
de su hijo o hija.



**Mayor Información en:**  
Centro de Salud más cercano / Servicio de Hemato Oncología  
Pediátrica del Hospital Escuela  
Tel. 2232-2322 Ext. 316 ó 507  
Fundación Hondureña para el Niño con Cáncer  
Oficina Principal Tel. 2235-8774, 2235-6108  
Llama gratis al 800-2220 VIDA (8432)  
Filial No.1 San Pedro Sula Tel. 2550-7080  
Filial No.2 Danlí, El Paraíso Tel. 2763-6804



Impact of an Education Program on Late Diagnosis of Retinoblastoma in Honduras  
 Christopher Leander, B.S.,<sup>1</sup> Ligia C. Fu, M.D.,<sup>2</sup> Armando Peña, M.D.,<sup>2</sup> Scott C. Howard, M.D.,<sup>3</sup>  
 Carlos Rodriguez-Galindo, M.D.,<sup>3</sup> Judith A. Wilimas, M.D.,<sup>3</sup> Raul C. Ribeiro, M.D.

**Pediatr. Blood Cancer, 2007 Nov;49(6):817-9.**

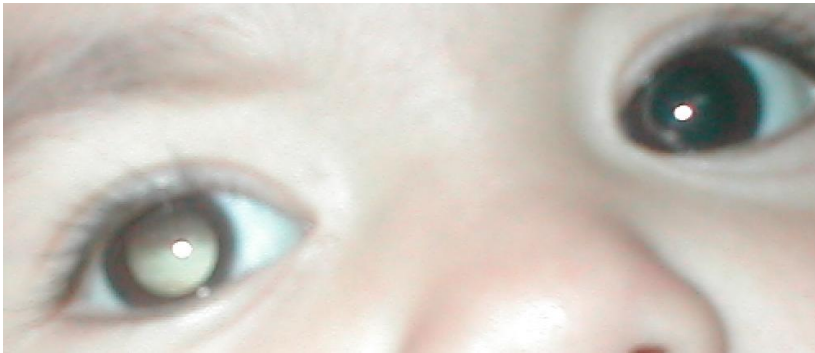
	<b>Pre-Campaign 7/1/95--6/1/03 (9 years)</b>		<b>PostCampaign 6/1/03-- 12/31/06 (3 years)</b>	
	<b>n = 59</b>	<b>%</b>	<b>n = 41</b>	<b>%</b>
Extraocular tumor	43	<b>73%</b>	11	27%
Intraocular tumor	16	27%	30	<b>73%</b>
Bilateral disease	5	8%	2	5%



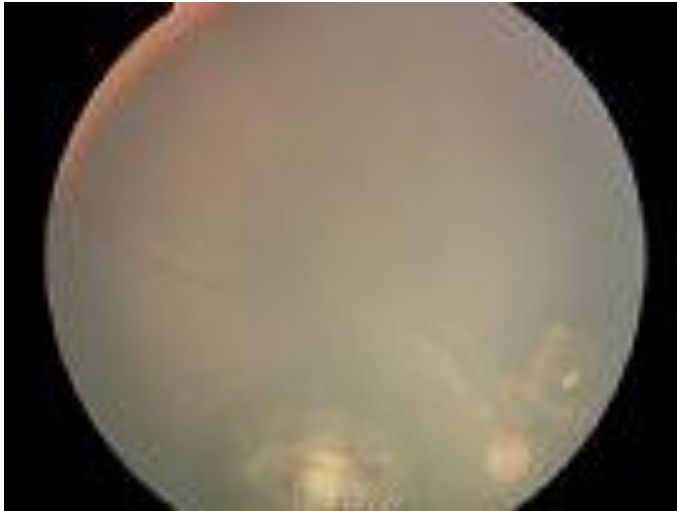
# Results of the Retinoblastoma's Awareness Campaign in Honduras (2003-2012).

