**Terms of Reference
SIOP Advocacy Committee**

**Background**Advocacy is central to the vision of the International Society of Paediatric Oncology (SIOP) which is that “no child should die of cancer.” It is directly in line with Target 4A of the United Nations Millennium Development Goals (MDG) which is “to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.” Despite much of the progress made in the past 15 years, however, the UN MDG goals to drastically cut childhood mortality rates by two-thirds by 2015 are unlikely to be achieved. UNICEF notes that unless the world more than quadruples the annual rate of reduction in child death, these MDG goals will not become a reality until 2028 (UNICEF Report, 2013). SIOP has a critical and important role in contributing towards the reduction of infant and child mortality:

* by leading the campaign, in partnership with different stakeholders, to raise awareness and build a global momentum mobilizing communities worldwide to be involved in the global fight against childhood cancer;
* by making childhood cancer better understood by the general public, general practitioners and allied health professionals;
* by educating and influencing key opinion leaders to address childhood cancer in their communities;
* by educating legislators to enact appropriate policies that could benefit childhood cancer communities such as lobbying for change in government policy on childhood cancer research and treatment;
* by advocating for appropriate long term care and follow-up for survivors;
* by producing relevant resources (e.g., “Best Practices” and case studies) that tell a story of childhood cancer encouraging a movement to achieve the vision of SIOP.
* by working together with organization such as WHO, ICCCPO and other NGOs to achieve the above described contributions

**The SIOP Advocacy Committee**

The Committee, appointed by the President of SIOP, will be comprised of a small but active group of SIOP leaders committed to advocacy and should represent the different continents where the society (i.e., SIOP) has members. The Group will be chaired by a member of SIOP executive committee or a devoted SIOP member with advocacy experience and especially with an extensive network of contacts in civil society, the public and private sectors, including donor partners. Committee members are elected to serve for a minimum period of two (2) years in the first instance, with membership to be confirmed every two (2) years at the board meetings at SIOP international annual conferences. Members are asked to dedicate at least 5% of their time to the work of the Advocacy Group and will each have specific areas of responsibility as agreed with the President of SIOP and the Committee Chair, especially as regards liaison with other constituencies and initiatives.

Committee will also include a representative from the nurses group, the PODC committee (chair) and the International Confederation of Childhood Cancer Parents’ Organizations (ICCCPO) – all of whom will be given a mandate by bodies they represent. For specific advocacy activities, it is possible to involve

representatives from other affiliated societies. Moreover, the chair of the advocacy committee has the mandate to set-up a task force of individuals of whom are selected from the advocacy committee, to work on specific projects. This could be done through e-mail communication but also at targeted specific side meetings at appropriate events. Through the Chair, the Committee will report its progress to the SIOP Executive Board on a quarterly basis. If the chair is not member of the executive committee he will contribute to TCs or face to face meetings by invitation through the SIOP president

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* Expand and improve advocacy for childhood cancer and young adult cancers at the global, regional, national and local levels by building on the strengths and expertise of SIOP members and local partners, including childhood cancer parents’ organizations;
* Participate in monthly teleconference calls to report on advocacy initiatives and activities in their regions and discuss appropriate involvement of SIOP, if any;
* Meet face-to-face at least once a year (i.e., during SIOP international annual conference) to move SIOP agenda forward. Other meetings may be held related to specific tasks and will not necessarily involve all Committee members;
* Forge targeted and strategic partnerships with stakeholders (not necessarily health, e.g., media, etc.) in their regions;
* Identify opportunities in “home” regions where the work of SIOP can be showcased, e.g., speak at selected global health meetings on behalf of SIOP;
* Coordinate International Childhood Cancer Day (ICCD – 15 February) events annually in their home country;
* Work with key opinion leaders, when appropriate, at strategic global health “hubs” such as in Geneva, (WHO, UICC), Brussels (European Commission), Washington, DC (“inside the beltway” decision-makers); etc.;
* collaborate with the local chapter of International Confederation of Childhood Cancer Parents’ Organizations (ICCCPO), a SIOP key partner, if any in their region.
* Disseminate advocacy messages targeted to various stakeholder groups -- politicians, policymakers, program managers, celebrities, civil society and local communities;
* Assist in identifying and recruiting champions for childhood cancer from various stakeholder groups;
* If appropriate, work with and influence government line ministries such as the Ministry of Health or Ministry of Children and Youth and develop/cultivate a long-term relationship with responsible staff member of World Health Organization (WHO) regional headquarters in the regions (e.g., AFRO, EURO, PAHO, WPRO, SEARO), UNICEF, etc.
* Identify potential catalytic operational “field” projects where SIOP could be involved;
* Work with other committee member to explore and implement different advocacy and communication strategies/mechanisms to ensure the inclusion of childhood cancer on the global development agenda such as that in the UN MDG and in national cancer control plans, etc.;
* Help the continental branches to identify a “road map” in their “home” regions to carry-out potential advocacy initiatives, e.g., high-level public health summits, lobbying national governments to integrate childhood cancer treatment, care and support into their health systems.

**SIOP Secretariat Advocacy Support**SIOP’s Senior Adviser for Advocacy and Communications, based in Geneva, will facilitate the day-to-day coordination of the Advocacy Committee and will be supported by the Secretariat team. This may be enhanced with support provided by staff working in the Chair’s own institution.