

Special Report: International

The My Child Matters Awards: new funding, new countries, new hope

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On Jan 28, 2009, the International Union Against Cancer (UICC) and partner Sanofi-Aventis announced the recipients of the third My Child Matters (MCM) Initiative Awards. Eight projects, proposed by teams from Burkina Faso, Colombia, Côte d'Ivoire, Pakistan, and Paraguay, will receive funding of up to €50 000 each. Although the projects vary in scope, all reflect the central aim of the MCM initiative: to fight childhood cancer

in low-middle income countries by building treatment capacity.

Childhood cancer is a problem worldwide, but with the most dramatic effects seen in nations with limited resources. This is well illustrated by the 80/20 divide: about 80% of childhood cancers occur in resource-strapped countries where survival is often 20% or less, whereas in developed countries, the ratio is around 20/80. With good ideas and motivated people, however, even small amounts of money can bring about positive change. Past recipients of MCM awards have achieved just that by promoting public awareness of cancer and the importance of early detection, setting up cancer registries and clinics, and training medical personnel in 16 countries around the world. The new recipients continue this tradition.

Muhammad Shamvil Ashraf, of the Children Cancer Foundation Pakistan Trust (Karachi, Pakistan), will use his team's award to train paediatricians in the early diagnosis and treatment of cancer, and to provide basic oncology training to nurses, in the Pakistani regions of Sindh and Balochistan. "There is an alarmingly low index of suspicion [of cancer] on the part of doctors, which adds to [delays] in diagnosis and hence treatment", he explains. "In Pakistan, more than 50% of [affected] children are either not diagnosed or are unable to get treatment due to lack of expertise or the simple inability to afford treatment. Our plan is to train doctors and nurses in the major cities of Sindh and Balochistan in paediatric oncology. They will be selected by conducting workshops in medical college hospitals in collaboration with the Pakistan Paediatric Association.

Selected candidates will get hands-on experience at the Children Cancer Hospital (Karachi) for 3 months." On returning to their local centres, physicians with enhanced skills and experience should be able to diagnose more children at an earlier stage, offering them a greater hope of survival. As a mid-term goal, Shamvil Ashraf aims to set up communication channels, such as e-mail and telemedicine, to enable shared care.

Also in Pakistan, Yasmin Bhurgri of the Karachi Cancer Registry plans to use her team's award to establish the country's first paediatric cancer registry, and to initiate a referral system with the subsequent information. "The incidence of childhood cancers [...] over the last 15 years is high compared with the other countries of the region", she explains. Yet, "even cancers with an optimistic prognosis in terms of cure and remission reach health care in an advanced stage, with a resultant depressing survival rate", she adds. "A contributory factor is the substantial mismanagement and time loss between diagnosis and treatment, due to a non-existent referral system." Setting up the registry and referral system should help reduce these problems, but as Bhurgri points out, optimum success requires training for health-care professionals in early detection, a further objective of the project. "The mid-term goal would be to establish the system in Karachi. The long-term goals would be to extend services to the province of Sindh and ultimately the entire country", she concludes.

Jabibi Noguera's team at the Niños de Acosta Ñu Paediatric General Hospital in Asunción, Paraguay, plans to help train health-care personnel

Projects to receive funding

Burkina Faso

- Reinforcing the ability to handle childhood cases of cancer at the Centre Hospitalier Universitaire Yalgado Ouédraogo and Centre Hospitalier Universitaire Charles de Gaulle: *Diarra Ye, Centres Hospitaliers Universitaires de Ouagadougou*

Colombia

- Establishment of a surveillance system for childhood cancer in Cali, Colombia. *Luis Eduardo Bravo, Registro Problacional de Cancer de Cali de la Universidad del Valle, Cali*

Côte d'Ivoire

- Refurbishing of a paediatric oncology unit at the University Hospital Centre of Treichville, Abidjan. *Andoh Joseph, University Hospital Centre of Treichville, Abidjan*

Pakistan

- Childhood tumour registry, Karachi. *Yasmin Bhurgri, Karachi Cancer Registry, Karachi*
- Outreach training programme for paediatric oncology in Sindh and Balochistan, Pakistan, to improve diagnosis and treatment of childhood cancers. *Muhammad Shamvil Ashraf, Children Cancer Foundation Pakistan Trust, Karachi*
- Establishment of a paediatric palliative care unit in an oncology department. *Agha Shabbir Ali, Department of Oncology and Haematology, The Children's Hospital and Institute of Child Health, Lahore*

