

# News letter

## October 2020



**Curing childhood cancer in Africa**

# **SIOP Africa 21 meeting in UGANDA postponed**

The SIOP Africa Board of Directors has been following closely the situation of the COVID-19 pandemic in Africa and its impact on health systems and childhood cancer care.

In consideration of current travel restrictions and social distancing concerns related to COVID-19, The SIOP Africa Board would like to inform the PO community that the biannual SIOP Africa meeting cannot be held in Uganda on January 2021. We are exploring options for offering some lectures in a virtual format and postponing the Uganda meeting to end of 2021 – beginning 2022. After reviewing the best options, the Board will make a final decision as soon as possible in order to allow members to plan accordingly.

SIOP Africa remains committed to improve pediatric cancer care in Africa and adapting her strategy according to the challenges that the African pediatric oncology teams are facing currently.

Laila Hessissen  
SIOP Africa President



Joyce Balagadde Kambugu  
SIOP Africa President Elect



# Global ‘Gold September’ Campaign to Raise Awareness of Childhood Cancers



**Shine gold on our  
heroes and survivors**

## The Gold September campaign

This campaign is a time to recognize the children and adolescents affected by cancer at global and African scale. During September, and throughout the year, we honour the children and young people fighting cancer, the families who care for them, the healthcare professionals and their caregivers, the survivors, the children who lost their lives, and the scientists dedicated to beating childhood cancer.

The Gold Ribbon is the universal symbol to create awareness of childhood cancer – literally, to ‘shine the light’ on these young patients and their specific and often unmet care and research needs. The Gold September campaign has been initiated by parents, patients, and survivors directly affected by childhood cancer and have become a broadly endorsed initiative with global presence.

# The burden of Childhood Cancer in Africa

It was estimated that there were 397 000 new cases of childhood cancer worldwide in 2015, with 146 000 cases in Africa. However, only 224 000 were diagnosed, suggesting that 43% (172 000 of 397 000) of childhood cancer cases were undiagnosed globally, with substantial variation by region, ranging from 3% in western Europe (120 of 4300) and North America (300 of 10 900) to 57% (43 000 of 76 000) in western Africa.

Many types of paediatric cancer can be treated with generic medicines and regimens that are readily adapted to resource-limited settings. These include Burkitt lymphoma, Wilms tumor, acute lymphoblastic leukemia, Hodgkin lymphoma and retinoblastoma. About 50% of all cancers in the 0 to 19-year age group would be in this “favourable prognosis” category if diagnosed early and treated appropriately.

Unfortunately, treatment failure is common in LMICs, including all African countries, because of many factors, including

- Failure to diagnose or misdiagnosis,
- Delayed presentation or diagnosis,
- Unaffordable or abandoned treatment,
- Treatment-related death,
- Drug shortages and use of poor quality medicines
- Lack of consistent adherence to treatment,
- Use of reduced intensity treatment regimens to facilitate tolerability may also contribute to treatment failure and excess relapse.

Many causes of treatment failure are preventable. In order to overcome this global challenge, it is essential that African countries adopt a comprehensive paediatric cancer control strategy through continental and international collaboration.

The international Society of Paediatric Oncology (SIOP), as the global professional body uniting all types of health care professionals involved in childhood cancer care, training and research, has committed expertise and resources to improving care and survival for children and adolescents with cancer in Africa for many years.

## Priorities for Childhood Cancer in Africa

1. Access to appropriate and affordable medicines and devices are made available to treat young patients with cancer.
2. Access to centers where children and adolescents with cancer can be treated with dignity to the best possible medical standard.
3. Commitment to ensuring the WHO Global Initiative for Childhood Cancer aim of reaching at least a 60% survival rate for children in Africa is realised.
4. Establishing national childhood cancer registries to ensure accurate data collection to facilitate planning of childhood cancer services.
5. Training primary healthcare workers to recognise signs of childhood cancer and refer appropriately.
6. Access to oral Morphine Sulphate solution which is safe, effective, affordable and essential for providing comfort to children with incurable cancer.
7. Training healthcare workers in the tenets of palliative medicine to ensure that all forms of suffering are alleviated for patients with cancer and their families.
8. Establishing research programs to ensure that standards of care for young people with cancer are improved and are documented.
9. Improve the quality of survivorship.
10. Achieving comprehensive and affordable cancer care through communities, industry and relevant stakeholder's collaboration.

