

GROUPE FRANCO AFRICAIN

**gfaop**  
GROUPE FRANCO-AFRICAIN  
D'ONCOLOGIE PÉDIATRIQUE



D'ONCOLOGIE PÉDIATRIQUE



# GFAOP 2021-2030 STRATEGIC PLAN

# MESSAGE FROM THE CHAIR



Pr Laila Hessissen,  
Chair of GFAOP

GFAOP intends to use its 20-year expertise in French-speaking Africa to further the objectives of the CureAll approach of the WHO Global Initiative for Childhood Cancer, whose goal is to achieve at least a 60% survival rate and to reduce suffering for all children with cancer worldwide by 2030.

In 2020, GFAOP updated and consolidated its strategic plan for the next ten years, based on the needs expressed by multidisciplinary medical teams in each of the 18 member countries, in line with the WHO's overall objective.

The plan outlines actions to be taken at supranational level that require the commitment of the governments of each individual country and the support of international agencies. It also specifies GFAOP's main actions to be implemented, focusing on five pillars: Training of Healthcare Workers, Treatment Guidelines & Evaluation, Support of African Units, Local Capacity Building, and Advocacy & Communication.

Our two major challenges are to improve early diagnosis in children because 50% of them still arrive too late to receive a curative treatment, and to ensure the sustainability of our actions.

It is by pooling all energies and skills that we will be able to achieve these goals and provide more equitable access to care for children with cancer.

**The main actions to be implemented by GFAOP are based on 5 pillars: Training of Healthcare Workers, Treatment Guidelines & Evaluation, Support of African Units, Local Capacity Building, and Advocacy & Communication.**

*Prof. Laila Hessissen (Rabat, Morocco) is the current chair of [GFAOP](#) following Prof. Pierre Bey from 2020 to 2021 (Institut Curie, France), Prof. Mhamed Harif from 2010 to 2020 (Morocco) and Prof. Jean Lemerle from 2000 to 2010 (Gustave Roussy, France).*

# TREATING AND CURING CHILDREN WITH CANCER IN FRENCH-SPEAKING AFRICAN COUNTRIES

As its population ages and expands, non-communicable diseases (NCDs) will become a major public health issue in the coming decades for the African continent. Cancer will be a priority with high costs of care imposing a huge burden on families and on society as a whole. Inevitably, countries will have to prioritise the management of these diseases in order to make the best use of what will remain limited resources.

Cancer in children under 15 years of age is a specific problem. Considered as a rare disease in France (0.5% of all cancers), pediatric cancer accounts for up to 5% of cancer cases in sub-Saharan Africa due to the continent's age pyramid.

Approximately 15,000 new cases of childhood cancer occur each year in French-speaking Africa, of which only 15% are currently referred to pediatric oncology units, and often too late.

The development of pediatric oncology and its early diagnosis could quickly make an impact and thus spearhead the fight against NCDs, including all types of cancer, in Africa.

While childhood cancer is highly curable in high-income countries, with a definitive cure achieved in more than 80% of cases in France, this figure drops to less than 20% in sub-Saharan Africa, although this could change rapidly as the cost of treatment is much lower than in adults.

The CureAll approach of the [Global Initiative for Childhood Cancer](#) set up in 2020 by the World Health Organization aims to reduce inequalities in the access to care for children with cancer around the world, by increasing the survival rate to 60% in children worldwide and reducing the suffering for all children with cancer by 2030.

With its solid experience acquired over the past 20 years, GFAOP's new 2021-2030 strategic plan is firmly aligned with this goal defined by the international community.

**400 000**

children with cancer  
each year worldwide

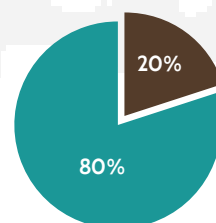
**80%**

of these children live in low and middle  
income countries

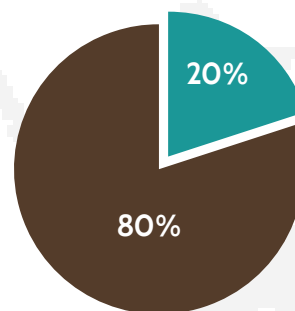
**15 000**

children with cancer every year  
in French-speaking Africa

## SURVIVAL RATE



**80 % OF CHILDREN  
WITH CANCER  
WILL SURVIVE  
IN HIGH-INCOME  
COUNTRIES**



**20 % OF CHILDREN WITH  
CANCER WILL SURVIVE  
IN MANY LOW- AND  
MIDDLE-INCOME  
COUNTRIES OF AFRICA**



Caregiver-child-parent

FIGURES & INCIDENCE RATE IN AFRICA

GFAOP



# MORE THAN 20 YEARS OF EXPERIENCE WITH INTERNATIONALLY RECOGNIZED ACHIEVEMENTS

## MISSION

Support the creation and development of pediatric oncology units in French-speaking Africa to help medical teams diagnose and treat effectively childhood cancer on site.

Created in 2000 by Prof. Jean Lemerle (Gustave Roussy, Villejuif, France) and African pediatricians, GFAOP fostered the gradual repurposing of pilot units into pediatric oncology units dedicated to the care of children with cancer in the pediatric departments of African university hospitals in French-speaking countries.

GFAOP focuses its activities on the **five most common and curable tumours**: Burkitt's and Hodgkin's lymphoma, standard-risk acute lymphoblastic leukemia, nephroblastoma and retinoblastoma.