- Number of cases of Retinoblastoma referred to the Hospital increased.
- The Intraocular Retinoblastomas increased to 73%
- Children are detected at a younger age
- With training of the personnel and donation of equipment there is possibility to save not only the life of the children but also their vision

# Early Detection of Retinoblastoma after the Awareness Campaign



Donation from St Jude´s IOP of a retcam and laser for treatment and follow up of retinoblastoma patients in Hospital Escuela Universitario, Tegucigalpa, Honduras



# PATIENT WITH BILATERAL RETINOBLASTOMA ON SURVEILLANCE

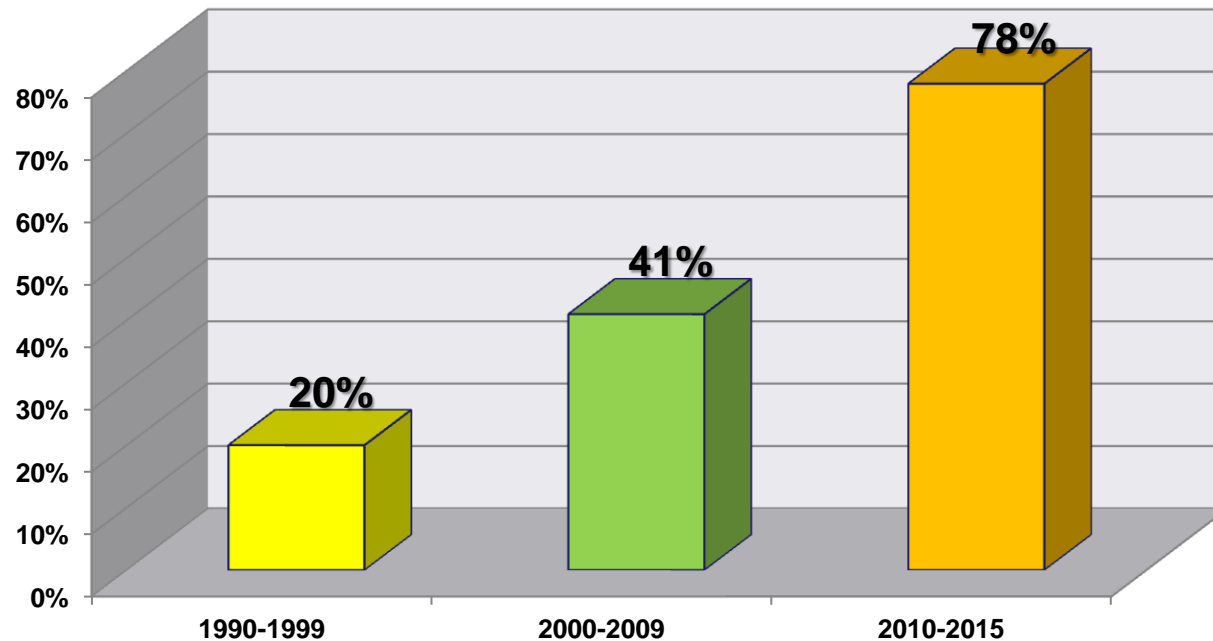


# Distribution of Retinoblastoma cases by events and period of time

AÑO	PACIENTES
1990	1
1992	3
1994	1
1995	1
1996	7
1997	5
1998	11
1999	6
2000	4
2001	13
2002	11
2003	13
2004	13
2005	9
2006	8
2007	8
2008	8
2009	13
2010	16
2011	16
2012	11
2013	9
2014	13
2015	3
<b>TOTAL</b>	<b>203</b>

Años	Pacientes	Vigilancia	Abandono	Falleció	Tratamiento	Rehusó	Paliativo	Total	Sobrevida	%
1990-1999	<b>35</b>	7	24	3	0	1	0	<b>35</b>	7	20%
2000-2009	<b>100</b>	36	24	32	5	3	0	<b>100</b>	41	41%
2010-2015	<b>68</b>	<b>26</b>	<b>8</b>	<b>5</b>	<b>27</b>	<b>1</b>	<b>1</b>	<b>68</b>	53	78%
<b>Total</b>	<b>203</b>									