## Celebration Gold September in Africa



**Uganda Cancer Institut**





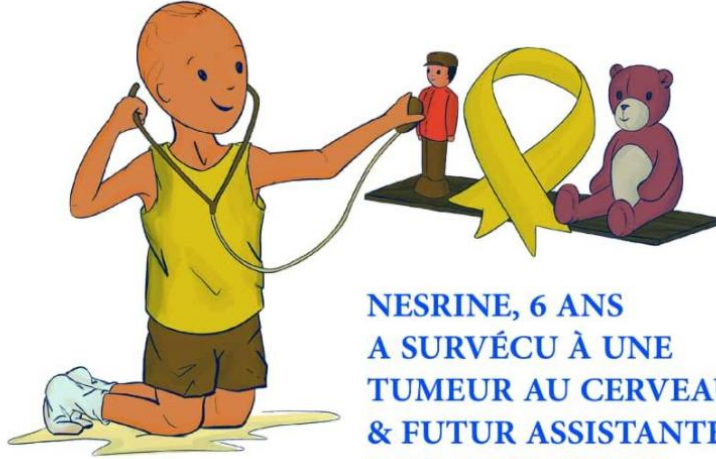
**Mbingo – Cameroon**



**Rabat - Morocco**

The SIOP Gold September banners translated to Arabic and  
French by Dr Fatiha Gachi (Algeria)

نسرين، 6 سنوات  
ناجية من سرطان الدماغ  
& ومساعد مخبرية مستقبلا



NESRINE, 6 ANS  
A SURVÉCU À UNE  
TUMEUR AU CERVEAU  
& FUTUR ASSISTANTE  
DE LABORATOIRE

كوثر، 3 سنوات  
ناجية من سرطان "ويلمز"  
الكلوي & مساعدة  
اجتماعية مستقبلا



KAWTHAR, 3 ANS  
A SURVÉCU À LA  
TUMEUR RÉNALE  
DE WILMS & FUTURE  
ASSISTANTE SOCIALE



# Trainings opportunities in Africa

The East Africa Centre of Excellence for Oncology at the Uganda Cancer Institute welcomes all paediatricians looking to subspecialise in paediatric oncology.



**EAST AFRICA CENTRE OF EXCELLENCE IN ONCOLOGY (EACOE) AT THE UGANDA CANCER INSTITUTE**

**CALL FOR APPLICATIONS FOR SPECIALIST ONCOLOGY FELLOWSHIP TRAINING PROGRAMMES**

The Uganda Cancer Institute (UCI) is the host of East Africa's Centre of Excellence in Oncology (EACOE) with a mandate to provide specialised cancer care research and training for the entire East Africa region. This is part of the East African Community (EAC) network of Centers of Excellence (CoEs) within the member states. The objective is the transformation of the UCI to a higher institute in collaboration with Makerere University College of Health Sciences. It is envisaged that the UCI will provide leadership in postgraduate education, clinical training, research and clinical services to cater for oncology demands in the region.

In line with the above objectives, the East Africa Centre of Excellence for Oncology has been established. Three initial fellowship programmes are currently in place namely: Adult Medical Oncology and Hematology, Paediatric Hematology and Oncology and Gynaecologic-Oncology. The 2 year clinical fellowships are offered locally at the Uganda Cancer Institute in collaboration with Makerere College of Health Sciences (MakCHS), Mulago National Referral Hospital (MNRH) and the Uganda Ministry of Health. Each fellowship programme is based on comprehensive curricula with specialist faculty and multidisciplinary care teams. Each fellowship is also offered in conjunction with reputable international oncology centres of excellence.

The Uganda Cancer Institute provides a rich learning environment for all aspects of Oncology, malignant and complex hematology with the availability of multimodality and multidisciplinary cancer services including a modern radiotherapy service, medical oncology, paediatric oncology, surgical oncology, gynaecological oncology, palliative care and rehabilitative medicine among others. The programmes are further supported by reliable and wide range of chemotherapeutics, modern reference cancer diagnostic and research laboratories complete with immunohistochemistry and molecular services in addition to a fully functional in-house imaging services.

The EACOE at the Uganda Cancer Institute now invites applications for the three fellowship programmes currently running:

1. **Adult Medical Oncology and Hematology.**
2. **Paediatric Oncology.**
3. **Gynaecologic Oncology.**

**Eligibility:**

1. Have a basic degree in human medicine (MBChB) and a Master's degree (MMed) as appropriate in Internal Medicine, Pediatrics, Obstetrics and Gynecology)
2. Have Registration and up to date Annual Practising License of the Uganda Medical and Dental Practitioners Council (UMDPC.)
3. Letter of good standing from the respective professional Medical Council

Limited scholarships available to cover cost of living and other expenses.