### The activities included:

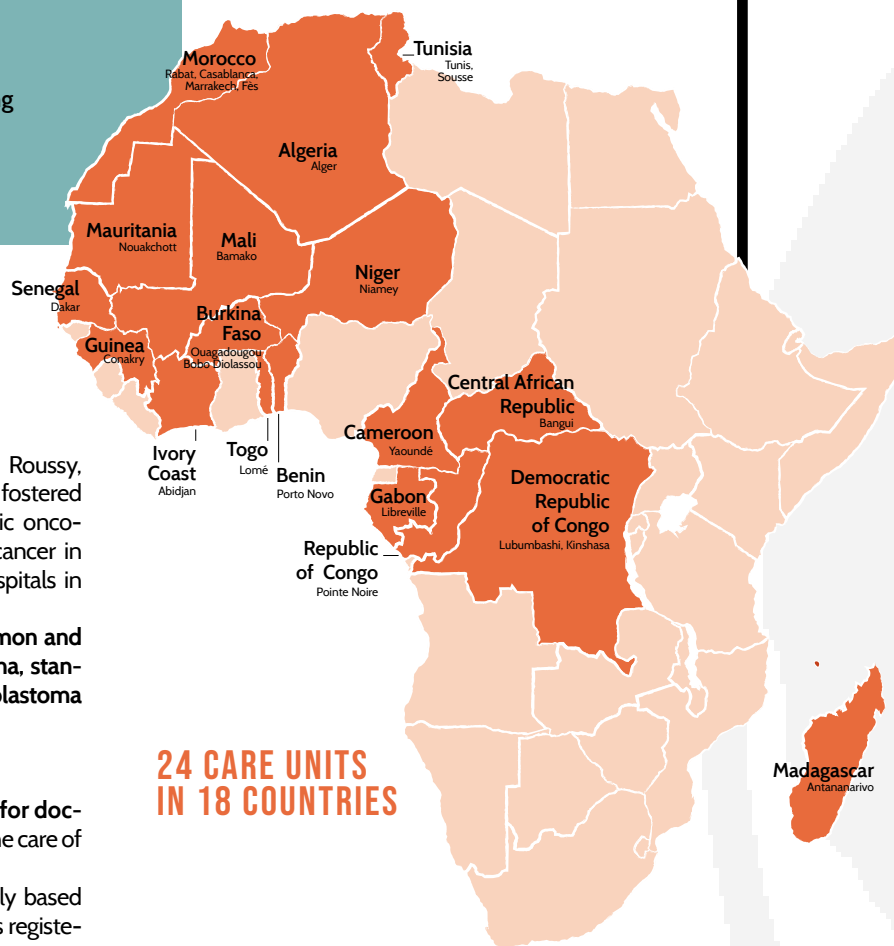
- **Providing further training in pediatric oncology for doctors and nurses** and other specialists involved in the care of children with cancer;
- **Providing treatment guidelines** developed jointly based on the evaluation of all the cases seen by the units registered in a common registry;
- **Supporting the African teams** to organise their work and find the necessary capacities;
- **Supporting local associations and civil society** to provide **information for the population** and help for the poorest.

**These GFAOP activities resulted in the treatment of over 13,000 children over 20 years by 24 African teams in 18 countries, demonstrating the relevance of its founders' vision.**

Since 2011, GFAOP strengthened its training programme with the creation of the **African School of Pediatric Oncology**, which includes **four training centres** in Paris, France (2001), in Rabat, Morocco (2011), the Jean Lemerle Institute in Dakar, Senegal (2018), and a practical training centre on retinoblastoma in Bamako, Mali (2021).

Overall, over **700 healthcare personnel** received further training in pediatric oncology.

These achievements were published by the teams in some fifty journals and referenced in the international bibliographic database PubMed.



**24 CARE UNITS  
IN 18 COUNTRIES**

In addition to the medical care of children, a social support service was created, for instance to **provide housing accommodation for parents** in Abidjan, Kinshasa and Ouagadougou, units were renovated in Dakar and Bamako, and a support fund for medical examinations was created in Ouagadougou and Antananarivo.

In 2015, GFAOP also published and distributed to the units a caregiver resource guide on childhood cancer in Africa (*Guide africain d'annonce du cancer pédiatrique*).

## VISION

**"African children with cancer can be successfully treated in their own country by trained local teams."**

*Prof. Jean Lemerle, Head of the Department of Pediatrics at Gustave Roussy from 1978 to 1996*

# 2021-2030 STRATEGIC PLAN

In spite of the efforts made, only 15% of children with cancer in French-speaking sub-Saharan Africa have access to pediatric oncology units, and the condition of at least 30% of these children is too advanced to initiate a curative treatment.

The survival rate of childhood cancer is less than 20% among the hospitalised population, and only around 10% of the estimated number of cases among the general population. This is due to the scarcity of diagnostic resources, lack of pediatric oncology units in some countries (only 15 of the 18 sub-Saharan countries currently have a functional unit and some very large countries have only one or two units), poor knowledge about treatment efficacy, and shortage of trained healthcare personnel.

Furthermore, in countries where there is no social security, the poorest population does not have access to diagnostic procedures and care due to their inability to pay.

