



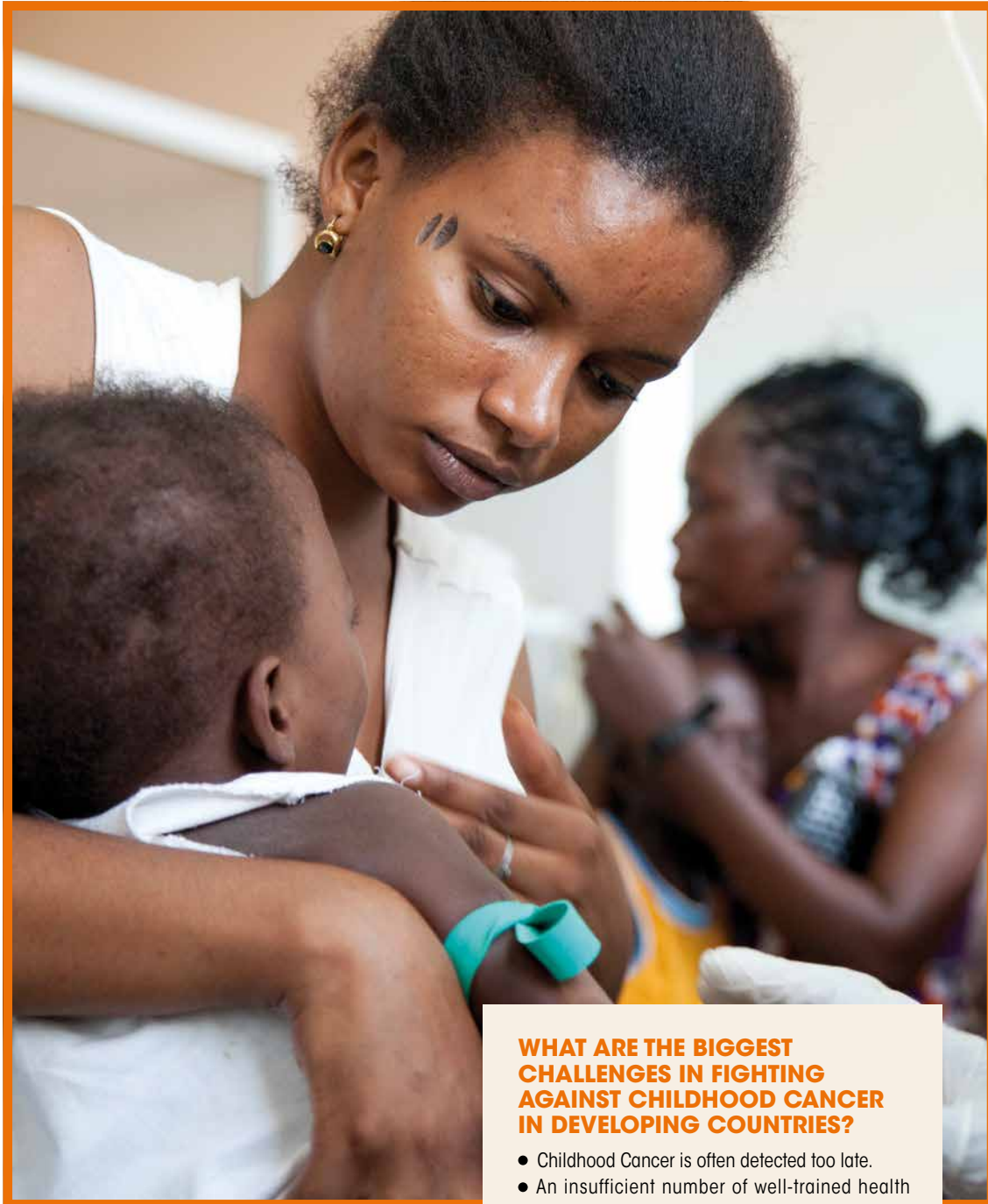
The Sanofi Espoir Foundation engages in a socially responsible approach to the sustainable reduction of childhood cancer inequalities.

# My Child Matters

Fighting childhood cancer in countries with limited resources



TOGETHER WE CREATE  
A SUSTAINABLE IMPACT



#### WHAT ARE THE BIGGEST CHALLENGES IN FIGHTING AGAINST CHILDHOOD CANCER IN DEVELOPING COUNTRIES?

- Childhood Cancer is often detected too late.
- An insufficient number of well-trained health professionals.
- Appropriate treatment is often unavailable or not affordable.
- Pain management and palliative care are very limited.
- Childhood cancer is often not a health priority.