**How to Apply:**

1. Contact Ms. Charity Kobusingye on +256 776 867440 or [charity.kobusingye@uci.or.ug](mailto:charity.kobusingye@uci.or.ug) for an application package.
2. Return completed application package and supporting documents by **28th August 2020**.
3. Shortlisted candidates will be invited for interviews, **15th - 18th September 2020**
4. Admitted candidates will be confirmed in writing by **1st October 2020**
5. The fellowships are expected to commence on **2nd November 2020**
6. For any inquiries contact Ms Charity Kobusingye at [charity.kobusingye@uci.or.ug](mailto:charity.kobusingye@uci.or.ug) or Dr. Nixon Niyonzima at [Nixon.niyonzima@uci.or.ug](mailto:Nixon.niyonzima@uci.or.ug)



# DIPLÔME UNIVERSITAIRE DE CANCEROLOGIE PÉDIATRIQUE

L'université Mohammed V de Rabat et l'université Paris Saclay

*Pour une formation d'excellence ...*



Faculté de  
médecine et de  
pharmacie de  
Rabat



université  
PARIS-SACLAY

Formation ouverte aux médecins d'Afrique du Nord et d'Afrique Sub-saharienne qui permettra de  
contribuer au développement des compétences en oncologie pédiatrique  
Formation doublement diplômante permettant l'obtention du diplôme de l'Université Mohamed V de  
Rabat et de l'Université Paris Saclay

## OBJECTIFS :

- ✓ Apprendre à poser le diagnostic des principaux cancers de l'enfant
- ✓ Connaître les principaux protocoles de traitement des cancers de l'enfant
- ✓ Prendre en charge les soins de supports d'un enfant atteint de cancer
- ✓ Conduire l'essentiel du traitement des cancers chez l'enfant, prévenir et prendre en charge les complications
- ✓ Initier et participer aux travaux de recherche en oncologie pédiatrique

**DUREE DE LA FORMATION :** 18 mois

## PUBLICS CIBLÉS :

- Médecins spécialistes ou en cours de formation spécialisée : Pédiatres, Hématologues, Oncologues, Chirurgiens pédiatres, Anatomopathologistes, Radiothérapeutes ...
- Docteur en médecine, ayant une activité d'OP
- Médecin généralistes sous réserve d'acceptation de dossier

**INSCRIPTIONS 2020-2021  
AVANT LE 31 MARS 2020**

Contactez : Secrétariat du DUCP

[duop.maroc@gmail.com](mailto:duop.maroc@gmail.com)

Pour accéder à la plateforme E-learning du DUCP, ouvrez l'appareil photo sur votre smart phone et scannez ce code QR



Promotion 4 DUCP



SIOP Africaine



Remise des diplômes



Stage en France pour les candidats



Trailer les enfants atteints de cancer en Afrique

## Localisation des unités pilotes du GFAOP



Partenaires :



Association Française d'Oncologie Pédiatrique



SANOFI ESPSIF




Service Médical de  
Oncologie et  
Pédiatrie



## Neuro-Oncological Observation Fellowship Program for Africa

### Neuro-Oncological Observation Fellowship Program for Africa



**Fellowship Director**  
Ekakobe Forkem, DO  
Neurologist and Neuro-Oncologist  
Director of Neuro-Oncology Program  
Barrow Neurological Institute  
Associate Professor of Neurology,  
University of Arizona COM, Phoenix,  
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**Program Coordinator**  
Heather Hipp  
Heather.Hipp@DignityHealth.org

The team at Barrow Neurological Institute is pleased to announce a six-month observation fellowship in neuro-oncology. The goal is to provide training for two (2) active members of the Society of Neuro-oncology Sub Saharan Africa (SNOSSA) per calendar year in a non-concurrent manner. Ideal applicants will be practicing physicians in Sub Saharan Africa from the following medical specialties: neurosurgery, neurology, oncology, pathology, radiology, and pediatric oncology.

**Program Objectives**

1. To train Sub Saharan Africa physicians to deliver evidence-based, high-quality neuro-oncologic care in Africa.
2. To establish a cadre of local mentors capable of training the next generation of neuro-oncologic practitioners in Sub Saharan Africa.
3. To establish opportunities for continued cross-cultural exchange of ideas among brain tumor experts in Sub Saharan Africa and North America.

**Program Curriculum**

Fellows will rotate in neuro-oncology, radiation oncology, neuropathology, neuroradiology, and neurosurgery. Fellows will attend a weekly interdisciplinary tumor board and actively participate during discussions. The fellow will be required to give a talk to the residents, fellows, and faculty toward the end of the experience. Fellows will also be required to develop a clinical research proposal on brain tumors, which will be executed and brought to completion during the fellowship program. The goal is to have the findings published in a peer-reviewed journal and presented at national scientific meetings such as SNO, AAN, ASCO, AANS, etc.

**Program Faculty**

The CORE faculty for this program will come from Barrow Neurological Institute. However, we will have outside faculty from other institutions such as NIH, Northwestern University, The Mayo Clinic, Harvard University, Moffit Cancer Institute, McGill University, MD Anderson, and TGEN, etc., who may also serve as research mentors. These outside mentors will also provide occasional virtual lectures in their area of expertise to enhance our international fellows' overall experience. Moreover, this will give the fellows an opportunity to network with experts from different areas of neuro-oncology and different institutions.

