

The Burlingame Lions Club

Newsletter
February 2022
Editor: Leonard Ma



President Bunny Macchia
Burlingame Lions Club: District 4-C4
2021-22



990 Burlingame Avenue
1st & 3rd Thursday of the Month
12:10 pm— 1:30 pm
Phone: (650) 344-LION

President's Message

Well, the holidays are over, a new year has begun, but.....THE VIRUS IS STILL WITH US. SO, BE CAREFUL AND WEAR YOUR MASKS!! FOR YOUR OWN SAKE AND FOR US; THERE IS SO MUCH WORK TO BE DONE AND WE NEED YOU ALL!

As you know, I had to cancel our first luncheon meeting of the year because I had been exposed to the virus. After quarantining for 2 weeks and a negative test, we were able to host the second luncheon of the month. Guest speakers were:

- 1) Lion Clayton Jolley, Past President of the Half Moon Bay Lions Club, who is running for 2nd Vice Governor of District 4-C4;
- 2) Our very own Tail Twister and temporary Secretary, Lion Maryah Tucker, also President of the BASO Lions Club. Lion Maryah spoke of the Bair Island Lions Club's efforts to raise money for humanitarian relief to the kingdom of Tonga after the disastrous volcanic eruption. Go to <https://www.facebook.com/BairIslandCyberLC> or contact Jimmy Ness directly for information: email:lionjimyness@yahoo.com or phone: 650-556-5703.

They are also having a drive-through BBQ fundraiser on February 6, 2022. The flyer for ordering is on The Thread.

We are also very much looking forward to our own activities this month:

- 1) Our usual 1st Thursday luncheon on February 3, 2022.
- 2) Our 3rd Thursday luncheon will be the Student Speakers' Contest on February 17. The subject this year is "How can kindness unite our country?". There will be 4 or 5 students speaking before lunch is served.
- 3) Our annual Corned Beef and Cabbage dinner at the Hall on Saturday, March 12, 2022 at 6:00 PM.

LION PRESIDENT BUNNY MACCHIA



**BBQ
Drive-Thru**

**For Tonga Disaster
Relief**

Sunday February 6, 2022

Foster City Rec Center
650 Shell Blvd
Foster City, CA 94404
\$15 per plate

Chicken and ribs over rice

Chocolate chip cookie and bottled

water

Pickup 11am-2pm
Delivery \$10/address
Shoreview and FC only)

ORDER HERE

<https://tinyurl.com/ywu374vu>

Questions:

lionjimyness@yahoo.com



Birthday Shout-outs!!

**Carlus Blevins
Glenn Mendelson**

Happy Birthday to these Great Lions.



Thoughts and good wishes go out to Lions Kevin Kielty and Ken Ingram.

Happy  St. Patrick's Day 



BURLINGAME LIONS CLUB INVITE YOU TO THEIR ANNUAL CORNED BEEF AND CABBAGE DINNER.

MARCH 12
BAR OPENS PROMPTLY AT 5:00
DINNER WILL BE SERVED AROUND 6:00

\$40 PER-DINNER
PLATE OF CORNED BEEF AND CABBAGE, AND DESSERT

990 BURLINGAME AVE,
BURLINGAME CA 94010



Name: _____

Phone: (_____) _____ - _____

E-Mail: _____

Number of Dinners: ____ x \$40 = _____

Sorry I can not make it here is a donation of \$ _____

Please make checks payable to Burlingame Lions Club
and send them to before March 7, 2022
Burlingame Lions Club
PO Box 206
Burlingame, CA 94011

Depending on COVID numbers the dinner may turn into drive up we will contact you the week of if that is the case.

The leprechauns are going to be busy helping Lion Pat Kinsella cook up a fine Irish dinner of corned beef and cabbage. Come and join us to celebrate St. Patrick's Day. The food will be great and the friendship, warm.

Remember the date: March 12

(Tentatively set for dining in, but possibly take out if conditions change)



St. Valentine's Day



Valentine's Day wasn't always the romantic holiday that we all celebrate today. The beginnings of this celebration are uncertain. One theory is that it was named after its patron saint, St. Valentine, of which there are two possible individuals, both named Valentine. One, a priest in the 3rd century, was put to death by Emperor Claudius for defying his ban on marriage. The second individual was killed for attempting to help Christians escape prison in Rome. While in jail, he sent out messages that were signed, "From your Valentine". A third candidate for how this day came to be, comes from an ancient Pagan fertility festival called "Lupercalia", which was celebrated on February 15th in ancient Rome. The festival centered around rituals performed to encourage fertility. By the end of the 5th century, Pope Gelasius declared February 14th "St Valentine's Day". During the middle ages, this day began to be associated with love and romance, which is what we see it as today.