## Improving the survival rates of children with cancer

**T**he number of children who have to struggle with cancer is not known because most of them are undiagnosed. It is estimated each year that approximately 250,000 children are diagnosed with cancer and 100,000 of these will die from the disease. **With prompt and effective treatment most childhood cancers are curable** – but global statistics expose a shocking disparity – the five-year survival rate for children diagnosed with cancer in developed countries is 80%, but this rate falls to an average of 40% or even 20% in low-resource countries where it is difficult to gain access to information, early diagnosis, care or treatment.

As a way of addressing this inequality, the Sanofi Espoir Foundation conceived of the **My Child Matters (MCM) program** to combine financial support, aid from international experts, networking and sharing of experiences, as well as annual reviews by mentors and a steering committee consisting of pediatric oncology experts for low-resource countries.

The key partners in the development of MCM by Sanofi Espoir Foundation are UICC (Union for International Cancer Control) and experts from the St Jude Research Hospital, whilst other institutions and organization representatives from SLOP<sup>(1)</sup>, IARC<sup>(2)</sup>, INCTR<sup>(3)</sup>, NCI<sup>(4)</sup>, GFAOP<sup>(5)</sup>, ICCCP<sup>(6)</sup> and ACCO<sup>(7)</sup> offer their expertise in caring for children with cancer.

My Child Matters is based on the premise that improvements to healthcare infrastructure, training of qualified personnel, raising public awareness, better access to quality and palliative care, giving psychological support to children, families and caregivers whilst involving local governments are the key drivers in an integrated approach to improving children's chances of surviving cancer.

**Since 2006, 45 projects in 33 countries have received support.**

Today, 16 projects in 22 countries continue to benefit from this initiative and over the past seven years there have been several successful projects. For example



**The national goal in every country concerned is to help strengthen the healthcare system and influence public health policies.**

Cali, Colombia established the first childhood cancer registry. The initiative in Paraguay brought cancer care for children closer to home, meaning they were less likely to abandon their treatment. These are just two examples of the many improvements in cancer management and outcomes as a result of MCM initiatives that can be read about here.

<sup>(1)</sup>International Society of Paediatric Oncology

<sup>(2)</sup>International Agency for Research on Cancer

<sup>(3)</sup>International Network for Cancer Treatment and Research

<sup>(4)</sup>National Cancer Institute

<sup>(5)</sup>Groupe Franco-Africain d'Oncologie Pédiatrique

<sup>(6)</sup>International Confederation of Childhood Cancer Parent Organizations

<sup>(7)</sup>American Childhood Cancer Organization

# Success stories

Paraguay  
Senegal  
Philippines  
Colombia



*The evidence gained from childhood cancer registries can guide strategy planning to effectively control cancer and treatment outcomes.*

## Colombia

### Establishment of the first childhood cancer surveillance system in Cali

**W**orldwide about 250,000 children develop cancer every year, 80% of these new cancer patients live in developing countries where only 20-40% are expected to survive as compared to more than 80% survival in the developed world. Estimates of these global figures come from population based cancer registries that collect data on the occurrence of all new cancers, and their ultimate outcome. However there are wide disparities between the existence of cancer registries in the developed and the developing countries, and this is especially evident in the regis-

tration of childhood cancer. Childhood cancer is highly treatable and so one of the most important uses of these registries is the data they generate, as this can then provide evidence to guide strategy planning to effectively control cancer and treatment outcome.

Cali is the third largest city in Colombia and houses the oldest cancer registry in Latin America, the Cali Cancer Registry (CCR), which has existed since the early 1960's. The CCR is the only real-time cancer surveillance system in all of Latin America. CCR is primarily an adult cancer registry which has also been gathering some basic incidence and survival data for children over the years. It was observed that the outcome of childhood cancers had failed to improve in the last 3-4 decades even though there had been substantial improvements in the available healthcare facilities and uniformly free cancer therapy. So a group of pediatric cancer doctors decided to develop **Colombia's first formal childhood cancer outcomes surveillance system called "Vigicancer"**, to help them understand the reasons behind this lack of outcome improvement. The Vigicancer was established in 2009 with the support of My Child Matters (MCM) program. Within the first 3 years of this project starting the Vigicancer results showed that the treatment outcome for patients who had public/government insurance was much worse compared to patients who had private insurance, even though both types of patients were treated with exactly the same treatment plan. This disparity was a result of the slow process of authorizing the funding for chemotherapy and other treatments by the public insurance plan. As a result, significant delays occurred before every course of treatment, leading to a substantial increase in the chances of the therapy failing. The results also showed that patients with public health insurance were ten times more likely to abandon treatment (20.8% versus 2.8%) compared to patients with private health insurance; this also affected the overall disease survival. As this discovery shows, the development of a specific pediatric cancer surveillance system in the tumor registry yielded crucial information that could help guide future health policy decisions.