**Program Support**

Barrow Neurological Institute will provide a monthly stipend to assist the fellow with basic support including accommodation, transportation, and health insurance. Additionally, there will be funds for educational and research needs including attendance at a national meeting. Fellows will be responsible for covering flights to Phoenix and all visa-related expenses.

**Program Requirements and Deadlines**

Interested candidates who are practicing physicians in Sub Saharan Africa in the above-mentioned specialties may submit a one-page personal statement along with a CV and a completed application package to the fellowship director or coordinator. The Fall Observation Fellowship will run from July 1, 2020- January 31, 2021. The Spring Observation Fellowship will run from February 1, 2021- August 31, 2022. Applications for the Fall Observation are now open.



In Partnership with:

SC000

## Masters in Paediatric Haematology/Oncology - Muhimbili University Tanzania

<https://www.muhas.ac.tz/pages/postgraduate-programmes>

## Paediatric oncology fellowship in Accra Ghana

[https://gcps.edu.gh/jaymens\\_up/2019/07/scan.pdf](https://gcps.edu.gh/jaymens_up/2019/07/scan.pdf)



# WHO Global Initiative in Childhood Cancer in Africa

## WHO GICC National Stakeholder Meeting on Childhood Cancer - Lusaka, Zambia 13 February 2020



Pr Alan Davidson and Ms Mariam Ndaguiri attended the National Stakeholder Workshop (NSW) on February 13 which was preceded by a Childhood Cancer Assessment and Prioritization Workshop (CCAPW) run by St Jude Global (SJG) on February 12.

Interestingly Kennedy Malama cited a figure of 1480 new cases of childhood cancer in Zambia every year. The IARCB speaker got 720 to 1215 based on a population of 18 m, 40 to 45% of whom are under 15 year with a conservative ASR of 100 cases/1m children < 15 years per year.

The WHO speakers talked about the GICC and country approaches to childhood cancer control. Based on the 6 main functions of WHO which are [1] Providing leadership [2] Shaping the research agenda [3] Setting norms and standards [4] Articulating ethical and evidence-based policy options [5] Providing technical support and [6]

Monitoring, they articulated the following priorities in country:

- Workforce – training at all levels including curriculum review, technical support and capacity building
- Health Info – reviewing health information systems and strengthening cancer registries
- Service Delivery – all aspects
- Medicine and Technology – access and provision
- Health Care Finance – tracking expenditure vs household income.

The IARC representative spoke about cancer registries and the Zambian Cancer registry experience, and Kirsten Hopkins from IAEA spoke about good paediatric radiotherapy practice. Justin Mulindwa is the country's only paediatric oncologist (to be joined next year by a colleague being trained in India). He pointed out that the Cancer Diseases Hospital (CDH) in Lusaka saw 355 cases in 2018 and 2019 equating to about 165 new cases per year. 55% of these are the WHO GICC core diseases (ALL, BL, HL, Retino, WT and LGG). The situation from a survival point of view has not moved on much from the paper published in PLOS One by Slone et al.<sup>2</sup> In that experience 162 children were treated at the University Teaching Hospital (UTH) from July 2008 to June 2010 ... only 8% completed treatment, 46% dies during treatment and 46% absconded.

The CEO of CDH, Lewis Banda, described the development of cancer services in Zambia. This level 3 hospital opened in 2007 (Phase I) with a paediatric OPD while beds remained at UTH. Phase II came online in 2016 with 252 beds, including a paediatric ward (capacity for about 60 patients). The hospital is able to provide chemotherapy, radiotherapy (Cobalt and Linac), Surgery and Radioactive iodine. There are labs and there is plain film radiology, USS, CT scan and MRI. Gaps are Linac function (often it is out of order), drug access, the lack of an ICU and less than the optimal number of funded patients. Phase III envisages an infrastructure upgrade, a second Linac machine, a PET/CT and decentralisation to Ndola and Livingstone.

Nickhill Bhakta (SJG) then reported back on the CCAPW held on February 12. A joint initiative of SJG and the MoH, the participants started off by using the PROFILE tool to map out resource availability across CDH, the Arthur Davison Children's Hospital and Livingstone Central Hospital. The results demonstrated considerable heterogeneity but also a great many opportunities for positive change. What followed were two interactive sessions. The first defined initiatives that could be implemented by looking at challenges and possible solutions. These focused on [1] Context [2] Workforce [3] Diagnostics [4] Chemotherapy and Supportive Care [5] Surgery and Radiotherapy and [6] Funding.

The second session looked at strengthening paediatric oncology in Zambia. Small groups were asked to prioritize three initiatives based on an impact/effort matrix and develop an implementation plan. They then had to define and label milestones to be achieved in under 2 years (green), 2-5 years (yellow) and more than 5 years (red).