CHILDHOOD CANCER AWARENESS MONTH

Lions International, in conjunction with the international childhood cancer community, celebrates February as Childhood Cancer Month. This campaign raises the awareness of cancer in children and adolescents around the world. Cancer is a leading cause of death for children and adolescents, and it is estimated that each year, more than 400,000 children are diagnosed with cancer. The vast majority of these cases are in low and middle-income countries (LMIC).

The survival rate in High Income countries is about 80%; in LMIC the survival rate is close to 20%. By bringing awareness and action to the inequities between these two groups, this project hopes to raise the survival rate of the LMIC to 60% by 2030. Some of the inequities that can be improved upon are in daily nutrition, chemical exposures, clean water, and early detection. Lions around the world are working to solve these deficiencies, thus improving the lives of children all around the world.

A World Health Organization booklet on this subject is attached.



The Student Speakers Contest

“How Can Kindness Reunite our Country”

This is the topic of discussion for the Student Speakers Contest this year. Our Club contest will be held on Thursday, February 17, 2022 at the Lions Hall. Chairing this event is Lion Jack Van Etten , who has speakers from BHS, Mills, and Mercy representing their schools.

This contest provides scholarships to the winning students above the Region level. Each of the fifteen winners at the District Level receives a \$4,500 scholarship. The four Area winners each receive a \$6,500 scholarship. The winner of the Final Student Speakers contest receives a \$10,000 scholarship. Funding for these scholarships is through the Student Speakers Foundation of MD4. The scholarships can be used at any accredited two or four year college, or to any school approved by the Foundation. Students are allowed seven years from the date of high school graduation to use the funds. This year, the Foundation will provide scholarships totaling \$103,500.00 for the winning speakers.



Introducing Lion Joe Suarez



Born and raised in the Bay Area and excited to be serving the only community he’s ever called home; Joseph Suarez and his family have lived in the Bay Area since the boats were touching down in Ellis Island from Italy. He’s been passionate about real estate since childhood via the inspiration of his great-grandfather Dick Minucciani, who was a realtor and insurance agent in the South San Francisco area and a major part of the community. He helped rebuild All Souls Church after it burned down in 1964. He was heavily involved in the Boys Town of Italy, Knights of Malta, and the Boys & Girls Club in South San Francisco. Safe to say he has big shoes to fill!

A problem-solver by nature, Joseph loves the day-to-day challenges his job brings as much as he loves being detail-oriented and attentive to his clients’ needs. Since he previously worked in customer service for six years and working for the past ten, Joseph knows that building relationships requires trust. Joseph went to Burlingame High School and his first job was with the Burlingame Recreation Center at the Summer Adventure camp! After high school he attended College of San Mateo after studying Business and Real Estate. He’s looking forward to working with this community on a deeper level and being a part of the events that he used to go to in his childhood!

Happenings in the Month of February

- February 1, 2003: The Space Shuttle Columbia broke apart in flight over Texas, killing all seven crew members upon re-entry into the Earth's atmosphere.
- February 3, 1870: The 15th Amendment to the U.S. Constitution was ratified, guaranteeing the right of citizens to vote, regardless of race, color, or previous condition of servitude.
- February 3, 1913: The 16th Amendment to the U.S. Constitution was ratified, granting Congress the authority to collect income taxes. (boo!)
- February 3, 1959: Buddy Holly dies in a plane crash, along with Ritchie Valens, and JP "Big Bopper" Richardson, in Clear Lake, Iowa.
- February 12, 1809: 16th President, Abraham Lincoln, was born in Hardin County, Kentucky.
- February 14, 1929: The St. Valentine's Day Massacre occurred in Chicago, as seven members of the Bugs Moran gang were gunned down by five of Al Capone's mobsters.
- February 22, 1732: George Washington, 1st U.S. President, was born in Westmoreland County, Virginia.
- February 27, 1950: The 22nd Amendment to the U.S. Constitution was ratified, limiting the president to two terms, or a maximum of 10 years in office.

Burlingame Lions Club: 2021-22

President: Bunny Macchia 1st VP: Jack Van Etten Immediate PP: Kevin Kielty
 Secretary: Carlus Blevins Treasurer: Nancy Ingram Lion Tamer: Pat Kinsella

LCIF chair: Geno Caccia Service chair: Leonard Ma Membership /Media/Marketing chair: Erik Winkler

Directors

Pat Kinsella Ken Ingram Nirmala Bandrapalli Ann Loper Alice Castillo
 Hall Manager: Ken Ingram Newsletter: Leonard Ma