**The objective of this strategic plan is to build activities on the existing base.**

The aim is to accelerate and increase the capacity for action so that a maximum number of children with cancer have access to treatment in Africa at affordable costs, and to improve case management efficiency so as to achieve a survival rate of at least 60%.

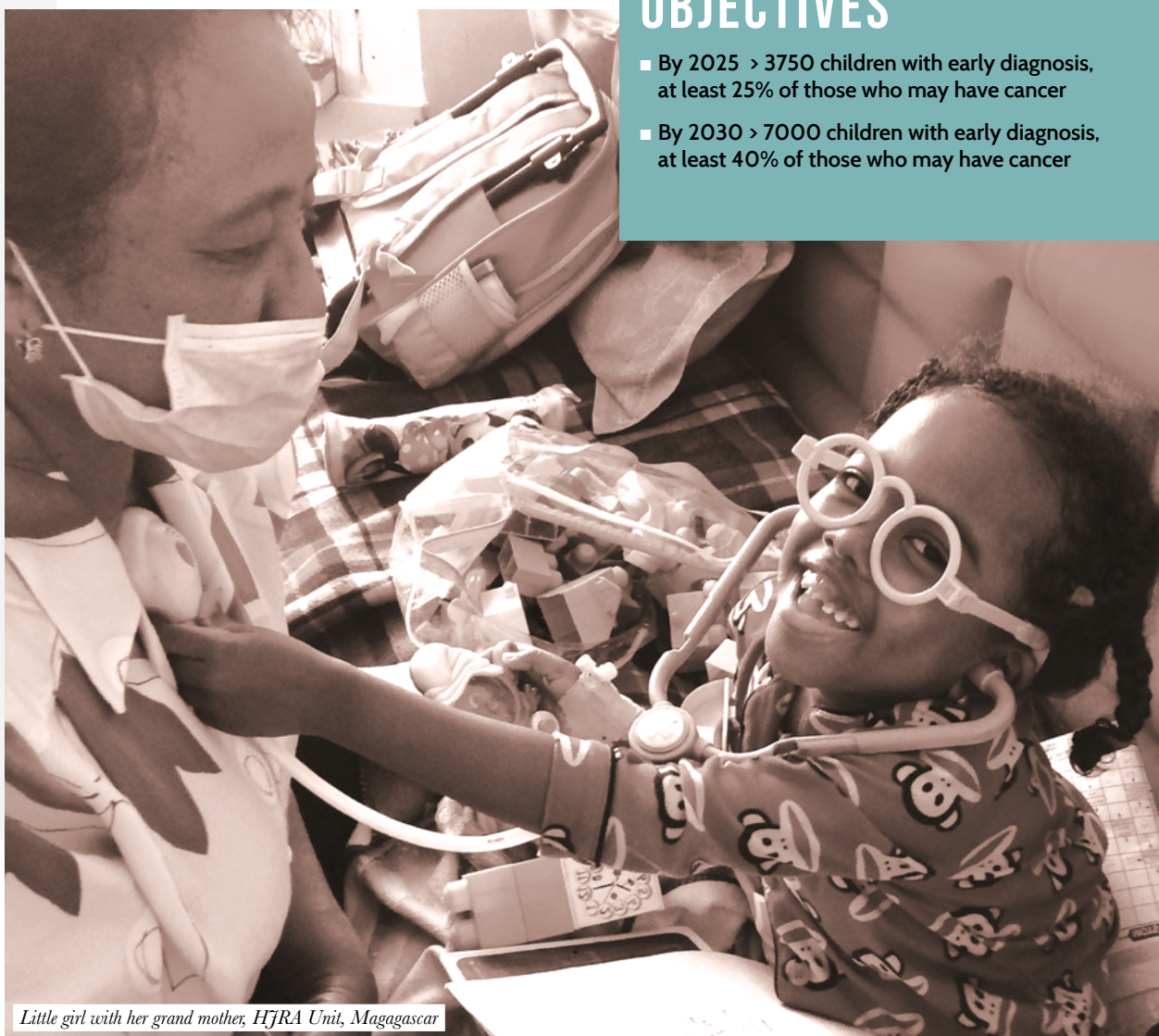
**Three conditions are required:**

- **Early diagnosis** promoted by training the carers, and providing information to the parents and the general public in agreement with the countries' ministries of health;
- **Adapted facilities with trained personnel** in sufficient number and with appropriate means;
- **Effective organisation and support provided to the units** to promote children's rapid access to specialised units and reduce treatment refusal and abandonment, particularly for financial reasons.

**To address these challenges, GFAOP member units set objectives focusing on five pillars, in partnership with the authorities of each country and civil society actors.**

## OBJECTIVES

- By 2025 > 3750 children with early diagnosis, at least 25% of those who may have cancer
- By 2030 > 7000 children with early diagnosis, at least 40% of those who may have cancer



*Little girl with her grandmother, HJRA Unit, Madagascar*

GFAOP

# PILLAR 1

## TRAINING OF HEALTHCARE PROFESSIONALS

The strategic plan takes into account the needs defined by the unit managers in each country for centralised theoretical and practical training sessions in Dakar, Rabat, Bamako or France, decentralised training sessions in each country, and E-learning training.

These training sessions are provided at the African School on Pediatric Oncology (EAOP) in various formats: face-to-face, university courses, internships, E-Learning and MOOCs.