Themes that emerged from this process were:

- Centralised vs Decentralised Care (integrated vs shared)
- Referral Pathways
- Access to Quality Diagnostics and Therapeutics
- Abandonment
- Registries vs Databases
- Guidelines (oncology, Surgery, supportive care)
- Training at all Levels (existing workforce and educational infrastructure, new training programmes)

In addition, a Zambia SWOT was done looking at Policies, guidelines and tools, Infrastructure and Human Resources. And based on all this work we took time in the afternoon of the Stakeholders meeting to consider and prioritize the 10 strategic projects in the CURE ALL package ...

They consistently chose [1] A National Cancer Plan [2] National network and Referral pathway strengthening [3] Implementation of cancer workforce training packages. At the conclusion of the meeting the stakeholders were asked to pledge to the process.

On behalf of SIOP, Mariam read out the following statement ***“We pledge on behalf of SIOP that we will take every opportunity to support the Zambian Childhood Cancer initiative through collegial interaction, education and training, information sharing and advocacy, In fulfilment of SIOP’s vision that no child should die of cancer.”***

## References

1. SIOP POINTE: Zambia 2020 SIOP Factsheet 17 Feb 2020
2. Slone JS, Chunda-Liyoka C, Perez M, et al. Pediatric Malignancies, Treatment Outcomes and Abandonment of Pediatric Cancer Treatment in Zambia. PLOS One 2014;9:e89102.

## National Stakeholder Meeting on the WHO Global Initiative for Childhood Cancer in Ghana



Ghana was selected as one of the pilot countries of the WHO Global Initiative for Childhood Cancer. The stakeholder's workshop was organized to mobilize key stakeholders in Ghana in order to start developing an action plan for the country to achieve at least 60% survival rates by 2030, establishing priorities and responsibilities.

A national stakeholders meeting was held in Accra, Ghana on 18th and 19th November 2019. Participants included CEOs and staff from the Teaching Hospitals, representative from WHO (Headquarters and Ghana), World Child Cancer (UK and Ghana), SIOP President and a past President, Ministry of Health, Ghana Health Service including NCD Programme Manager, Coalition of NGOs in Health, Survivor and representative from Ghana Parents' Association for Childhood Cancer, Pharmaceutical Companies, NHIA, Food and Drugs Authority, representative from Lions Club, Ghana, Rector and vice-rector of Ghana College of Physicians and Surgeons, Rector and vice-rector of Ghana College of Nurses and Midwives.

The stakeholders meeting served as the first focus country national workshop associated with the WHO Global Initiative for Childhood Cancer in the Africa Region. This workshop engaged key national, regional, and international stakeholders to maximize in-country implementation success to achieve Ghana's national priorities in childhood cancer and connecting national priorities to define commitments and global targets, including that of the overarching Global Initiative.

The objectives were to:

- Summarize the landscape and priorities for cancer control in children and adolescents in Ghana;
- Highlight the available resources and tools of WHO for the assessment, prioritization, development and scale-up of cancer control programs, particularly for childhood cancer;
- Develop outcome measures as part of a national action strategy for children and adolescents with cancer in Ghana, in alignment with national, regional, and global priorities

At the end of the meeting, recommendations were made including: the formation of a National Childhood Cancer Steering Committee, improving early diagnosis using existing health care pathways, accelerated training of multi-disciplinary teams, strengthening of intersectoral collaboration on management of childhood cancer. Commitments to support the initiative in the country were made by stakeholders. The full report will be made public soon.

## **WHO GICC implementation in Morocco**

Morocco was selected as the pilot country of the WHO Global Initiative for Childhood Cancer in the EMRO region. The Moroccan ministry of health in collaboration with the Moroccan Society of Pediatric Oncology, the Lalla Salma Foundation for Cancer prevention and treatment and the WHO representatives in Morocco started working on developing an action plan for the country to increase the survival rate in the country and achieve at least 60% survival rates by 2030 for all the PO units in the country:



The first national meeting was held on 10 January 2020 National in presence of WHO local representatives. 3 priority actions were identified:

1. Provide accurate data about the situation of the 6 WHO priority diseases in Morocco (number of cases, initial presentation, survival rate)
2. Design the outline of the National Paediatric Cancer Plan based on 2013 PO action plan.
3. Identify the priorities and responsibilities.

Due to COVID pandemic constrains, the subsequent meetings were conducted online. In parallel, regular online meetings with the St Jude Children Research Hospital to support the implementation of GICC in Morocco. In addition, the GICC in Morocco is supported by SIOP/ SIOP Africa and Sanofi Espoir Foundation.



# Collaborative groups

## **SIOP Africa / PODC Collaborative Wilms Tumour Project**

### **Vision**

Children with common and curable cancers in sub-Saharan Africa will achieve survival rates greater than 60-70% in line with the vision of the Global Initiative on Childhood Cancer, led by the World Health Organisation (WHO).