Based on the results from these first three years, the country's health authorities are now investing in improvements to the public health insurance system, and they are also considering at a national level various ways of helping to decrease the numbers of people abandoning treatment. So after more than 30 years of stagnation, the future of childhood cancer outcome in Colombia has suddenly brightened. **The results of the Vigicancer project have clearly engaged the government's attention** and shown the authorities what they need to do to create a lasting impact. This project can therefore be seen as **a good model for duplication in other developing countries** that are seeking answers to similar questions.

# Paraguay

Bringing childhood cancer care closer to home to encourage families to complete treatment



*Childhood cancer is curable if diagnosed early and treatment completed.*

In Paraguay, childhood cancer is the second leading cause of death amongst children, and each year almost 400 children are diagnosed with this dreaded disease. The Pediatric Cancer Center at the School of Medicine in Asuncion is the national referral center for children with cancer and deals with more than half of the country's total number of children under eighteen with cancer. Up until 2008, most of these children were already beyond help by the time they arrived. **There was also a high rate of treatment abandonment because of the difficulties faced by families**, who had to travel vast distances to reach this hospital for therapies that have to be continued over months, often years. This is particularly distressing when you realize that almost 80% cancers in children are curable if diagnosed early, and treated promptly.

This situation began to change in 2009 when Dr. Angelica Samudio, head of the Pediatric Cancer Center, put forward a project that aimed to **create a network of satellite clinics spread across the main regions** from where patients were referred to the cancer center. This was called the **Childhood Cancer Care Network** (Red Nacional para la Atencion al Cancer Infantil or ReNACI). This would provide a local facility in each region, which patients could easily get to without having to travel long distances. The project planned to educate the public about tell-tale signs that could suggest cancer to enable them to walk in with the earliest warnings of the disease. This included training local doctors and nurses to recognize early signs of cancer, but also crucially improving their expertise in delivering cancer chemotherapy and ongoing patient care, to allow patients to continue their therapy closer to home after initial diagnosis, and thus reducing chances of patients abandoning treatment. The ultimate goal of the project was to improve outcomes through efforts to catch the disease early and ensure treatment completion.

Support provided by the My Child Matters (MCM) Program helped initiate this project, whose public health impact attracted the attention of the government so rapidly that the Paraguayan President declared it a project of National interest through a decree issued in 2009. By 2011, the Ministry of Health was sufficiently motivated to begin implementation of the National Cancer Control Program. This recognition helped the ReNACI network obtain two major grants that converted the childhood cancer unit in Asuncion into a regional center of excellence with state-of-the-art diagnostic capability for acute leukemia, the commonest cancer of childhood. In 2012, **the Paraguayan government announced financial aid for childhood cancer treatment** in the national budget through the National Fund for Solidarity Resources for Health (FONARESS) law.

This is a wonderful example of the successful development of a robust, sustainable national program that came about as a result of the initial dedication and commitment of local leaders who carefully designed an impactful project, and who were then supported by the timely financial assistance provided for its initiation by the MCM program. They have since produced impressive results thanks to the impetus provided by the country's government through formal recognition, support, and future funding.



*Dr. Angelica Samudio takes care of children with cancer in her pediatric oncology department in Asunción Hospital, Paraguay.*

**The Paraguayan President declared this program of National interest in 2009.**

# Senegal

## A holistic approach to improving childhood cancer care

**S**enegal has a population of 12.5 million, about 40% or 5 million of whom are children under the age of fifteen. Like most sub-Saharan African countries, the most common causes of death for children in Senegal are infections like malaria or AIDS. Cancer, though devastating, does not contribute significantly to the numbers of childhood deaths, which is why there wasn't a dedicated medical service for children's cancers even in the capital city, Dakar, until recently. In 2000 the need for this service was recognized, and a children's cancer unit was created in the Aristide Le Dantec (ALD) Hospital, Dakar. The French African Pediatric Oncology Group (GFAOP) helped create this unit by developing adapted standard treatment plans for cancer treatment, and provided funding for free medication. This was certainly a step in the right direction but the available service still required a more holistic approach in order to achieve the best survival rates possible.