## Survival Rate



# Childhood cancer Awareness Campaign for 2016

**Cáncer Infantil**  
**Signos y Síntomas**



Mancha blanca en ojo o Leucocoria es síntoma de Retinoblastoma o Cáncer de Ojo



Tumor en Huesos

- Dolor, abultamiento en brazo, pierna, rodilla: puede ser síntoma de Cáncer.



Ganglios Inflamados o "Secas"

- Ganglios inflamados o Secas en cuello: puede ser síntoma de Linfoma.



Masa Abdominal (Distensión Abdominal)

- La masa abdominal o inflamación es signo o síntoma de diferentes cánceres.

- Fiebre mayor de 14 días, palidez, sangrado y dolor de Hueso: puede ser Leucemia.
- Dolor de cabeza intenso que despierta al niño por la mañana: puede ser Tumor Cerebral.

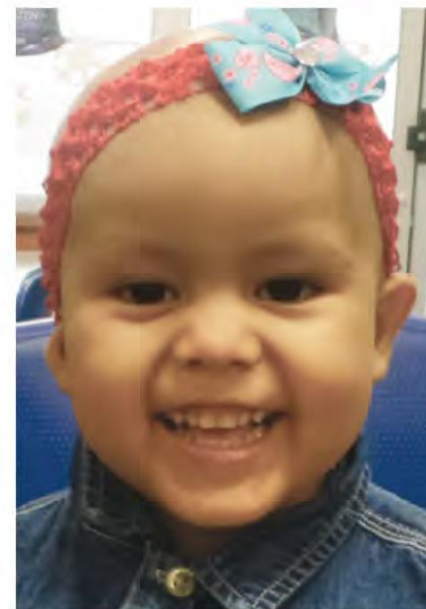
**Si su niño presenta estas manifestaciones acuda al Centro de Salud más cercano**  
Fundación Hondureña para el Niño con Cáncer Tegucigalpa: 22358774 / 2235-6108. Filial San Pedro Sula: 2550-7193  
Hospital Escuela Universitario Teg. Servicio de Hemato Oncología Pediátrica PBX 2232-2322 ext. 316 o 507.  
Hospital Mario Catarino Rivas San Pedro Sula, Servicio de Hemato Oncología Pediátrica.



- 500000 flyers will be distributed during the vaccination campaign on 2016
- Flyers will be disseminated to parents who attend with their children to the health centers
- The health providers will also be informed of the goals of the awareness campaign

# NEXT STEPS: EARLY DETECTION OF CHILDHOOD CANCER:WORKSHOPS TO PRIMARY CARE HEALTH PROVIDERS (2014-2016)

SECRETARIA DE SALUD  
Dirección General de Normalización



MANUAL DE PROCEDIMIENTOS PARA LA DETECCIÓN  
TEMPRANA DE CÁNCER EN LA POBLACIÓN  
DE 0 A 18 AÑOS DE EDAD

# Conclusion

- Lack of information and awareness about childhood cancer is a critical obstacle for an effective cancer control and cure in developing countries, especially for the detection of cancer at earlier and treatable stages.
- Comprehensive prevention programs that include strategies to improve knowledge about childhood cancer among communities, health professionals and policy makers will provide the greatest chance of success on childhood cancer survival rate.
- Retinoblastoma's Awareness during the Annual Vaccination Campaigns has caused a successful impact in Honduras and it is an example of collaboration between communicable and non communicable disease's programs.





