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Доктор Вартамян окончил Российский государственный медицинский университет и с 2004 г. работал профессором на кафедре радиологии РМАПО. Как технический офицер в штаб-квартире ВОЗ доктор Вартамян координирует совместную работу ВОЗ, ее европейского подразделения и IARC с Минздравом России и странами-участницами ВОЗ в Европе в области профилактики рака и его ранней диагностики.

## WHO struggle against childhood cancer\*

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*This article presents modern situation in childhood cancer treatment in high- and low/middle-income countries and position of WHO on this question. Authors suggest that it is very important to collaborate to reach success. Work of WHO on improvement of care and treatment for children with cancer presented. WHO strategy to control childhood cancer presented and to improve access to essential medicine for all affected children*

**Key words:** children, pediatric oncology, WHO, cancer control, strategy

Childhood cancer is a major global health issue. Every year, almost 100 000 children die from cancer before the age of 15 years, more than 90% of them in resource-limited countries [1].

We are all aware that progress over the past four decades in cure and care for children with cancer have resulted in the approximately 80% of children with cancer in high-income countries survive [2]. The prognosis is much lower for children diagnosed with cancer in low- and middle-income countries. With continued socioeconomic development, the proportion of deaths from cancer is likely to increase in developing countries, especially in young people. Mortality is high in developing countries – 80% of young cancer patients in Africa die. Factors explaining this include: the late diagnosis of cancer leading to lower levels of effective treatment; poorly equipped hospitals without the appropriate medicines and equipment; other diseases that children might have; and lack of knowledge about cancer among primary health care providers. In addition, treatment is simply not affordable for many parents in low-resource settings who would be required to pay for the cost themselves. Majority of children with cancer in the world, in the literature estimated to be more than 60%, have a little or no access to treatment. The main reason of these factors is poverty. As well as the direct effect of poverty, low-

income countries have poor health-care provision, which means that few special cancer centres are available, and if they are likely to be a long and expensive journey away. 80% of people in Africa have no access to radiotherapy, cancer surgery, or the infrastructure needed for the basic delivery of cancer care [3]. In order to bridge the gaps in access to adequate cure and care for children with cancer, we are joining our efforts at WHO across technical departments and with International Agency on Research of Cancer (IARC) to provide our Member States guidance and support to scale up national health care delivery systems. Child health care programs are instrumental to raise awareness about the specific needs of children for adequate care and to educate providers to address child health needs. Essential medicines and technologies programs are supportive in assisting country to develop the key elements for management and treatment of childhood cancer.

There is a historical moment that childhood cancer together with cancers in general and other non-communicable diseases (NCDs) will get more attention than in the past. In 2011, world leaders assembled at the first United Nations (UN) High-level Meeting on NCD agreed on a road map of national commitments on how governments will develop national plans to prevent and control cancer and other NCDs. In 2014, Ministers

\*The original article was written based on the report of the Congress SIOP Asia – 2016, first published in our journal.

assembled at the second UN High-level Meeting on NCDs agreed to prioritize four time-bound commitments for implementation in 2015 and 2016: to set national targets for NCDs, to develop national multisectoral NCD policies and plans, to start reducing risk factors for NCDs and to enable health systems to respond. Ministers also agreed that a third High-level Meeting on NCDs would take place in 2018 to review progress made.

In order to accelerate the implementation of this road map of national commitments to fight cancer including childhood cancer, governments need the best evidence about the burden of cancer, the strategies to detect the disease early, and to reduce the avoidable cancer deaths, in order to achieve the ambitious target to reduce premature mortality of cancer and other NCDs by 25% by the year of 2025. This becomes even more important, when world leaders adopted a target as a part of the Sustainable Development Goals to, by 2030, reduce premature mortality from cancers and other NCDs by one third.

With making progress towards this ambitious NCD target we are coming closer to the goal that every child affected by cancer has not only the right to have access to quality treatment and services, regardless of geography or financial situation but also has access to services that are provided in a way that responds to his/her preferences, are coordinated around his/her needs and are safe, effective, timely and efficient.

**WHO has a strategy to control childhood cancer:**

- setting the standard of a comprehensive approach from (1) early detection (2) diagnosis (3) treatment to (4) palliative care is needed;
- develop robust service delivery systems through investing in health system building blocs;
- collect data for Evidence based decision making;
- access to essential medicines (EM). Global NCD Framework increase availability of EM;

- 22 cytotoxic and adjuvant medications listed on updated WHO model Essential Medicines List for children (2015).

**Criteria for selection of EM:**

- evidence of clinical efficacy and safety;
- comparative costs and cost-effectiveness.

**Purpose of EM:**

- to be available within the context of functioning health;
- with assured health, and at a price the individual and the community can afford.

**Key developments:**

- WHO guidelines on pain management in children;
- section on children's palliative care medicines included in WHO Model EML;
- side-event at WHA 2015 on pediatric palliative care;
- supporting Members States by working across the organization and IARC and through regional and country offices;
- collaboration with SIOP/CCI and others to facilitate knowledge and access to information for LMC;
- UN Joint Action on Cancer Control.

**Conclusion**

We know that the majority of children with potentially curable cancers can get cured even in low-resource settings, and all children with advanced cancer can benefit from pain relief and palliative care wherever they live. We know that effort for health system strengthening required is not going to be trivial, it would need a strategic expansion of treatment. Children's rights cannot be fulfilled and protected unless preventing and treating cancers is included as a priority within national cancer control programs.