*Recreation time for the children, organized by volunteers.*



*A 17 month old boy after nephroblastoma surgery.*

**The survival rate for nephroblastoma, a common childhood kidney tumor, increased from 50% in 2006 to 74% today.**

In 2005, Pr. Claude Moreira from the ALD Hospital put forward a request for support from My Child Matters (MCM) to initiate a project that aimed to reduce deaths caused by cancer treatments, especially those due to infections that develop as a result of low patient immunity during cancer therapy. The project addressed this issue at several levels: by aiming to improve early cancer diagnosis so patients could be treated with less toxic therapy; through better quality of supportive care and efficient management of problems like pain, fever, infections; through better training of health-care staff; making patients and parents more knowledgeable about childhood cancers, and finally through the creation of more centers, so as to improve patient access to timely care, particularly in the peripheral parts of the country.

The GFAOP and the Senegalese government wholeheartedly supported the project and their backing has been a key element in the project's immense success in under a decade.

The survival rate for nephroblastoma, a common childhood kidney tumor, increased from 50% in 2006

to 74% today, similarly survival for lymph node cancers has improved from 40% to 71%, and for blood cancer from 45% to 59%. **The cost of therapy, including surgical procedures, is entirely borne by the government**, so no child is deprived of treatment because their families can't afford it. The latest figures for patients failing to return for their follow up have decreased from 22.6% previously to 6.6% today.

The ongoing projects in Senegal include decentralization of childhood cancer care to ensure treatment delivery closer to the children's homes, extension and capacity building of the pediatric oncology unit in the ALD Hospital, and the development of a cancer registry so that data about childhood cancer can be more accurately collected. **It is a tremendous success to have gone from non-existent pediatric cancer facilities to the creation of a stable, well established national service** that continues to grow and develop, and indicates that there is a very bright future for childhood cancer care in Senegal.

# Philippines

## Improving childhood cancer care and the outcome for childhood blood cancer

It was only in the 1990's that the necessity of training specialist pediatric doctors and nurses for childhood cancer was first recognized in the Philippines. However, by 2006 the country had already produced 20 well-trained pediatric cancer doctors through the concerted efforts of a handful of dedicated pediatric oncologists.

This was a vast improvement on the previous situation when only adult

cancer specialists were available to treat children's cancers. Even despite this improvement in medical professionals' expertise, the outcome of childhood treatment remained dismal with only 16% of the children surviving long term in the Philippines, as opposed to more than 80% overall survival for the same diseases in the developed world. The reasons for this poor outcome were the delay in diagnosis, as 70% of the cancers were diagnosed at an advanced stage, and unaffordable treatment, forcing almost 80% of families to abandon their child's therapy before completion.



Children playing with volunteers in the hospital.

In 2006 Dr. Julius Lecciones, one of the pioneers of paediatric oncology in the Philippines created an innovative demonstration project to raise public awareness about the curability of childhood cancer, and focus the government's attention on this important public health issue. As well as **raising awareness of both the public and professionals about early signs of cancer**, the project also aimed to improve access to care **by developing a network of satellite centres across the country**, particularly in the peripheral, underserved areas. Additionally, this project hoped to encourage local funding agencies to assist families in paying for their child's treatment. This endeavour was therefore a perfect fit for Sanofi-Espoir Foundation's My Child Matters (MCM) Program whose mission is to help reduce inequalities in the care of childhood cancer worldwide. MCM began funding this project in 2006 and has continued to do so even as the seed that was sown then has since blossomed into a strong, self-sustaining tree.

Six years later, in 2012, the survival rate for childhood blood cancer, the most common cancer in children, had improved from 16% to 68%, and the percentage of families abandoning treatment fell from 80% to 10%. Even in this short time, the combined effect of better public awareness of the first signs of cancer and the ability of doctors to correctly and efficiently diagnose the disease has helped decrease the percentage of children with advanced stage cancer at diagnosis from 70% to 30%.

The secret of the amazing success and sustenance of this project undoubtedly lies in the **recognition and support it gained from the country's local government and funding agencies**. The project therefore shows the importance of active advocacy campaigns in improving childhood cancer care worldwide.



Dr Julius Lecciones and his team with some of the children they treat.