# Ghana – Awareness Initiatives, Multi-stakeholder Engagement & Cancer Control Plan

Lorna Awo Renner

Head, POU, Korle Bu Hospital, Accra

WCLS, Nov. 18, 2015

# Introduction



- Population over 25million
- 40% under 14 years
- Only two childhood cancer treatment centres
- Only 250 out of expected 1,000 cases report to 2 centres

# Necessity for Awareness - Reality

Age	Sex	Initial diagnosis	Final Diagnosis	DOA	DOB	Remarks
6yr	m	Burkitt's lymphoma	Burkitt's Lymphoma	23/5/11		On TREATMENT
10yr	m	ALL	ALL L <sub>1</sub>	31/5/11	+	REFERRED TO NIGERIA
9yr	m	RT NEPHROBLASTOMA	RT NEPHROBLASTOMA	18/5/11		On treatment
5yr	m	RT orbital tumor ? Rhabdomyosarcoma	Rhabdomyosarcoma w/ rhabdomyoma extension	22/6/11	27/6/11	Palliative care
4yr	m	Bilateral orbital tumor	High grade Granulocyte Sarcoma AML	10/6/11	14/6/11	died
9yr	M	Burkitt's lymphoma	Stage IV			On treatment
7yr	M	RT testicular neoplasm with rhabdomyosarcoma	Biseminated testicular embryonic rhabdomyosarcoma	1/6/11	16/6/11	Palliative care
4yr	m	RT Retinoblastoma	Metastatic retinoblastoma (AMS)	15/6/11	24/6/11	Palliative Care
6yr	F	Pelvic tumor	Advanced spindle cell Sarcoma	21/6/11	27/6/11	died
11yr	M	Hepatocellular CA	Hepatocellular CA	3/6/11	14/6/11	Palliative care

- Only 3 out of 10 treated
- Reality – late presentation
- Palliative care
- Early deaths – disease, malnutrition

# Childhood cancer awareness - challenges

- Literacy levels – appropriate IEC materials
- Languages – minority groups disadvantaged
- Media – prime time, coverage
- Resource mobilization
- Keeping up awareness and advocacy - campaigns regular, varied
- Traditional practitioners – negative publicity about treatment
- Faith healing
- Socio-cultural beliefs, stigma

# Childhood Cancer Awareness - Opportunities

- International designated days/month – September childhood cancer awareness month
- Funding sources - Twinning programme, fundraising
- Stakeholders - participation of GHS, WCC, Afrox, clinicians – design, printing, distribution posters, leaflets.
- Parents group
- Partnering local NGOs
- Celebrity childhood cancer ambassador
- Education - MOH/GHS, Universities, Postgraduate college, - health professionals curricula

# Awareness creation activities

- Awareness walks
- Media meetings
- Press publications
- Public Fora
- Activities of parent's group - funfairs
- Talks – TV, radio, schools, places of worship

# Posters distributed

## CHILDHOOD CANCERS CAN BE CURED



### RECOGNIZE THE WARNING SIGNS EARLY:

- White spot in the eye, new squint or bulging eyeball



- Unusual lump or swelling anywhere in the body, especially the jaw, neck, stomach or limbs

- Fever for more than two weeks, weight loss, bleeding or tiredness



- Persistent joint, bone or back pain

- Frequent headaches, vomiting or unsteady walking

### RECOGNIZE THE WARNING SIGNS EARLY:



**Early reporting can  
save your child's life!**





# Awareness walks





# Achievements

	2009	2012
<b>TOTAL NUMBER</b>	<b>132</b>	<b>158</b>
<b>ALIVE</b>	<b>51</b>	<b>114</b>
<b>PALLIATIVE CARE</b>	<b>11(</b>	<b>11</b>
<b>ABANDONED</b>	<b>33 (25%)</b>	<b>10 (6.3%)</b>
<b>DIED</b>	<b>36(27.3%)</b>	<b>23(14.6%)</b>