Paraguay

- Establishment of a Paraguay Childhood Cancer Network to improve early detection, access to care and treatment in children with cancer. *Angélica Samudio, Paediatric Oncology Unit, Mother and Child Centre of the School of Medicine, National University of Asunción, Asunción*
- A bridge for life. *Jabibi Noguera, Niños de Acosta Ñu Paediatric General Hospital, Asunción*

and improve its hospital's haematology unit. Additionally, they want to improve the children's residence unit and set up school facilities for patients that have to stay for extended periods.

In Paraguay, families often travel long distances to reach one of the four hospital centres that have paediatric oncology specialists, and are then faced with nowhere to stay over the treatment period. The residence unit at Noguera's centre tries to meet this need. In some situations, children need to stay at the centre to receive treatment for as long as 6–9 months, and inevitably they miss out on education. "This [led us] to try to start an education system called School at Hospital", says Noguera, who explains the need "to establish a physical space either in the hospital or at the residence where we can install a library, to hire teachers who can work with children at different stages in their school life, to provide tables, seats, pencils, computers and the like, to maintain continuous communication with the children's original schools, and to create an alliance with the Ministry of Education [so that] the education provided by the hospital will be officially recognised. We want to avoid the exclusion of children with cancer from the education system, providing them the support needed at each stage of their school life."

Also in Paraguay, Angélica Samudio of the Mother and Child Centre (MCC), National University of Asunción, received an award to establish a network to improve the early detection of childhood cancers, to improve access to care, and to reduce the abandonment of treatment. For children with acute lymphoblastic leukaemia, for example, the current rate of abandonment of treatment at the MCC is 17%. "We will use the connections established by Paraguay's Safe Blood programme

and tap into our accumulated expertise to build a network of oncologists, paediatricians, and nurses to care for children with cancer", she explains. "This network will be organised in regions to facilitate a better understanding of childhood cancer, and to develop local capacity to address basic health care [for paediatric patients]. Through training in cancer awareness of health-care providers and the community at large, early cancer detection and referral to these basic health teams [will be possible]. The training of the basic regional health teams will include early detection of childhood cancer, early management of cancer, referrals, and follow-ups. Also, we will provide instructions in data management, clinical presentations, the use of ancillary methods of diagnosis, and most importantly, the principles of service delivery. As part of the training programme, we will develop educational materials of easy use for the regional team members, and provide detailed contact information [for liaising with] our team at MCC and other centres in Asunción."

In addition to funds, awardees will receive expert guidance from an MCM committee-appointed mentor. "The mentoring process has been considered an important component of the MCM programme because it leads to the development of a critical mass of individuals with experience in delivering cancer care projects in low-middle income countries", explains Raul Ribeiro, chair of the MCM Advisory Committee. "For example, Ligia Fu, who received an MCM grant in 2006, to develop satellite clinics to reduce treatment abandonment in Honduras, will mentor Angélica Samudio in Paraguay in conducting a similar project."

Fu recalls that, as her mentor, Ribeiro provided constant help and expertise—expertise that she can now pass on to Samudio. "Personally I think



Eight projects in low-middle income countries have received funding to build local capacity to fight childhood cancer

the role of mentor is fundamental to the success of projects like the one we undertook", she explains. Isabel Mortara, executive director of the UICC (Geneva, Switzerland) adds: "Although My Child Matters started very much as an awareness campaign in 2004, it has now evolved into one of the largest childhood cancer projects in developing countries, with mentorship and local capacity building as a strength and key to its success."

The MCM awards provide funding for the next 2 years, over which time the successes of the past will hopefully be matched. "Nearly 5 years after it was launched, My Child Matters clearly demonstrates that it is possible to create altogether new types of partnerships to address health challenges that do not receive sufficient attention, such as child cancers in developing countries", says Caty Forget, senior director, Humanitarian Partnership, Sanofi-Aventis (Paris, France). The problem of childhood cancer in low and middle income countries will remain an unbalanced burden—but hopefully, these awards and their recipients will manage to make some local dents in the 80/20 divide.

Adrian Burton