**Six years later, in 2012, the survival rate for childhood blood cancer had improved from 16% to 68%, and the percentage of families abandoning treatment fell from 80% to 10%.**

# Thailand

## Teaming up to tackle brain tumors

**B**rain tumors, often called central nervous system tumors, comprise the second largest category of all childhood cancers worldwide, after acute leukemia. However, unlike children with acute leukemia who often benefit from widely successful modern treatments, treating children with brain tumors remains a major challenge even in the best centers of the world. **Successful management of brain tumors requires that experts from many fields – neurosurgeons, anatomic pathologists, pediatric and radiation oncologists, radiologists, and rehabilitation service specialists – come together to develop a unique plan of care for each patient.** In countries with limited resources where there is a lack of adequate funds, expertise, infrastructure, and professional personnel, it is often very complicated to bring a multidisciplinary team like this together. Yet it is possible, as was demonstrated beautifully by a project supported by the My Child Matters (MCM) program in Thailand.

Thailand is divided into four regions: North, North-East, Central, and South, and consists of 20 provinces. In 2009, several key experts in childhood cancers coordinated a nationwide survey to determine the resources available to treat brain tumors across Thailand. Soon after, MCM provided funding that allowed project coordinators to expand this project to become a national network of brain tumor care. The Thailand Pediatric Oncology Group (Thai POG) established effective cooperation between existing facilities and experts by creating guidelines for collaboration, patient referral, and training health professionals. Another important step taken by the Thai POG, with MCM support, was to establish the first pediatric brain tumor registry in Thailand. Currently, they are drafting guidelines for uniform pathology reporting, developing a consensus on standardized treatment protocols, and creating regional neurosurgical centers.



*The pediatric brain and spinal cord tumor group exchange insights with other healthcare professionals.*



*The Thai POG has developed a comprehensive system for treating pediatric brain tumors, starting with diagnosis and continuing through treatment and follow up care.*

**This project has garnered attention from the Thai government,** a significant indicator of the project's success and sustainability, and ultimately the goal for all MCM Projects. The government is interested in establishing a clear system of payment for brain tumor patients, as well as allocating resources in the form of payment packages for managing individual tumor types.

What began as a survey assessing brain tumor treatment resources has evolved into a robust national collaborative network. As a result there are wonderful prospects within this network for an efficient patient referral system, optimal utilization of available diagnostic and therapeutic facilities, and multidisciplinary care.

**What began as a survey assessing brain tumor treatment resources has evolved into a robust national collaborative network.**

# Thailand

“From Cure to Care” – striving to make better quality of life a priority for both patient and family



*In the Pediatric Department there is a focus on the palliative care of children as part of a holistic approach to treating childhood cancer.*

Childhood is a symbol of life, hope, and happiness. Death, dying, and cancer are words not typically associated with children. Thus when parents are confronted with a cancer diagnosis for their child, they are terrified by their new reality, as well as having to battle practical considerations such as the expense of treatment, travel and finding new accommodation close to the hospital. An innovative project at the Songklanagarind Hospital is helping to lessen this burden for families and thus ensure that pediatric oncology patients receive full treatment.

Songklanagarind Hospital is the largest cancer Hospital in the southern part of Thailand and is linked with the Prince of Songkla University. Eighty percent of all children seeking cancer treatment at Songklanagarind Hospital come from other provinces. While the government covers a portion of the treatment costs, families often struggle to afford travel and accommodation, leading them to abandon treatment. Fortunately, Dr. Pornpun Sripornsawan, a young, energetic childhood cancer doctor, recognizes that a pediatric cancer diagnosis devastates the whole family. She feels for her young patients with the heart and mind of a parent, naturally understanding that the intricacies involved in treating one child with cancer will necessarily have ramifications for all the family. Dr. Pornpun conceptualized an innovative approach to address these challenges, and with the help of My Child Matters program in 2009, put into action **“From Cure to Care,” a multi-faceted project to make life a little easier for those families whose children have a cancer diagnosis.** First, she arranged for families to have a “home away from home” by providing temporary housing near the hospital, at no extra cost. She also implemented a 24-hour nurse hotline for emergencies, reassuring parents that help is always at hand. She also started another program called the “school for sick children,” allowing children to continue their education during their cancer treatment. Additionally, the “friends of friends” program puts newly diagnosed cancer patients in contact with teenage cancer survivors, whose empathy and shared life experiences create a natural bond of trust and lasting friendship, and helps young patients cope with their grief and anger. Finally, the “Happy Friday” initiative and the Cure2Care website have attracted many volunteers, generating widespread awareness and interest in the welfare of children with cancer.