### **Mission**

To improve survival for children with common and curable cancers in Sub-Saharan Africa by reducing treatment related deaths, reducing abandonment of treatment and by using locally appropriate treatment guidelines.

### **Objectives**

- Increase survival of common and curable cancers to >60%
- Decrease abandonment <10%
- Decrease death during treatment <10%
- Develop, implement and assess locally appropriate treatment guideline

The Collaborative Wilms Tumour Africa Project started in 2014 and is implementing a consensus adapted treatment guideline in six countries in sub-Saharan Africa as a multi-centre prospective clinical trial with uniform outcome evaluation.

SUCCOUR – Supportive Care for Children with Cancer in Africa started in 2019. The aim is to give every child in Africa the best supportive care to be cured from cancer. We are currently doing a baseline evaluation of current practices and outcome in several important areas of supportive care, including malnutrition and nutritional support, febrile neutropenia and prevention of abandonment. Interventions will be chosen and implemented based on highest expected impact on child survival. Evaluation of impact will be compared with the baseline data.

### **Participating centres**

Blantyre (Malawi), Eldoret (Kenya), Accra and Kumasi (Ghana), Mbingo, Bango and Mutengene (Cameroon), Harare (Zimbabwe)

## **Progress / achieved deliverables since the last SIOP Board report (Oct 2019)**

- Jan 2020 Publication renewed 'Wilms Africa' webpage within SIOP website. <https://siop-online.org/collaborative-wilms-tumour-africa-project/>
- March 2020 Completed SUCCOUR baseline assessment in 5 centres, n = 252 patients.
- April 2020 Grant from Sanofi Espoir Foundation – My Child Matters to support local data collection and project management for Wilms Tumour Phase II and the SUCCOUR nursing component.
- April 2020 Publication final revised adapted treatment guideline for Collaborative Wilms Tumour Africa Phase II. <https://siop-online.org/wp-content/uploads/2020/04/Treatment-Guidelines-Collaborative-Wilms-Tumour-Africa-Project-Phase-II-doc-v1.8-FINAL.pdf>
- 2020 Successful continuation of monthly educational web meetings for 'SUCCOUR' nurses about supportive care topics which they thereafter share with the nurses of their local teams.

# • Defining national standards and guidelines

## **National Strategic Plan for Prevention and Cancer Control 2020-2024 in Cameroon**

Cancer is a major public health concern in the Republic of Cameroon. Isolated and sporadic actions exist in the field to deal with this scourge, but they are still insufficient. The Ministry of Public Health established the National Cancer Control Committee in 1990 and it was reorganized in 2002 to address this situation. Since then, the Committee has undertaken actions that remained limited due to the absence of a strategic orientation.

The Republic of Cameroon has recently launched their National Strategic Plan for Prevention and Cancer Control 2020-2024. The plan is now available on the ICCP portal in English as well as in French. Cameroon launched its national cancer control plan for 2020 - 2024, which includes childhood cancer

<https://www.iccp-portal.org/news/new-nccp-cameroon>

This strategic plan aims at intensifying primary and secondary prevention, improving management, supportive therapies and research. This plan is intended to be a reference document for all those involved in this field. The commitment of all and the support of our partners is essential to halve the morbidity and mortality caused by cancer in Cameroon.

**“By 2035, the holistic and optimal  
management of cancer  
will be a dream come true in Cameroon”.**

# African Paediatric Oncology in times of COVID – 19 pandemic

The COVID-19 pandemic was confirmed to have spread to Africa on 14 February 2020. The first confirmed case in Africa was in Egypt, and in sub-Saharan Africa Nigeria. Most of the identified imported cases arrived from Europe and the United States rather than China where the virus originated. It is believed that there is widespread under-reporting in many African countries with less developed healthcare systems.

Experts worried about COVID-19 spreading to Africa, because many of the healthcare systems on the continent are inadequate, having problems such as lack of equipment, lack of funding, insufficient training of healthcare workers, and inefficient data transmission. It was feared that the pandemic would be difficult to keep under control in Africa, and cause huge economic problems if it spread widely.