### PHYSICIANS

#### ■ Complementary training in pediatric oncology

- > Long training courses leading to a diploma (one year) for practitioners who will work in the units:
- > Inter-University Diploma in Pediatric Oncology (DIUOP in France), or University Diploma in Pediatric Oncology (DUCP in Morocco). Approximately 50 pediatricians will receive this diploma by 2030, confirming their training in pediatric oncology.
- > Short training courses (1-3 months) for pediatricians and general practitioners provided in each country's pediatric oncology units. It is estimated that 150 people will need to be trained by 2030.

**Additional training in pediatric oncology for doctors and nurses is one of GFAOP's areas of expertise.**

#### ■ Training on multidisciplinary

This training is intended for the various specialists involved in the management of childhood cancer: pathologists and biologists, pediatric surgeons, ophthalmologists, radiologists, and radiation therapists. It is designed to strengthen multidisciplinary consultation and coordination.

- Training in pain management and palliative care provided to one doctor/nurse pair per unit. This project was initiated as part of the *My Child Matters* initiative in 2017-2019 and is expected to continue in each Pediatric Oncology Unit through service projects.

In addition, continuing medical education is offered through training courses and referral multidisciplinary team meetings are held, particularly as part of twinning schemes.

Assistance in raising awareness on pediatric oncology among general practitioners, health centre staff and the general public. The aim is to improve early diagnosis and also to provide training on pain management and palliative care.

### NURSES

Nursing care is an integral part of multi- and inter-disciplinary care. Approximately 50 nurses will be trained each year, providing a total of 500 to 600 nurses by 2030.

- Training on the fundamentals of pediatric oncology: provides basic knowledge of pediatric oncology and hematology. One to two one-week sessions planned each year for 35-50 nurses, with an expected total of 350-500 participants by 2030.
- Professional nursing degree in pediatric oncology. As of 2021, this degree will provide further training on all aspects of pediatric oncology to nurse team "leaders", with 10 one-week modules as well as a practical session lasting several weeks. Each year, 10 participants will be trained at the Jean Lemerle Institute of Cheikh Anta Diop University in Dakar (Senegal), bringing the total to 100 trained nurses by 2030.
- Laurette Fugain scholarships: 2-month training in France for 1 or 2 African nurses, including an internship at the Margency centre, and then in a specialised unit at Institut Curie or Gustave Roussy (Paris) and in the pediatric hematology department at the Trousseau Hospital (Paris) or the pediatric oncology department linked to the African unit.

In addition, training courses on how to open new GFAOP units are also organised (15 days in France for a doctor/nurse pair), visits by French nurses to the units to work with the local nursing team, or higher training or observation courses for African nurses in France. Other scholarship or

## TRAINING ON PAIN MANAGEMENT AND PALLIATIVE CARE

A palliative approach integrated with the curative approach must be maintained. In 2017, a programme conducted as part of the *My Child Matters* initiative set up by the Sanofi Espoir Foundation provided training to 75 doctors and nurses from 18 teams in 15 different countries in Dakar, Abidjan and Rabat.

A collective session on higher education was provided to 15 carers from seven units in September 2018 in Marseille, and on site to seven other units in 2019.

teaching options could be considered with the support of SIOP, UICC, WHO and Global Health Initiatives.

**Leadership training:** It will be open to carers and non-carers in a position to represent local actors to the various national and international institutions, and to carry a collective ambition and a common goal for children with cancer in their country. This training will be developed in 2021 by an ad hoc committee, and expected to start in 2022. It will take place every two years.



# PILLAR 2

## TREATMENT GUIDELINES & EVALUATION

All Pilot Units put forward proposals for care, diagnosis and treatment guidelines, this area being one of the main contributions of GFAOP. These guidelines are updated based on the analysis of the data recorded in a common registry (see text box below).

The feasibility of such guidelines was demonstrated in the early days of GFAOP for two diseases that are almost 90% curable in high-income countries: Burkitt's lymphoma and nephroblastoma.

As of 2005, recommendations were established for these two diseases and later for retinoblastoma, Hodgkin's lymphoma and standard-risk1 lymphoblastic leukemia. As the teams became more experienced and with changes in international protocols and improvements of local resources, particularly for supportive care (transfusion, antibiotic therapy, etc.), new treatment guidelines were established between 2017 and 2019.

The goal of GFAOP is to consolidate this activity, in compliance with regulatory requirements (approval by the regulatory authorities in France and in each of the countries concerned, parental consent, etc.) and to improve the collection and quality of data by using electronic media with online recording of initial and follow-up data. These treatment guidelines focus on the five main tumour types (Burkitt's lymphoma, nephroblastoma, retinoblastoma, Hodgkin's lymphoma, and acute lymphoblastic leukemia2), while attempting to include higher risk forms of Burkitt's lymphoma and leukemia, and relying on the improvement of supportive care. The data management has been approved by the French data privacy regulatory body (CNIL) and is being reviewed in each country by approved bodies.

### THE HOSPITAL-BASED CHILDHOOD CANCER REGISTRY

This hospital-based registry was created in 2016 as part of the initiative *My Child Matters* set up by the Sanofi Espoir Foundation. It records all cancer cases admitted in the pediatric oncology units along with the epidemiological data of each child.