# Multi-stakeholder engagement

## Achievements

- Major support for International childhood cancer conference in-country (SIOP Africa 2010).
- Twinning programme – awareness, training multidisciplinary teams, access to drugs.
- Hospital based databases for childhood cancer
- Infrastructure
- Development of satellite centres.
- Oncology outreach nursing service
- Reviewing NHIA drug cover to include childhood cancer

# Training



# Infrastructure - Day Care Unit

2012



2013



# Multi-stakeholder engagement – Panel discussion



- Minister for Health
- Director-General, GHS
- Director, NHIA
- Parent group rep.
- WCC coordinator
- Paediatric Oncologist
- Childhood cancer ambassador
- Outcome – NHIA to review inclusion of childhood cancer

# International Childhood Cancer Day



- World Health Organization
- Ministry Of Health
- Ghana Health Service
- NGOs
- Parent group
- Health workers
- Hospital administration
- Faith based organizations
- Outcome – through WHO, grant from IAEA (UN Women’s Guild) for equipment.



# Other engagement opportunities

- Sustainability planning meetings – WCC, national and local stakeholders
- Support for side meeting childhood cancer at WHA, 2015 (SIOP initiative)
  - Ministry of Health – Minister, Chief Director, Director PPME,
  - Ghana Health Service – Director-General, Director Public Health, NCD programme manager

# Cancer Control Plans

- Multi-stakeholder – MOH, GHS, NGOs, academia
- Support – WHO, AfrOx, IAEA, Ghana Atomic Energy Commission
- Completed 2013, launched 2015
- Childhood cancer integrated, representation on all implementation committees
- Resource limitations

Let us **ALL** join our resilient children in the tug of war against childhood cancer!



THANK YOU



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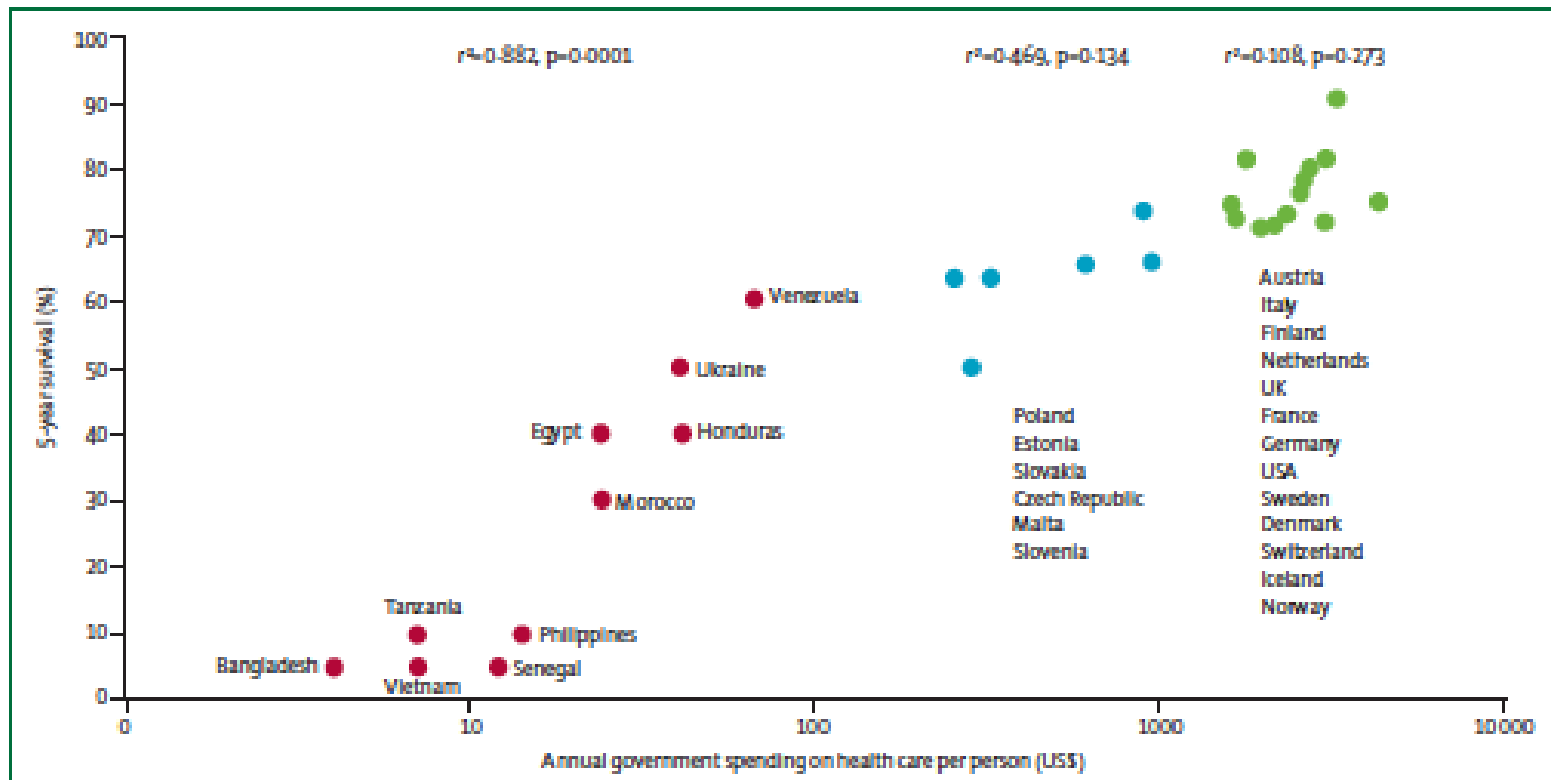
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# Intersections between **Human Rights Approaches** and Childhood Cancer