Just two years after the start of the project, more than 250 young cancer patients had benefited from school education during therapy, and more than 20 children had participated in cancer kids camps. The treatment abandonment rate had fallen to zero, and there was a documented decrease in the risk of children succumbing to infections, due in large part to access to clean housing and prompt treatment of early signs of infection.

Two major successes stemming from the Cure to Care project have been the creation of the Southern Childhood Cancer Network for training and educating health professionals in other regions of the country; and the development of support groups nationwide for patients and family. Together, these networks will help lay the groundwork for facilitating improved access to care for new pediatric cancer patients closer to home.

**The NHSO awarded the Southern Childhood Cancer Network a Certificate of Merit in December 2012 for the best national network, and has expressed support for the project by awarding a grant for it to continue its mission.**

**The project’s success has attracted attention from the National Security Health Office (NHSO),** the main health authority that pays for medical expenses in government hospitals. The NHSO awarded the Southern Childhood Cancer Network a Certificate of Merit in December 2012 for the best national network, and has expressed support for the project by awarding a grant to continue its mission. Their recognition promises a path of sustained growth and development of this holistic approach to cancer care.

# LATIN AMERICA

## Honduras



*Improving capacity building in a satellite clinic.*

At the newly formed Mario Catarino Rivas Hospital in San Pedro Sula, teaching and training of nurses, doctors and other healthcare professionals has been initiated to create the necessary expertise to provide comprehensive childhood cancer care. The Mario Catarino Rivas Hospital has the potential to be a childhood cancer referral center but because of financial constraints it is unable to hire the necessary experts. MCM is currently supporting a project which has an **educational approach to capacity building, improving the expertise of the existing staff through teaching and training.**

## Ecuador

**Regional Collaboration for development of Pediatric Oncology Registry Network.** A regional collaborative network has been created with the support of the MCM program to help develop a model for efficient utilization of regional expertise to advance global childhood cancer care. This project aims to build on the success of the first childhood cancer registry in Cali, Columbia. The building of another robust registry in Quito, Ecuador will enable sharing of expertise and experience, whilst simultaneously enhancing the scope of the Cali registry.

## Guatemala

Creation, development and validation of a **Pediatric Palliative Care Nurse Education Program.** This project is being implemented at the UNOP (Unidad Nacional de Oncología Pediátrica) Hospital, a specialized pediatric oncology hospital. The aim is to establish an accredited nurse training program to improve the standard of symptom management and patient care coordination not only in Guatemala, but also in other Central American countries and beyond.



*An oncology nurse preparing chemotherapy treatment for the children.*

## Colombia and Honduras

To improve survival of children with cancer through **early detection at primary care and community levels, utilizing the IMCI (Integrated Management of Childhood Illnesses) tool.** This MCM supported project is being coordinated by PAHO (Pan American Health Organization) in collaboration with each country's Ministry of Health. The project aims to

improve outcomes for childhood cancer by validating and implementing a locally developed methodology for detecting early signs of childhood cancer. The pilot project is being conducted in Colombia and Honduras with the intention of developing it into a model that can be replicated in other Southern and Central American countries.



*Early detection improves childrens' survival rate.*

# AFRICA

## Development of an Africa Retinoblastoma Network in six sub-Saharan countries.

More than 95% of children with retinoblastoma (cancer of the eye) in France and other high-income countries are cured, and their vision preserved. However the outcome for this disease is much worse for children living in middle- and low-income countries where less than 40% survive, often with blindness in one or both eyes. This is because of the delay in diagnosis and lack of access to specialized care. Retinoblastoma is a kind of tumor where the importance of early diagnosis is clearly proven and documented. Patients diagnosed early not only retain their vision, they can also be cured with much milder, less expensive therapies, and suffer from fewer side effects.

My Child Matters program is currently helping AMCC (Alliance Mondiale Contre le Cancer) coordinate the same project in six sub-Saharan African countries. The project seeks to **improve survival and vision preservation in children with retinoblastoma** by encouraging early diagnosis, appropriate referral to centers, and timely treatment. The six sub-Saharan countries participating in this project are Mali; Senegal; Mauritania; Cote d'Ivoire; Democratic Republic of Congo and Madagascar.



A child in treatment for retinoblastoma.



Training in pediatric oncology surgery, October 2013.