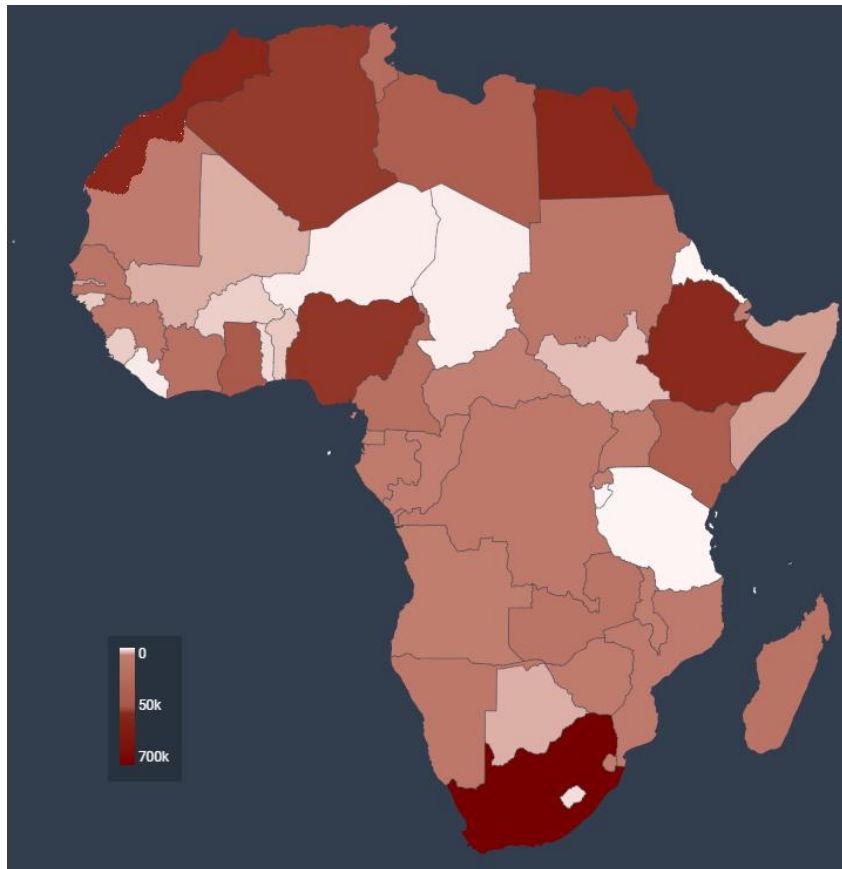
On 12 July 2020, WHO reported 458,329 cumulative cases in Africa (excludes Morocco and Egypt) and 8,049 deaths in 47 countries most of the cases have been reported in South Africa, Nigeria, Ghana and Algeria.

Coronavirus infection in children represents about 10% of the reported cases but the pandemic is now affecting children and families far beyond those it directly infects. Schools are closing, family incomes are being lost. Parents are struggling to care for their children and make ends meet. Although children do not represent a high-risk group for direct COVID-19 fatality, the pandemic poses far-reaching secondary impact that heightens risks to African children's rights and wellbeing:

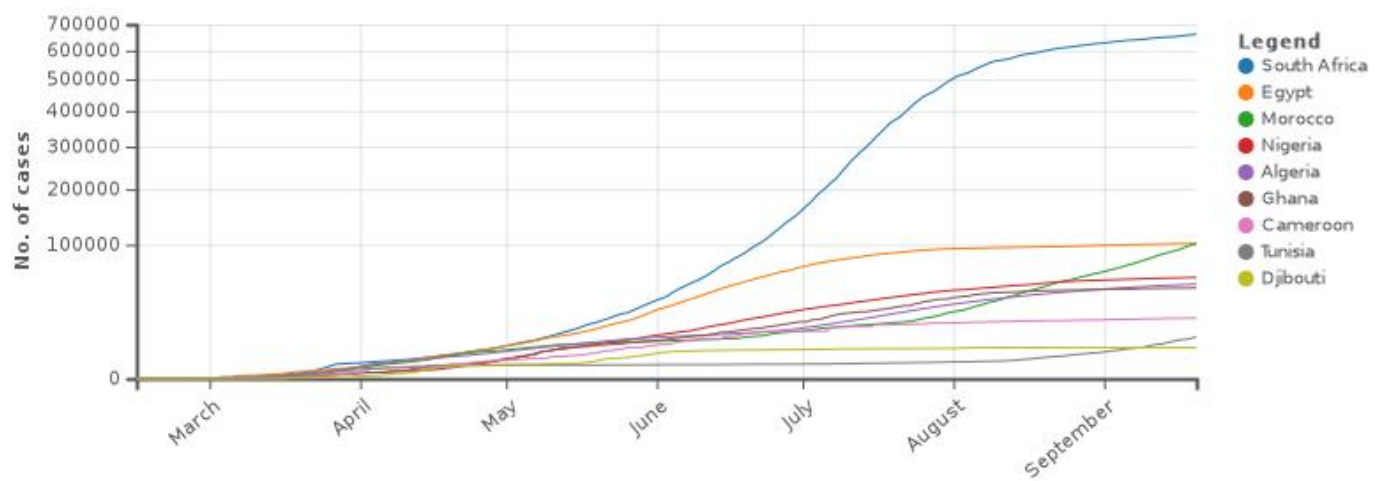
- The rapid spread of COVID-19 is overburdening the under-resourced African health systems and disrupting routine health services.
- The COVID-19 pandemic is compromising Africa's children formal learning, health and safety/protection, particularly the girls.
- COVID-19 pandemic is unfolding in Africa against a backdrop of worrying hunger levels driven by climate shocks, conflict and economic challenges.
- COVID-19 pandemic is exacerbating existing vulnerabilities. This pandemic also has a catastrophic impact for the most vulnerable who do not have access to social protection system, including the most vulnerable children.
- COVID-19 pandemic threatens to reverse development progress in Africa.