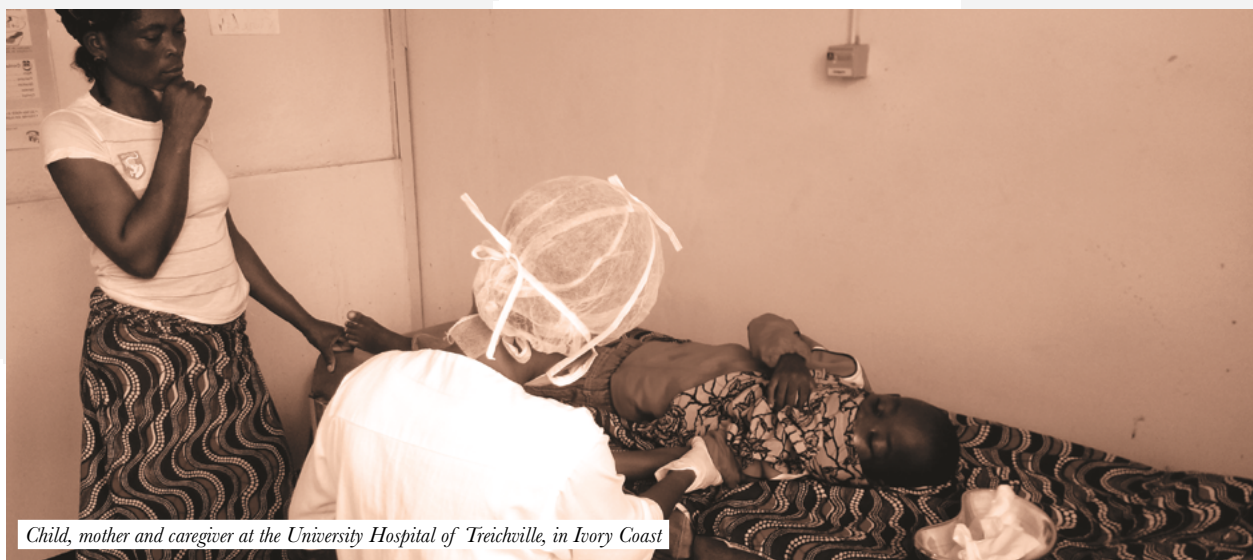
The registry provides the heads of the units with accurate data on the patients, their disease, their treatment and its outcome, and thus helps determine their needs in terms of medicines and human resources.

It also generates precise figures to present to the authorities for advocacy purposes. The REDCap software is hosted at Gustave Roussy (France) to guarantee the highest data protection. The Pilot Unit Clinical Research Associates who record the data locally receive initial and ongoing training.

#### Greater knowledge about cancer with indicators to improve the overall management

The data collected in the registry help improve epidemiological knowledge, such as the incidence of different types of cancer in the pediatric oncology units, the impact of co-morbidities, treatment efficacy and tolerance, and treatment compliance and outcome. These data are used to assess objectively the improvement in children's survival rates and the quality of their care. Access to this registry helps hospitals predict the resources needed and the efficacy of their programmes to inform their discussions with their national health authorities.

This knowledge consolidates the teams' scientific work and helps them produce high-quality scientific publications.



Child, mother and caregiver at the University Hospital of Treichville, in Ivory Coast

GFAOP

# PILLAR 3

## SUPPORT OF AFRICAN UNITS

### PROMOTE EARLY DIAGNOSIS

Earlier diagnosis of childhood cancer increases the chances of a cure, can reduce the duration and cost of treatment, decreases treatment refusal and abandonment, and reduces the intensity of treatment by treating less advanced stages with a smaller risk of complications and late sequelae.

The early diagnosis training programme must be carried out with the agreement and support of national health authorities, by developing an **information/training plan** for health-care staff on the warning signs of childhood cancer, and an **outreach programme** for the general public on the warning signs of childhood cancer and on what to do in the event of suspicion, including traditional practitioners. **GFAOP's 2021 goal is to extend the pilot programme** initially launched in four countries to all countries where GFAOP units exist, and to repeat it thereafter on a regular basis, after having evaluated its impact on the stages at diagnosis.

### PROMOTE ACCESS TO CARE

In radiation therapy, surgery, pathology and cytopathology, the support and guidance of teams through training, exchanges and common guidelines are the key to improving the management of childhood cancer. In spite of

## EARLY DIAGNOSIS TO INCREASE THE CHANCES OF SURVIVAL

A pilot training programme to promote early diagnosis was developed in 2019 at the Institut Jean Lemerle (African Training Institute on Pediatric Oncology) in Dakar, supported by the Bristol Myers Squibb Foundation in conjunction with the GCCA for retinoblastoma. This programme is currently deployed in four countries: Senegal, DRC (Upper Katanga Region), Mali (Sikasso Region), and Ivory Coast (Abidjan and Bouake).

sometimes limited facilities, such as for radiation therapy, the creation of speciality committees promotes the sharing of skills and experience. A ten-year development plan is being prepared for radiology.