## Creation of an African School of Pediatric Oncology for French speaking African Countries.

This project in Africa was planned in response to the recognition of the dire lack of expertise in pediatric oncology amongst all the relevant healthcare professionals in the French speaking African countries. The MCM program is helping GFAOP (French African Pediatric Oncology Group) coordinate this educational project which aims to **train a range of healthcare professionals** including pediatricians; nurses; general practitioners; surgeons; laboratory and radiology personnel as well as raising awareness of the signs of cancer for the general public, patients and parents. The planned activities range from short courses, lectures, and workshops to the creation and development of a new university diploma in pediatric oncology. The project also aims to create an online pediatric oncology curriculum to facilitate distance learning for appropriate students in sub-Saharan Africa. The physical delivery "hub" is centred in Morocco and the project includes Algeria, Morocco, Tunisia, Burkina Faso, Cameroon, Côte d'Ivoire, Madagascar, Mali, Mauritania, DRC, Senegal, and Togo.

# ASIA

## Pakistan

### Local collaboration for pediatric oncology capacity building in Pakistan.

Pakistan is the sixth most populous country in the World and children comprise 34% of its estimated 190 million population. There are only 14 pediatric centers for this huge pediatric population that claim they are capable of treating childhood cancer, and these have widely varying levels of expertise.

MCM is currently supporting two projects in Pakistan which together aim to increase expertise and physical capacity for management of cancer in children. The two projects complement each other, working collaboratively to enhance the capability nationwide of treating childhood cancer.

One is a pilot project which aims to develop the first pediatric oncology shared care unit in the country, and the other supplements it by providing training and education to nurses, pediatricians and general physicians. **Two pediatric oncologists based in Karachi and Lahore, the two largest cities in the country, jointly coordinate these projects.**



New pediatric oncology care unit in Lahore.



The Pediatric Palliative Care Center team.

## Thailand

### Creating a regional collaborative network for palliative care in Thailand.

Although Thailand has an established network of physicians who consult and collaborate in the management of childhood cancers called the Thai Pediatric Oncology group, this network lacks an established palliative care service for children with cancer. Since the country has a large rural population, many children with non-curable or advanced disease experience great difficulty in finding support to manage their symptoms towards the end of their lives, outside of the setting of a major hospital. The project currently sponsored by MCM in Thailand aims to create a **nationwide collaboration between cancer centers** to increase availability and ease **accessibility of palliative care** throughout the Kingdom of Thailand.

**"Setting up regional networks, creating and nurturing collaborations will assure the future of the My Child Matters program"**

Dr. Raoul Ribeiro, President of My Child Matters

# Our projects throughout the world since 2006

*My Child Matters*

● Ongoing projects ● Projects previously supported by the program

*« Our programs have clearly demonstrated how effective they can be. People have finally recognized the cause of these children and it can now be defended at the highest international level »*

*Cary Adams - CEO of the Union for International Cancer Control (UICC)*

# Working in partnership



*Dr Catherine Boniface, Director of the My Child Matters Project, and Caty Forget, Managing Director of the Sanofi Espoir Foundation.*

## **Why did you decide to fight against Childhood Cancer?**

**Caty Forget.** In countries with limited resources, childhood cancers have long been a neglected battle, silent but deadly, as attention and priority are given to transmissible illnesses like malaria, diarrhea or respiratory infections. As a result there is still an intolerable disparity between a child's chances of survival in an industrialized country and in one with limited resources where the diagnosis is made late, with an insufficient number of well-trained professionals and where care is difficult to access. We can make a change by investing in the future as childhood cancers need not be fatal. Most of them are curable if diagnosed early and treated in time. Part of the solution to this relies on financial resources, but first of all it is a question of political willingness and a shared sense of responsibility to put childhood cancer on the agenda. This is why I proposed to UICC that we launch a first call for projects together, to help low-income

countries in Africa, Asia and Latin America fight childhood cancer.

## **How did you choose which projects to support?**

**Catherine Boniface.** The call for projects was focussed on countries where the pediatric oncology is still emerging. This was to enable local partners, hospitals and NGOs to apply with innovative programs that could benefit from financial support, advice from international pediatric oncology and public health experts, and to facilitate an exchange of project experiences in Southern countries. A Steering Committee chaired by Dr Raul Ribeiro brought together global experts on childhood cancer and infant healthcare to assess the proposals that came through. There are now annual reviews of all local partners to help measure the programme's impact on the community - the children, their families and health workers - and assess its leverage on the health policies of the countries concerned.