District 4-C4 Officers

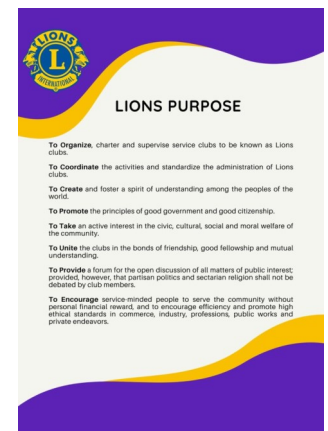
District Gov: Dr. Jun Valera 1st VDG: John Hui 2nd VDG: Kevin Guess
 Region 6 chair: Paul Larson Region6/Zone 1 chair: Wayne Lee



February 2022

Lions International: Childhood Cancer Awareness Month

- Increase acts of support to families and children affected by childhood cancer
- Improve diagnostics, treatment, and continued care to those affected by childhood cancer
- Increase awareness for childhood cancer as a global priority





World Health
Organization

WHO Global Initiative for Childhood Cancer: **An Overview**

WHO GLOBAL INITIATIVE FOR CHILDHOOD CANCER: AN OVERVIEW

Every day, more than 1,000 children are diagnosed with cancer. This news sets all concerned on a demanding and life-changing journey. For children in high-income countries, more than 80% survive (**Figure 1**). This has been a great achievement in science, innovation and public health.

But, for many children living in low- or middle-income countries, the reality is death and immense family strain. The impact translates to lost potential, greater inequalities and economic hardship. This can and must change.

The World Health Organization (WHO) Global Initiative for Childhood Cancer aims to improve outcomes for children with cancer around the world. The goal is to give all children with cancer the best chance to survive, to live full and abundant lives and to live and die without suffering. Working across borders, sectors and disciplines, we can create a better future for children with cancer.

Figure 1:
Inequities in outcomes





CHILDHOOD CANCER: A PUBLIC HEALTH THREAT

Of the estimated 400,000 children diagnosed with cancer each year, most live in low- and middle-income countries. For them, treatment is often unavailable or unaffordable. Only about 20–30% of those children survive, compared to more than 80% in high-income countries.

This inequity threatens the attainment of universal health coverage. It also threatens the realization of other political commitments in the 2030 United Nations (UN) Agenda for Sustainable Development (**Figure 2**). Inequities are common in childhood cancer. Children in lower-resourced settings are often unable to access care. Financial hardship for families is all too common. Some

children may disproportionately suffer long-term side effects and experience discrimination.

We can level these inequities. Every child with cancer deserves better care. This is the time for action. People around the globe have already begun to act. Governments have committed to prioritize action on childhood cancer in World Health Assembly Resolutions. Communities have come together. Momentum is growing. The WHO Global Initiative for Childhood Cancer has been launched in September 2018. A clear target has been set.

THE GOAL OF THE GLOBAL INITIATIVE IS TO ACHIEVE AT LEAST A



AND TO REDUCE SUFFERING FOR ALL CHILDREN WITH CANCER BY 2030.

1 MILLION
CHILDREN WITH
CANCER CAN BE
SAVED IN THE
NEXT DECADE.



LINKS BETWEEN EFFECTIVE CHILDHOOD CANCER CONTROL AND THE SDGs

Figure 2:
SDGs and Childhood Cancer

	<p>Financial protection from catastrophic illness like cancer reduces poverty</p>		<p>Universal access to clean water and sanitation can reduce rates of infection-related complications.</p>
	<p>Reducing hunger and malnutrition improves childhood cancer outcomes</p>		<p>Investing in diverse occupations required for care stimulates local economic growth and employment.</p>
	<p>Investing in childhood cancer supports attainment of multiple health related targets</p>		<p>Promote access to care for all communities to reduce catastrophic health expenditure and inequalities.</p>
	<p>Educational services needed for children with cancer requiring prolonged hospitalizations</p>		<p>Investing in child health promotes social stability and reduces exploitation and discrimination</p>
	<p>Promote access to care that is not discriminatory against girls and enables mothers and families.</p>		<p>Multi-sectoral collaboration and international cooperation improve childhood cancer outcomes</p>



WHAT IS THE WHO GLOBAL INITIATIVE FOR CHILDHOOD CANCER?

To save lives and reduce suffering of children with cancer, this initiative seeks to **(Figure 3)**:

- increase countries' capacity to provide quality services for children with cancer
- prioritize childhood cancer nationally, regionally and globally to spark action

This is done by developing strategic action plans, led by governments and supported by individuals and groups across sectors. We will connect vital

partners to advance comprehensive childhood cancer services. Other cancer and child health services will benefit from the strengthened health systems.

A technical package, **CureAll**, will guide countries as they carry out the Global Initiative. The outcome will be stronger health systems and improved care of children.