## SIX TWINNING EFFECTIVE, TEN UNDERWAY

- Treichville Hospital Unit in Abidjan (Ivory Coast) twinned with the Pediatric Hematology and Oncology Department, Children's Hospital La Timone, Marseille, France
- Sylvanus Olympio University Hospital Unit in Lomé (Togo) twinned with the Pediatric Oncology Team of the Angers University Hospital, Angers, France
- Joseph Ravoahangy Andrianavalona Hospital Unit in Antananarivo (Madagascar) twinned with the Pediatric Department of the University Hospital of St Denis de la Réunion
- Gabriel Touré University Hospital Unit in Bamako (Mali) twinned with the Pediatric Centre of Institut Curie, Paris, France
- Chantal Biya Foundation Pediatric Oncology Unit in Yaoundé (Cameroon) twinned with the Onco-Hematology Department of Armand Trousseau Hospital, Paris, France
- University Hospital Yalgado Ouedraogo Unit in Ouagadougou (Burkina Faso) twinned with the Onco-Hematology Team of the Rennes University Hospital, Rennes, France.

### GENERALISE TWINNING AND DEVELOP PARTNERSHIPS

Twinning is one of the tools used to promote the development of pediatric oncology. Such partnerships encourage privileged exchanges between an African team and a French or French-speaking team, collaborative actions, and informs both teams on their field conditions.

These collaborations increase the impact of national and international advocacy for pediatric oncology. For example, twinning of the Lomé and Angers units led to proposals that were taken into account by the Togo Ministry of Health for its new cancer plan.

By 2030, GFAOP would like to set up ten new twinning schemes and promote lasting relations between medical and paramedical teams.

### Other partnership activities should also be developed in addition to twinning schemes.

Collaborative actions on a wider regional scale or between countries can be encouraged, particularly between public and private hospital actors or aiming at multidisciplinary consultations.

### GUARANTEEING THE SECURITY OF THE DRUG SUPPLY CHAIN

Very soon after the creation of GFAOP, the African units were provided with drugs treatments for the five targeted cancers free of charge. GFAOP took over the management of the drug supply chains as well as the deliveries with the help of the Order of Malta.



## DRUG SUPPLY CHAIN IN IVORY COAST

Following the creation of SIPO (Société Ivoirienne de Pharmacie Oncologique), several actions were carried out to secure the drug supply chain and set up lasting control actions:

- Inclusion of pediatric cancer drugs on the Ivory Coast main list of essential medicines;
- Monitoring and analysis of prescriptions to identify supply shortages and improve patient care;
- Development of a morphine syrup formulation, using local raw materials;
- Development of a computerised tool for clinicians suggesting doses to prescribe.

SIPO intends to launch a centralised preparation of cancer chemotherapy. The Ministry of Health has given its authorisation. The New Pharmacy of Public Health (Nouvelle Pharmacie de Santé Publique) and the pharmacists national governing body (Ordre National des Pharmaciens) of Ivory Coast wish to make a financial contribution.

The three operational objectives include securing prescriptions, preparing chemotherapy and supplying morphine.

Due to regulatory and financial constraints (over 300 K€ spent per year on the purchase of medicines), as of 2021 this activity will be transferred to alternative and sustainable solutions at local/regional level.

In this respect, the priority objective will be to **strengthen local supply chains**, which will have to comply with regulatory requirements and go through hospital pharmacists in order to avoid counterfeiting.

A drug supply chain that complies with pharmaceutical standards will ensure the safe use of high-risk drugs, such as cancer drugs, appropriate stock management and, in so doing, efficient management of these rare and costly resources.

The pilot project, conducted jointly by the pediatric oncology unit of the University Hospital La Timone in Marseille (France) and the pediatric oncology unit of the University Hospital of Treichville in Abidjan (Ivory Coast), will guide GFAOP activities aiming to provide a secure drug supply chain in each of the 18 member countries. This plan will use a three-pronged approach:

- The creation of a pharmacist committee;
- Strengthening training in oncology pharmacy with the creation of an African diploma in oncology pharmacy (PharmOncoCI project);
- The MediPharmAfrica project to provide a secure drug supply chain for each unit.

In addition, **pharmaceutical training sessions** will be offered to the pharmacists of the pediatric oncology units. GFAOP will be fully involved in international initiatives to improve access to medicines (WHO, African Access Initiative, etc.).

## FACILITATE ACCESS TO PEDIATRIC UNITS, AND REDUCE TREATMENT REFUSAL AND ABANDONMENT

These conditions are essential to maximise the chances of recovery for each child. The actions to be carried out are designed to **inform the staff of primary health centres** of the existence of specialist care units and how to reach them, and to **set up support funds for the poorest families**.

**Four projects** are currently under way: in Abidjan supported by a local association, in Dakar funded since 2016 by the initiative My Child Matters of the Sanofi Espoir Foundation, in Ouagadougou funded by the Bristol Myers Squibb Foundation since end 2019, and in Antananarivo helped by AMCC and the Anyma association for the management of retinoblastoma in pediatric patients.

The GFAOP strategic plan is considering an extension of these projects to other units, using new approaches where appropriate (cultural mediation, psychological support, etc.).

## Supporting or assisting in the creation of local support associations

The associations linked to each of the units work jointly with the carers to provide valuable help to the families: entertainment and recreational or educational activities, support groups, information tools for sick children and their parents to involve them actively and thus promote treatment adherence and compliance.

These associations are often the driving force behind the creation and management of parent and family accommodation close to the units, which reduces significantly the number of treatment abandonment and make better use of the beds in the pediatric oncology departments.

Local associations also contribute to advocacy. Experience sharing between them is proving very rewarding, particularly for the programmes on parent accommodation and communication tools. The grouping of some of these French-speaking associations under international umbrella organisations is encouraged (e.g. Childhood Cancer International - Africa).