## **Seven years after its launch, what advances have you seen in the countries where the programs have taken place? What are the long term objectives?**

**Catherine Boniface.** The MCM objective is to establish successful models of pediatric cancer care in the field. In a short time very promising results have been achieved. Many infrastructures in the low and middle-income countries in which we've been working have been rehabilitated and childhood cancer units with full time dedicated HCP and nurses have been created. Activities that raise awareness of childhood cancer and its signs for both public and healthcare professionals to improve early diagnosis have been sustained. The training of both existing and new healthcare professionals continues to improve access to care for all as does the continued psychological and social support of patients and families. Overall improvements in pain management have been achieved,

and some programs have been able to make real advances in palliative care. As a result, families are less likely to abandon treatment and there has been an overall improvement in the survival rates of the children affected. Whether in Africa, Latin America or Asia one can see from the success stories in this brochure that MCM has tailored each project to the needs of the country in which it was launched, but always with the consistent overall goals of highlighting childhood cancers and boosting local capacities and skills to reduce the mortality rate to the level found in richer countries.

Satisfyingly, this success of the projects at a local level has meant that governments in many countries have recognized childhood cancer as a significant public health issue. Ultimately, the goal is to encourage governments to incorporate the fight against childhood cancer into their existing or emerging national program, so that this work may become self-sustaining.

## **How does this My Child Matters program relate to the global strategy of the Sanofi Espoir Foundation?**

**Caty Forget.** Our Foundation is dedicated to the sustainable reduction of healthcare inequalities amongst communities with the greatest need.

To meet this goal, we decided to concentrate our efforts on three areas, in which we have developed strong networks of expertise: firstly to fight childhood cancer; secondly to reduce maternal and neonatal mortality, and finally to improve access to healthcare for the most vulnerable patients.

My Child Matters initiative illustrates the Foundation's DNA to nurture long term partnerships by addressing key issues in prevention, training and access to care so as to impact on capacity building and development, and reduce the vicious disease-poverty circle.



*Dr. Raul Ribeiro from St. Jude Children's Research Hospital, USA, Chairman of the Steering Committee of My Child Matters.*

## **The My Child Matters initiative of the Sanofi Espoir Foundation**

provides one of only a very few avenues for advancing pediatric oncology in low- and middle-income countries (LMIC). Since its inception in 2005, pediatric cancer advocates in the developing world have turned to My Child Matters for grant funds to assist in developing programs aimed at improving the pediatric cancer landscape in their regions. With several years of operation, My Child Matters (MCM) has shown the world that it is possible to make a difference in areas with limited resources. Yet, there is still a lot to be done.

The challenges faced in LMIC

are common and include lack of chemotherapy, abandonment of treatment due to distance from home to hospital, fragmented health care services, lack of health personnel trained to recognize signs and symptoms of cancer at an early stage, inability to pay expenses of treating cancer, pain caused by cancer, treatment-related toxicity and many more. However, while most developing countries share common challenges, each has its own specific hurdles to overcome these barriers. Importantly, successful MCM projects are those that have Project Coordinators who work tirelessly to meet their stated objectives in overcoming some of

these barriers, ultimately leading to improved prospects for childhood cancer patients.

Further, successful projects incorporate MCM mentorship from various experts and seed money to initiate pediatric oncology work in the right direction. The eventual goal is program growth and sustainability by establishing support from local or national sources. In fact, one of the most important aspects for enhancing the childhood cancer situation in a country is garnering the support of health authorities for treating children with cancer. Support for pediatric cancer in LMIC is often ignored, encountering competition for funding from worldwide efforts and

attention toward improving infectious disease rates. However, given the vast improvements in pediatric cancer survival rates in the developed world, it is clear that most pediatric cancers can be cured when detected early and treated appropriately. No child should have to die of cancer when effective treatments are available. It is imperative that health authorities recognize this and take steps to ensure all children with cancer are properly diagnosed and treated. Each barrier to achieving improved survival rates can be addressed with the aid of health authorities, and I am excited to share with you that many of our coordinators have made this possible by demonstrating the value

of their work with concrete measures. Finally, I would like to tell you about a new initiative the My Child Matters Steering Committee and several grantees have been working on this year. In reviewing project reports and new proposals for 2013, we noticed a trend in several regions in which Project Coordinators had proposed similar projects but in essence were competing for funding, even to attain the same end. Thus, we were able to establish regional networks, creating and nurturing collaborations, to ensure maximum benefit to children with cancer in those areas. We hope to report positive outcomes from these networks in the coming years.