Figure 3:
Global Initiative for Childhood Cancer

Goal	<p>By 2030, achieve at least 60% survival for childhood cancer globally and reduce suffering for all</p> <p style="text-align: center;">Save one million additional lives</p>			
Objectives	<ol style="list-style-type: none"> 1. increase capacity of countries to provide quality services for children with cancer, and 2. increase prioritization of childhood cancer at the global, regional, and national levels <p style="text-align: center;">Implemented across 6-10 countries (by 2019-2020) and 18-25 countries (by 2021-2023)</p>			
Outputs & Activities	National	Regional	Global	
	Country Assessment, Case Studies, Support and Implementation Plans	Regional Assessment and Dialogues, Snapshots, and Policy Briefs	Global Framework, Technical Package, Dashboard, and Advocacy Materials	
Approach: Technical Package	CureAll Children with Cancer			
	<p>Centres of Excellence and Care Networks</p> <p>with sufficient competent workforce</p>	<p>Universal Health Coverage</p> <p>with benefit packages and organizational models for quality services</p>	<p>Regimens for Management</p> <p>with context-appropriate guidance, essential technologies & medicines</p>	<p>Evaluation and Monitoring</p> <p>with quality assurance and robust information systems</p>
	<p>Advocacy</p>	<p>Leveraged Financing</p>	<p>Linked Policies/ Governance</p>	
	<p>Supporting Coherent Comprehensive Policies, Access and Coverage of Services, and Quality Health Systems</p>			



THE CureAll TECHNICAL PACKAGE

CureAll is an acronym used to identify the four key pillars and three enablers of the Global Initiative (**Figure 3**). This package outlines an approach to assess a country or region's current situation, develop an action plan, implement and monitor progress. The approach includes tools, standards and support.

Pillars:

- **C**enters of excellence and care networks with enough trained workers to deliver services;
- **U**niversal health coverage for comprehensive and essential quality services;
- **R**egimens and roadmaps for diagnosis and treatment. These tailored plans will aid delivery of quality services through evidence-based technologies and medicines;
- **E**valuation and monitoring. Robust information systems and research will ensure effective implementation, quality assurance and constant improvement.

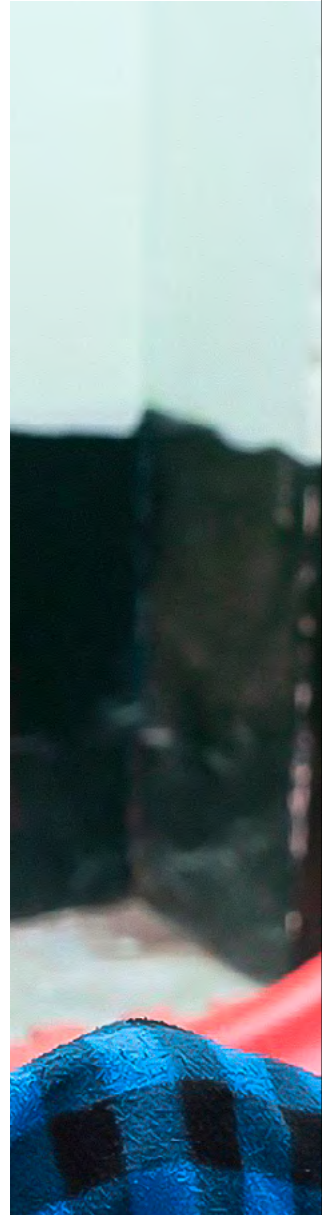




Photo credits: 300-Bedded Mandalay Children Hospital

Photo credits: CanKids KidsCan



Cross-cutting enablers:

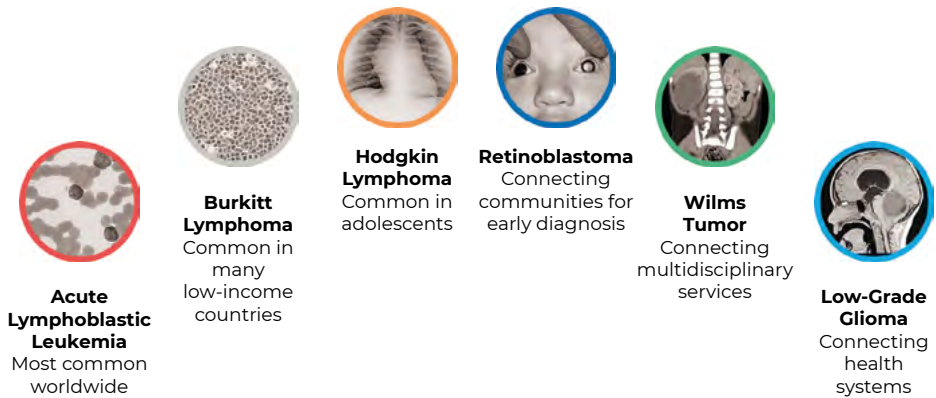
- **A**dvocacy
- **L**everaged financing
- **L**inked governance

Our first focus is six common cancers that can help us see what is working well, and where we can improve. Together, they represent 50–60% of all childhood cancers. These diseases are highly curable with proven therapies (**Figure 4**). They are:

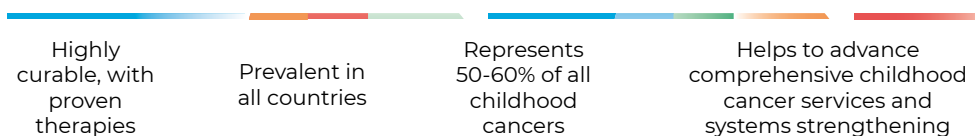
- Acute lymphoblastic leukemia (a blood cancer)
- Burkitt lymphoma (a fast-growing lymph gland cancer)
- Hodgkin lymphoma (a lymph gland cancer)
- Retinoblastoma (a childhood eye cancer)
- Wilms tumor (a childhood kidney cancer)
- Low-grade glioma (a brain cancer)

By improving care in these diseases, we can make progress across all childhood cancers.

Figure 4:
Six common, tracer cancers for the Global Initiative



From addressing common challenges... ..to connecting vital partners





A COUNTRY, REGIONAL AND GLOBAL EFFORT

The WHO Global Initiative for Childhood Cancer spans country, regional and global levels (**Figure 5**). It relies on WHO regional and country offices as well as national and state governments. Their actions are supported by academic institutions, nongovernmental organizations (NGOs) including parent support and advocacy groups, private sector entities and philanthropic foundations. These networks and partners are designed to serve the needs of children and their family.

Focus countries have been selected to pilot the Global Initiative (**Box 1**). Other partners will join as the initiative grows. This collaboration will help extend benefits across all regions. It is important to share lessons learned as the **CureAll** framework is applied. Those details will help the initiative reach its targets and save more children.



Box 1:

Early Progress in the Global Initiative

Since the Global Initiative's launch in 2018, focus countries have been selected. Initial focus countries include Ghana, Morocco, Myanmar, Peru, the Philippines, Senegal, Sri Lanka, Ukraine, Uzbekistan and Zambia. The governments of these countries have committed to improve childhood cancer care and outcomes and reduce suffering.

Each country has defined priorities and begun implementation. Actions have been developed and new coalitions have formed. Significant progress has occurred. New legislation now includes childhood cancer care as an essential service. New members of the workforce are being trained. Countries beyond the initial focus countries are prioritizing childhood cancer. They are supporting access to childhood cancer