## PREPARING FOR AFTER THE TREATMENT

- Prevent late complications whenever possible, implement the medical follow-up within the units, as directed by the pediatric oncologist who treated the patient. Help children returning to school, offer psychological support, etc.;
- Promote the creation of patient advocacy groups and join international bodies such as Childhood Cancer International (CCI).

## PARENTS' HOUSES

Currently Abidjan, Antananarivo, Rabat, Tunis, have a functioning Parents' House. The goal is to open a parents' home, a place of reception between chemotherapy treatments, for each of the care units. Ongoing projects in Kinshasa, Ouagadougou, Lomé and Bamako.



DUCP 4, students and teachers (2019) in Rabat

*Tree of life made  
in Rabat by sick  
children.*



# PILLAR 4

## STRENGTHEN LOCAL CAPACITIES

### DIGITAL TRANSITION

This will be one of the major organisational challenges of the 2021-2030 programme. In a context marked by the deterioration of security conditions in certain countries and by the health environment created by the Covid-19 crisis, technological developments will help generalise the changes already underway in Ivory Coast, Mali, Burkina Faso and Democratic Republic of Congo.

The GFAOP's goal is to adapt its tools to facilitate communication within cancer committees and between participating units, and to securely share medical data regarding difficult cases between twinned units and services. These technologies will also promote more frequent meetings of GFAOP's members thereby making structural savings with a positive environmental impact. Significant operational advances are also expected, such as the use of digital microscopes for cytology and pathology introduced in some centres for remote diagnostic support through the IPATH network, or the use of mentors.

This digital plan, to be implemented by local facilities and African partners, will benefit from the necessary technology to guarantee a controlled technical and operational deployment.

### MONITORING & EVALUATION

By complying with international rules requiring transparency and evaluation, GFAOP creates collaboration opportunities with international organisations as well as private and institutional donors.

The IDEAS label promoting ethical and solidarity-based actions was first granted in December 2017, and is to be renewed in 2021.

# PILLAR 5

## ADVOCACY & COMMUNICATION

GFAOP's priority objectives are to create an environment more favourable to the management of pediatric cancer and to ensure the sustainability of its actions. The network, which includes 260 members in 24 multidisciplinary units in 18 French-speaking African countries, wishes to contribute to the deployment of the WHO Global Initiative for Childhood Cancer CureAll approach for the development of pediatric oncology in French-speaking Africa, aiming to achieve a 60% survival rate for childhood cancer worldwide. The numerous partnerships with French and international learned societies, such as the **Société Française de Lutte contre les Cancers et Leucémies de l'Enfant et de l'Adolescent** (SFCE) and the **International Society of Pediatric Oncology** (SIOP), with French centres of excellence

such as **Gustave Roussy**, **Curie Institute**, **Assistance Publique-Hôpitaux de Paris**, **Assistance Publique-Hôpitaux de Marseille**, **University Hospital of Angers**, international organisations involved in the fight against childhood cancer, and African universities (Faculty of Medicine of Rabat and Cheikh Anta Diop University in Dakar) will be important supporters the GFAOP's actions.

These initiatives will hopefully incite the governments of these African countries to recognise officially the pediatric oncology units, and guarantee access to essential cancer drugs and comprehensive case management through the Universal Health Coverage, by the creation of a multi-year cancer plan specifically designed for children, to which GFAOP could lend its expertise.

## COORDINATION AND FINANCIAL RESOURCES

### GOVERNANCE

To support the implementation of this strategic plan and the development of its activities, GFAOP is adapting its coordination structure and its operational team:

- A scientific department will be created to oversee the five action areas: training, treatment guidelines & evaluation, twinning, drugs, and early diagnosis;
- A public affairs department will be set up to facilitate exchanges between the pediatric oncology units and coordinate the partnership policy;
- Finally, an operations department will be in charge of the financial and logistical follow-up.

The coordination will be directed by the Delegate General, Deputy to the President.