## Cases by region (updated on 08 October 2020)



Daily cases for the most infected African countries:



Among vulnerable children, pediatric oncology patients in Africa have been impacted by the COVID – 19 pandemic. Few cases of coronavirus infection have been reported in African pediatric oncology facilities, but even in the early epidemiological phase, when health-care systems had not yet been substantially affected, COVID-19 affected the care of children with cancer.

To evaluate the situation and the impact of the COVID – 19 pandemic on the management of children with cancer in Francophone Africa, the Francophone African paediatric oncology GFAOP conducted a survey from May 1-15, 2020, evaluated the impact of the COVID-19 pandemic on childhood cancer management in the Francophone African paediatric oncology facilities. Twenty-five centers across 15 countries completed the survey. At the closing date of the investigation, no cases of COVID – 19 were reported in paediatric oncology settings. Protective supplies and equipment provided by hospitals were considered to be insufficient in 80% of the centers. Only 35% of the centers had adapted their work spaces. The overall activity level in paediatric oncology was reduced in the majority of centers (60%). The impact of the COVID-19 pandemic on childhood cancer treatment in the centers was mild (61%) to severe (24%). Forty-six percent of centers had a deficit in blood for transfusion. Fifty-four percent of centers considered that COVID-19 had a negative impact on the management of the six priority paediatric cancers of the WHO Global Initiative for Childhood Cancer. The centers' adaptations were mainly wide use of telephone to manage patients by (33%), and reinforcement of hygiene and distance measures (20%).

It is obvious that the COVID-19 pandemic will have a negative impact on the overall survival of children with cancer. This impact is much more an indirect impact and the International Society of Pediatric Oncology is participating in minimizing the effect of the Pandemic. Through the SIOP Africa network, SIOP empowers the local paediatric oncology teams and enhances their resilience skills by allowing them to benefit from shared experiences and information.

# COVID conversations

The screenshot shows the registration page for a webinar titled "COVID Conversations: Focus on Africa". The page is from the St. Jude Global and Global COVID-19 Resource Center. The main heading is "COVID Conversations: Focus on Africa". Below this, the topic is "The Impact of COVID-19 on Childhood Cancer Care in Africa". The date and time are "Friday, May 29, 2020 9:00 am Central Daylight Time (Chicago, GMT-05:00)". A link to "Check the event in My Time Zone" is provided. The moderator is "Dr. Alan Davidson (South Africa)". The panelists are "Dr. Gita Naidu (South Africa)", "Dr. John Adabie Appiah (Ghana, Congo Republic)", "Dr. Laila Hossain (Morocco)", "Siemba Masisi, RN (Zambia)", "Mariam Ndagire, RN (Uganda)", and "Daniel Mckenzie (Zimbabwe)". A map of Africa is shown with many small icons representing people. A text box says: "Join us for a session to share the experience of COVID-19 in Africa on Friday, May 29<sup>th</sup> at 9 a.m. CST. The conversation, focused on the impact of COVID-19 on childhood cancer services will feature an interdisciplinary panel of physicians, nurses, and childhood cancer advocates who will discuss the various ways that COVID-19 has disrupted pediatric oncology care delivery and the innovative ways that providers have responded to these challenges. We hope to see you there!". A button says "Join the Conversation!". The password is "Covid19". At the bottom, there is a link: "If you do not yet have access to the collaboration space, please click here to request access!". Logos for St. Jude, Global COVID-19 Resource Center, and a collaboration of various organizations are shown at the bottom.

The Global COVID-19 Observatory and Resource Center launched the COVID Conversations, a live webinar to discuss difficult issues, address pressing questions, and hear the experiences of our colleagues when it comes to caring for children with cancer during this pandemic.

A first webinar about Paediatric oncology in French speaking Africa during COVID 19 pandemic was held on Tuesday May 19<sup>th</sup>. This webinar was organized by the St Jude Children Research Hospital in partnership with the SFCE Société Française des Cancers de L'Enfant and the Groupe Franco-Africain d'Oncologie Pédiatrique GFAOP. During this conversation the panellists reported the experience of COVID in paediatric oncology patients in France and the ways that providers from Francophone Africa have responded to the challenges faced during COVID outbreak.

The conversation of COVID-19 in Africa was organized on Friday, May 29<sup>th</sup> and focused on the impact of COVID-19 on childhood cancer services. The session included an interdisciplinary panel of physicians, nurses, and childhood cancer advocates who discussed the various ways that COVID-19 has disrupted pediatric oncology care delivery, and the innovative ways that providers have responded to these challenges.

# Publications

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