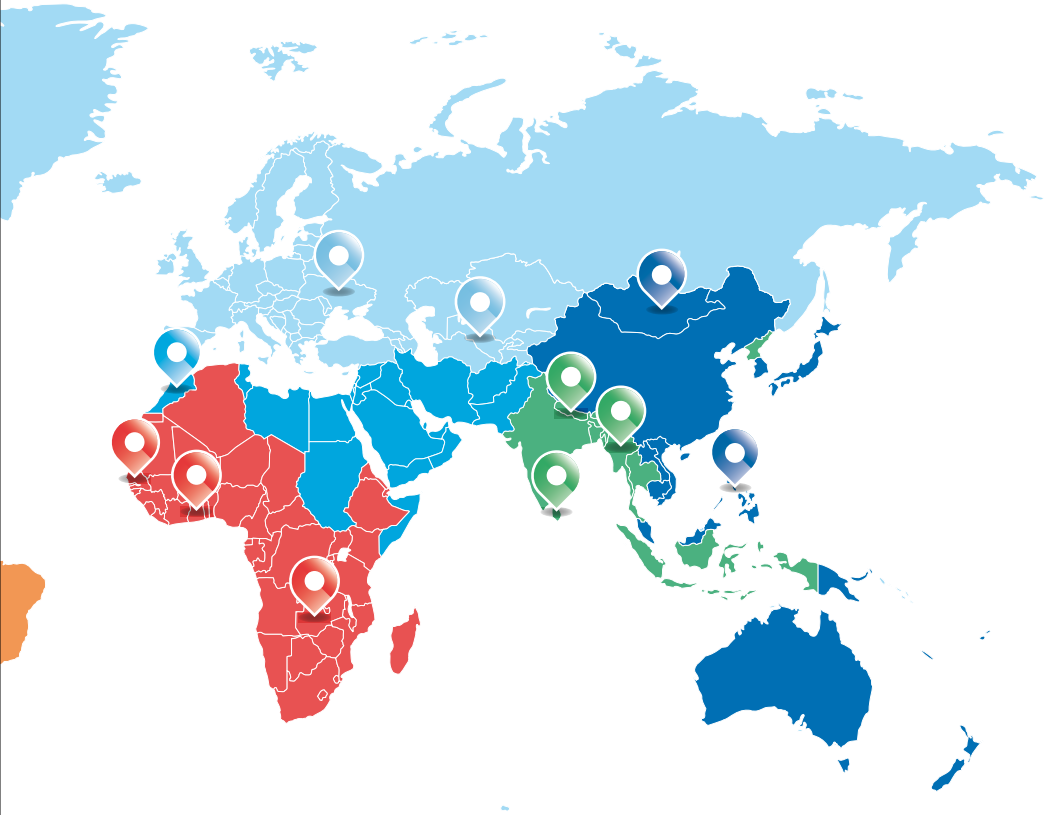


Figure 5:
Select locations of focus countries and sub-regions per WHO Region

medicines and including childhood cancer in national strategies. A crucial part of this effort is to monitor progress. This is fed back via workshops and communities of practice. In light of the impact of COVID-19 on cancer programmes and implementing this Initiative, virtual approaches are being explored and broader strategies are being developed to support governments build back better.

- Americas (AMR)
- Africa (AFR)
- Eastern Mediterranean (EMR)
- Europe (EUR)
- Western Pacific (WPR)
- South-East Asia (SEAR)



Common activities at the global level include:

carry out the **CureAll** technical package; support dialogue across sectors to strengthen the cancer care workforce and increase access to cancer medicines and technologies; provide platforms to set priorities, research and exchange best practices; coordinate global reporting on progress

Common activities at the regional level include:

develop and sustain a governance structure for shared objectives and results; facilitate participation in regional practice networks through WHO Knowledge Action Portal (KAP); support dialogue among neighboring countries regarding regional centers for training, clinical or logistics needs; coordinate country-level action; and align country strategies with regional priorities.

Common activities at country level include:

use a four-step process (assess, plan, implement and monitor/modify) to implement a tailored **CureAll** approach for each country. **(Figure 7)**.

Photo credits: Bless Child Foundation, Uganda/Brian Walusimbi



Figure 6:
Strategic activities by level of action

<h2 style="text-align: center;">GLOBAL INITIATIVE</h2> <ul style="list-style-type: none"> • Set the global agenda • Develop global norms and standards • Provide platform for shared best practice, research and innovation • Support multi-sectoral dialogue to strengthen workforce and increase access to cancer product • Coordinate global reporting on progress indicators 	<h2 style="text-align: center;">REGIONAL ACTION</h2> <ul style="list-style-type: none"> • Provide regional governance structure to define and accomplish shared outputs • Support dialogue among neighboring countries and centres • Coordinate country-level action • Align country-specific strategies 	<h2 style="text-align: center;">COUNTRY ACCELERATION</h2> <ul style="list-style-type: none"> • Define needs for in-country implementation • Convene stakeholders across sectors toward shared objective • Apply four-step process to scale-up capacity • Generate case studies and best practice
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IMPLEMENTATION OF CureAll

1. **Assess the current childhood cancer situation**

The first step is to assess the current situation of childhood cancer services, using existing data sources. These include registries and a special tool for the Global Initiative. Assessments take place at national and institutional levels. They help stakeholders find high-impact opportunities across the health system. Outcomes include:

- stakeholder maps of activities by local, regional and international partners
- a snapshot of the nation's and facility's capacity
- a summary of the country's childhood cancer landscape

2. **Plan, cost and finance**

The next step is a national dialog, workshop or consultation. This is attended by key leaders and partners. They will create a plan of action. Country-identified priorities are matched with partners. The aim is to build on or expand areas of collaboration. Results might include:

- analysis of the situation with stakeholder input
- country-specific analysis of cost and priorities
- workforce planning analyses
- dialog to help integrate and align childhood cancer with national planning
- action plans

3. **Implement programme:**





Success requires partnership among governments, health facilities, partnering organizations, civil society, patient and parent support groups, and communities. Regional and local governance structures will support the alliance between community-based activities and government policies. The Global Initiative and its network can help implement and manage strategies for the six indexed childhood cancers, including palliative and supportive care.

4. **Monitor and modify:** Linked to the **CureAll** package, a core set of cancer indicators are being developed. These will support countries as they monitor and respond to programme needs. These indicators will also help countries focus on quality improvement and research priorities.

WHO and its partners have developed tools to enable this four-step process. **(Box 2)**. Case studies and best practices gathered during this process can be used to accelerate regional and global action. The Global Initiative has launched

the **CureAll** communities of practice known as the Knowledge Action Portal. All partners have key functions in this four-step process to contribute, to inspire and to share best practices **(Figure 7)**.

Figure 7:
Functions of partners in the four implementation steps of **CureAll**

Phase	Ministry	Output	Partners
 Assess	Data gather and interpret from diverse sources	Situational analysis	Inform community inputs & review
 Plan, Cost & Finance	Dialogue host national workshop, draft strategic plan	Costed, prioritized cancer plan	Engage participate in priorities formulation using CureAll approach
 Implement	Decision Governance structure, finance, oversight	Provision of high-quality services	Enable and Act support implementation
 Monitor and Modify	Monitor Programme effectiveness, adapt and scale	Performance report Updated strategies	Advocate implementation, promote accountability

Focus countries can select from sample projects that span the phases of country action as well as **CureAll** elements (**Figure 8**).