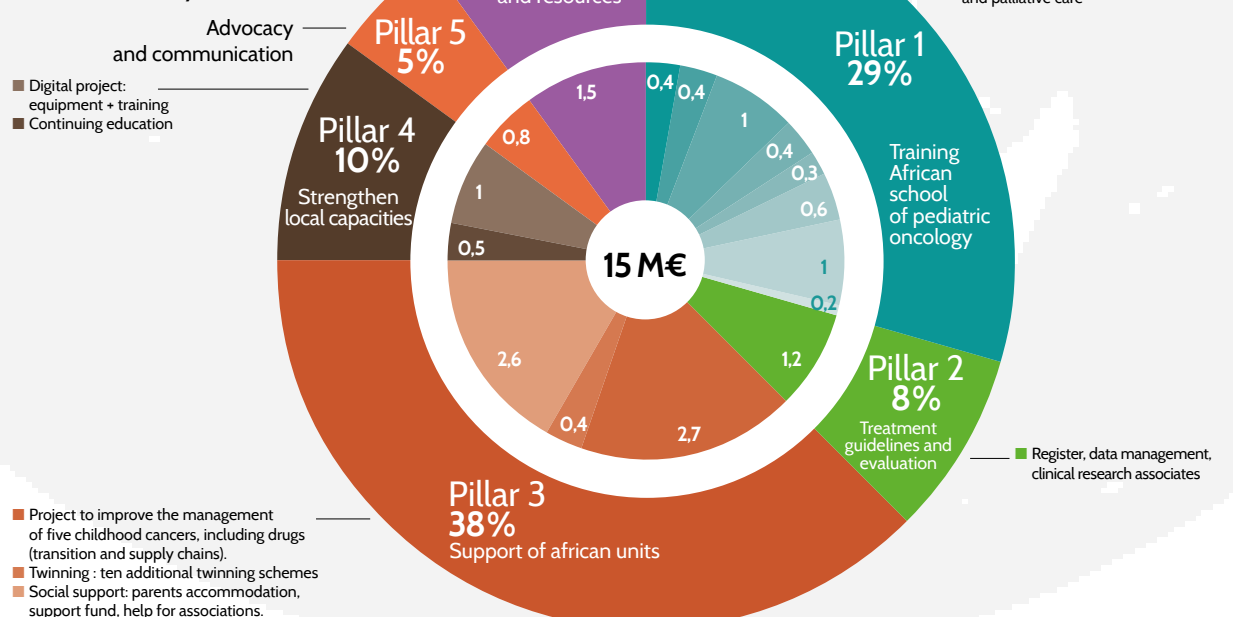
### FINANCIAL RESOURCES

A budget of around €15 million is needed to implement the plan over ten years, the funds being allocated on a priority basis with operating costs kept below 10%. A diversification of public and private funding sources will be sought in order to provide long-term support for transversal projects and national programmes.

The majority of earmarked funds will be used to support dedicated programmes, but GFAOP also intends to consolidate and facilitate its operational development with funds allocated to its overall social mission.

## DISTRIBUTION AND EXPENDITURES PER PROJECT

(expenditures 2021-2030)





# UNITS SUPPORTED BY GFAOP

## ON 31/03/2021

| COUNTRY                            | TOWN                                       | HOSPITAL   | GFAOP INTEGRATION DATE    |
|------------------------------------|--|--|---------------------------|
| MAGHREB FRENCH SPEAKING            |  |  |                           |
| ALGERIA                            | Alger                                      | Several centres including the University Hospital of Béni Messous  | 2000                      |
| MOROCCO                            | Rabat<br>Casablanca<br>Marrakech<br>Fes    | Children's Hospital,<br>Hospital 20 August 1953,<br>Mohamed VI University Hospital   | 2000                      |
|                                    |  | Hassan II University HospitalChildren's Hospital,<br>Hospital 20 August 1953,<br>Mohamed VI University HospitalHassan II University Hospital   | 2000<br>2009              |
|                                    |  |  | 2015                      |
| TUNISIA                            | Tunis<br>Sousse/Monastir                   | Bab Saadoun Children's Hospital  | 2000<br>2020              |
| FRENCH-SPEAKING SUB-SAHARAN AFRICA |  |  |                           |
| SENEGAL                            | Dakar                                      | Aristide Le Dantec University Hospital   | 2000                      |
| CAMEROON                           | Yaoundé                                    | Mother and Child Center of the Chantal Biya Foundation   | 2000                      |
| MADAGASCAR                         | Antananarivo                               | Cenhosoa Military Hospital then HJRA, HJRB, HUMET then meeting of the 3 at HJRA  | 2000-2004<br>2004<br>2018 |
| IVORY COAST                        | Abidjan<br>Bingerville                     | Treichville University Hospital<br>Mother and Child HospitalTreichville University Hospital<br>Mother and Child Hospital   | 2004<br>in discussion     |
| MALI                               | Bamako                                     | Gabriel Touré University Hospital  | 2005                      |
| BURKINA FASO                       | Ouagadougou<br>(2 sites)<br>Bobo Dioulasso | Yalgado Ouedraogo University Hospital<br>Charles de Gaulle Hospital<br>Sanon Soro University Hospital<br>Yalgado Ouedraogo University Hospital<br>Charles de Gaulle Hospital<br>Sanon Soro University Hospital | 2005<br>2020              |
| TOGO                               | Lome                                       | Sylvanus Olympio University Hospital   | 2008                      |
| DEMOCRATIC REPUBLIC OF CONGO       | Lubumbashi<br>Kinshasa                     | University clinics of Lubumbashi,<br>University clinics of Kinshasa<br>University clinics of Lubumbashi,<br>University clinics of Kinshasa   | 2009<br>2016              |
| MAURITANIA                         | Nouakchott                                 | National Oncology Center   | 2011                      |
| REPUBLIC OF CONGO                  | Pointe Noire                               | Adolphe Cissé Hospital   | 2017                      |
| NIGER                              | Niamey                                     | National Center for the Fight against Cancer   | 2015                      |
| GUINEA                             | Conakry                                    | Donka University Hospital  | 2013                      |
| GABON                              | Libreville                                 | Cancer Institute of University Hospital of Agondjé   | 2017                      |
| BURUNDI                            | Bujumbura                                  | Kamengé University Hospital  | to be considered          |
| CENTRAL AFRICAN REPUBLIC           | Bangui                                     | Pediatric Complex  | 2015                      |
| BENIN                              | Porto Novo                                 | Ouéné-Plateau National University Hospital   | 2018                      |
| CHAD                               | N'Djamena                                  | Mother and child Hospita of N'Djamena  | to be considered          |
| DJIBOUTI                           | Djibouti                                   |  | to be considered          |
| COMOROS                            |  |  | linked to Madagascar      |

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