Thiago Luchesi  
Advocacy Advisor, Child Survival and Health  
**Save the Children International**



# Health Inequities or Discrimination?





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## **The hard question**

**Why for other priority diseases that affect developing countries (e.g. HIV/AIDS), the world has established concrete targets and used these goals to drive progress?**

**Why this has not been the case for cancer?**



## **Challenges to overcome**

---

- **Individual family, community, national poverty**
- **Other overwhelming societal priorities**
- **Natural and man-made disasters**
- **Lack of cancer incidence registration**
- **Lack of awareness /perceptions of incurability**
- **Lack of access to diagnosis/treatment**
- **Lack of palliative care**
- **Lack of trained staff/ability to retain staff**
- **Infrastructural problems e.g. transport**





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**So, where do we start?**

**CRC@25**

CONVENTION ON THE  
RIGHTS OF THE CHILD



It is my right  
to go to  
the hospital  
when I get sick



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## **Why child rights**

- **Legally binding obligations**
- **Needs-based and service-delivery approaches to development have failed to reach the most deprived children**
- **Authorities might not be sensitive to the needs of poor and other marginalized groups**



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## Why child rights

Focus on Universality and Non-discrimination: « Reach the furthest behind first »



AVAILABILITY AND ACCESSIBILITY OF SERVICES



## Why child rights

- We talk about DIGNITY (and Palliative Care)
- PARTICIPATION of patients and family members in decisions affecting their lives is encouraged

➔ ACCEPTABILITY AND QUALITY OF SERVICES



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## The best interests of the child

We care about children's physical, emotional, social and educational needs, age, sex, relationship with parents and caregivers and their family and social background.





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## The right to survival and development

States have the obligation to ensure the survival, growth and development of children, including the physical, mental, moral, spiritual and social dimensions of their development





## A right's based approach is also about...

➔ Progressive realization (no retrogressive measures accepted)

➔ Minimum core obligations





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**A right's based approach is also about...**

**ACCOUNTABILITY**







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## Advocacy and Campaigning work!



EVERY WOMAN  
EVERY CHILD

- The example of
- Can the movement around Universal Health Coverage help?





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**Thank you**