Box 2:
Sample selection of strategic **CureAll** tools and projects

The **CureAll** technical package includes a range of WHO resources such as:

- **Tool to help set priorities, budgets and health system plans:** This module builds on WHO and United Nations tools used in national health planning. It will help national decision-makers understand the impact, cost and feasibility of cancer interventions. It will also help them identify the best scale-up scenario and produce an investment case.
- **Tools to enable a policy dialogue in health workforce planning:** The WHO Human Resources for Health 2030 framework can be customized to help users address workforce shortages.
- **WHO management guidance for six index childhood cancers and supportive care:** New resources will be developed to guide management across various care settings. These resources will also support research and innovation at national levels.
- **Access to cancer health products:** This programme will help manage barriers to accessing cancer medicines and technologies. It will focus on the challenges of obtaining childhood cancer medicines. The approach will span sectors to address the needs of each country.
- **Dataset for cancer registries and programme monitoring:** A core set of measures is to be specified and country support provided for indicators linked to quality assurance.



Photo credits: CanKids KidsCan



Figure 8:
Sample strategic projects to be developed in focus countries, across
country phases of action and **CureAll** elements

CureAll Core Projects



1. **Analysis of cancer health system**
2. **National Cancer Control strategy development/implementation**
3. **Implementation of cancer workforce training packages**
4. **National network and referral pathway strengthening**
5. **Defining national standards and guidelines for index cancers**
6. **Essential medicines and technologies strengthening, including via UN**
7. **Economic analysis and benefit packages review of cancer**
8. **Strengthening & linking cancer registries (population- & hospital-based)**
9. **Country dashboard for childhood cancer monitoring**
10. **Local/regional advocacy portfolios: case studies, awareness campaigns**

Phases of Country Action

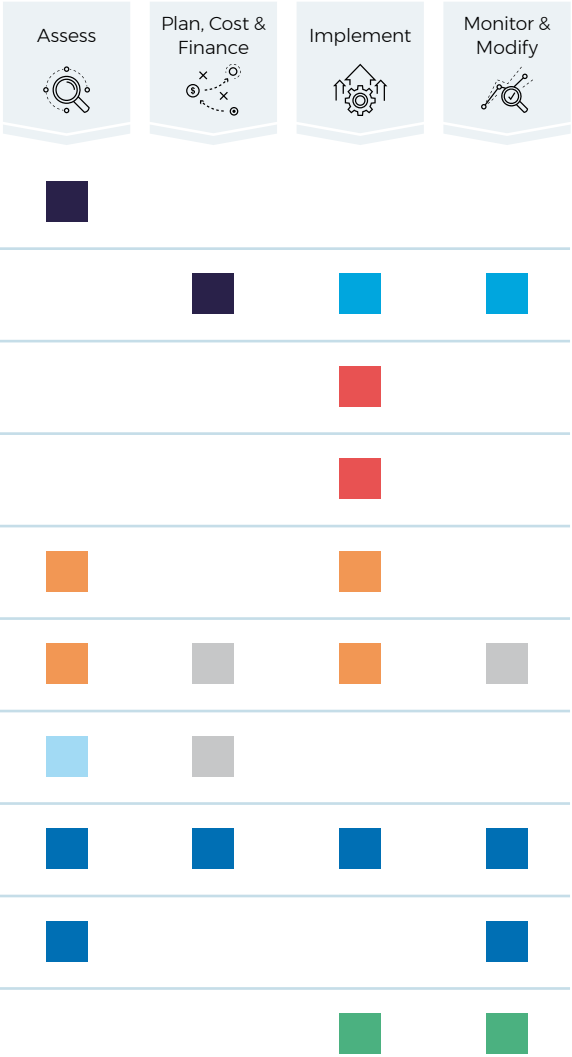


Photo credits: American Childhood Cancer Organization



STAKEHOLDER ENGAGEMENT IN THE GLOBAL INITIATIVE FOR CHILDHOOD CANCER

Children with cancer and their families are at the center of this Initiative, surrounded by stakeholders across sectors. Each is motivated to create an environment that will improve access to high-quality care (**Figure 8**). A core aim is to help governments and their partners to coordinate efforts and achieve this goal.

This Initiative boasts more than 100 participating organizations and hundreds of global experts. They have agreed to help governments create strategic plans and priorities. We can succeed when leading academic centers, professional societies, parent groups, philanthropic foundations and the private sector come together with a shared goal.

This Initiative and its partners have defined indicators to track progress and resources.

