



WHO Africa and GFAOP Join Forces to Fight Childhood Cancer in 15 French-Speaking African Countries

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During the Congress of the International Society of Paediatric Oncology in Barcelona, (September 28th to October 1st), the World Health Organization (WHO) Regional Office for Africa and the Franco-African Group for Paediatric Oncology/Groupe Franco-Africain d'Oncologie Pédiatrique (GFAOP) announced a collaboration agreement to strengthen the fight against childhood cancer in 15 French-speaking African countries.

This partnership aims to implement the Global Initiative for Childhood Cancer Control (GICC), established in 2018 with the goal of achieving a survival rate for children with cancer of at least 60% globally by 2030. This means doubling the current survival rate, which will require strengthening disease prevention, screening and treatment.

For an initial period of two years, the agreement between WHO and GFAOP will strengthen, as part of GICC implementation, the capacity of 17 paediatric oncology units in 15 French-speaking sub-Saharan African countries (Benin, Burkina Faso, Cameroon, Central African Republic, Congo, Ivory Coast, Democratic Republic of the Congo, Guinea, Madagascar, Mali, Mauritania, Niger, Gabon, Senegal, Togo). GICC supports the diagnosis and management of six childhood cancers (retinoblastoma, nephroblastoma, acute lymphoblastic leukaemia, Burkitt's lymphoma, Hodgkin's lymphoma and low-grade glioma), of which five are already the priorities of GFAOP's programs. Although highly curable, these cancers are prevalent in all these countries, where they account for 50 to 60% of all childhood cancers. Improving the management of these cancers will also help improve comprehensive childhood cancer services and strengthen the countries' health systems.

WHO Africa and GFAOP will implement a multi-year action plan aimed at strengthening the capacity and skills of these care units (training, therapeutic recommendations, early diagnosis, child cancer registries, etc.), facilitating access to care, and intensifying advocacy for paediatric oncology to public health authorities and civil society. A regional steering committee will determine the priorities for which financial contributions will be sought from public and private donors.

"This collaboration with GFAOP and health units in French-speaking African countries is an exceptional lever for all actors engaged in paediatric cancer, that will contribute to the successful implementation of the Global Childhood Cancer Initiative in several African countries," declared Prof. Jean-Marie Dangou, Coordinator of the non-communicable diseases programme at the WHO Regional Office for Africa. "Partnerships in the field with civil society provide an opportunity for health authorities to achieve significant and sustainable results to improve the survival of children with cancer."

WHO estimates that 400,000 new cases of childhood cancer are diagnosed worldwide each year, of which 80% occur in low- and middle-income countries. The most common forms are retinoblastoma (eye cancer), nephroblastoma (kidney cancer), acute lymphoblastic leukaemia (blood cancer), Burkitt's and Hodgkin's lymphoma (lymph node cancers), and gliomas (brain cancer).

In high-income countries, 8 out of 10 children with cancer survive, whereas in French-speaking sub-Saharan Africa where an estimated 15,000 children under the age of 15 are diagnosed with cancer each year, the chances of survival are less than 30%, depending on the country, region or district. This low cure rate is due to a lack of awareness, as well as limited access to diagnostic and management resources, including cancer drugs and technologies.

"Childhood cancer places a huge burden on families and society as a whole. GFAOP has shown that tangible results and improved cancer care expertise in Africa have led to significant progress, but much remains to be done," said Prof. Laila Hessissen, President of GFAOP and Prof. of Paediatrics in the Medical School of Rabat, Morocco. "This partnership with WHO is a great opportunity for us, but also a great responsibility. We have a moral obligation to be more ambitious and to collaborate further to significantly improve child survival rates, through early diagnosis, increased and higher quality infrastructure, training and quality environment."

To help countries achieve this goal, the Global Childhood Cancer Initiative presents the CureAll technical package developed by WHO and St Jude Children Research Hospital in Memphis, USA.

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Note to the editor

GFAOP (www.gfaop.org ; FB, LinkedIn, Twitter)

Since its establishment in 2000, the Franco-African Pediatric Oncology Group (GFAOP) has contributed to the creation of 24 specialised care units in public hospitals in 18 French-speaking African countries, and has helped train 100 pediatricians and 700 doctors and nurses, including with diploma courses, develop therapeutic guidelines, improve access to medicines, strengthen medical capacities, and improve the environment for families. GFAOP focuses its efforts on treating the five most common and curable cancers: Burkitt's and Hodgkin's lymphoma, standard-risk acute lymphocytic leukaemia, nephroblastoma and retinoblastoma. The network's teams currently treat 1,500 children per year, and aim to treat 7,500 per year by 2030. The association is supported by the generosity of public donors, private foundations, associations and private donors (www.gfaop.org)

Global Initiative for Childhood Cancer

The Global Initiative for Childhood Cancer was established by WHO and its partners in 2018, with the goal of "achieving a survival rate of at least 60% for children with cancer globally by 2030, thereby redressing a profound inequity between high-income and low- and middle-income countries". [Global initiative for childhood cancer \(who.int\)](https://www.who.int/initiative/childhood-cancer).

The CureAll approach aims to assess the current situation in a country or region, develop and implement an action plan, and monitor progress. Through advocacy as well as resource allocation and mobilisation, in conjunction with governance, CureAll creates centres of excellence with cancer care networks and actors, to achieve comprehensive and high-quality services for children with cancer. These services include the use of evidence-based protocols, technologies and drugs for cancer diagnosis, treatment, and monitoring and evaluation, thereby promoting continuous improvement. The successful implementation of this initiative is expected to save an additional 1 million lives.