Focus countries have resources available. They can help define national models and practical approaches to address needs in childhood cancer care. The result will be regional and global dialogues and global visibility. In focus countries, specific priorities are matched to contributions from partners across sectors.

Select UN agencies have agreed to support the effort. These include WHO, the International Agency for Research on Cancer, the International Atomic Energy Agency, United Nations Children's Fund, and the UN Development Programme. Others have also dedicated expertise and resources, such as St. Jude Children's Research Hospital (a WHO Collaborating Center for Childhood Cancer), which supported the inception of the Global Initiative and contributed resources to develop and implement priority activities.



Photo credits: St. Jude Children's Research Hospital/Jere Parobek



CONCLUSION

Childhood cancer is curable when children have access to diagnostic, therapeutic and supportive care. This should be true for all children in all settings, yet for those with cancer in low- and middle-income countries, survival is still reduced, and death without pain control is too common. These inequalities in childhood cancer care are unacceptable and a threat to communities, economic development and social stability.

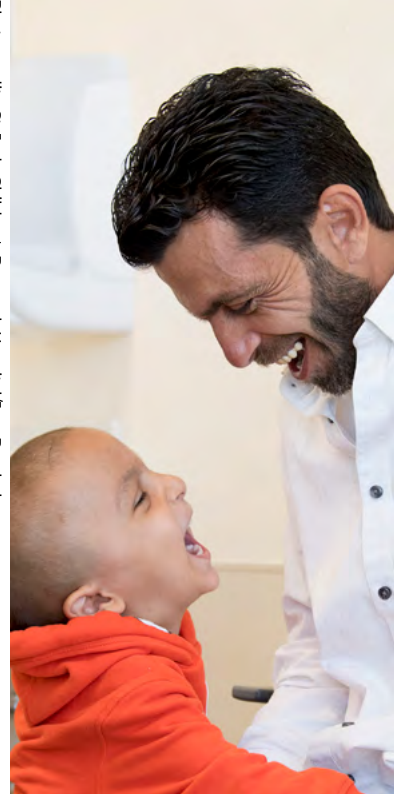
IF WE ACT NOW, WE CAN SAVE 1 MILLION LIVES OVER THE NEXT DECADE.

The justification is clear, and the action plan has been set. The Global Initiative for Childhood Cancer provides the framework and path for all countries to implement **CureAll** and improve the care and outcomes for all children with cancer.

We must equip partners with the tools to diagnose and save all children with cancer around the world. The Global Initiative will be successful if stakeholders unite to support governments in building capacity and promoting childhood cancer on the public health agenda.

The past 70 years have shown that progress can be made when we invest in systems to care for children with cancer and promote innovation. All countries can achieve a 60% survival target. Another generation of children with cancer globally rely on the actions we take now, together.

Photo credits: St. Jude Children's Research Hospital/Jere Parobek

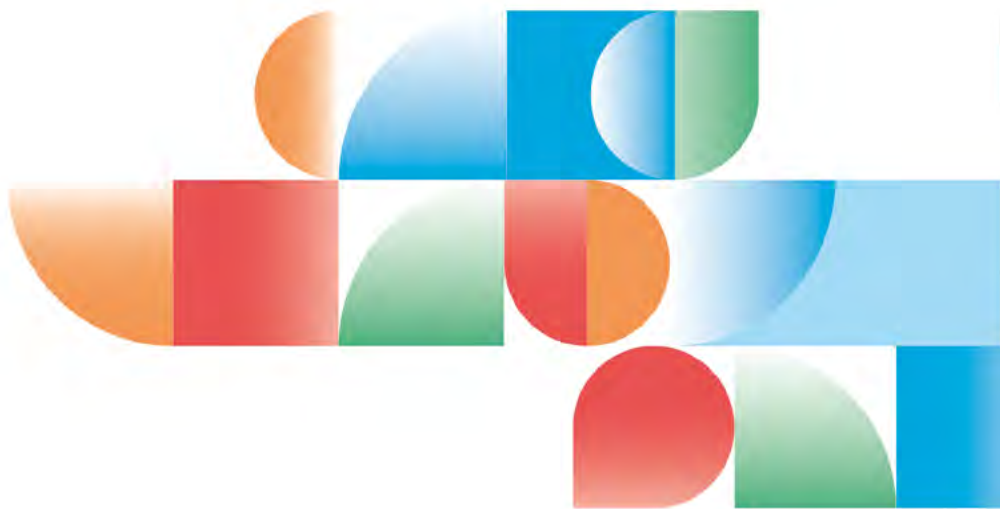


For more information:



www.who.int/cancer/childhood-cancer

CureAll Logo: WHO would like to thank Anya Broverman-Wray, Ruth I Hoffman and American Childhood Cancer Organization for their contributions.



World Health
Organization