



## Letter

## Addressing inequalities in oncology care for African children

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## ARTICLE INFO

## Article History:

Received 3 November 2020

Accepted 9 November 2020

Available online xxx

Taking care of children with cancer is probably one of the most challenging issues in medical practice. This is due to the need for high expertise, multi-disciplinary teams and good coordination. In developed countries where 20% of the world's children reside, 5 year overall survival is around 80%, but it is only around 20% in low- and middle-income countries [1].

I first took care of children with cancer during my internship in Ibn Rochd University Hospital in Casablanca where, in 1980, Professor Noufissa Benchemsi created the first unit dedicated to these patients. I was particularly struck by patients' and families' suffering but also by the capacity of the team to provide support. Because of the lack of medication and supplies a non-governmental organization (NGO), named AGIR was set up to help the families. At the same time, another unit was put in place by Professor Msefer-Alaoui in Ibn Sina University Hospital in Rabat, again with the help of an NGO named l'Avenir. A major turning point was the creation of a nationally-supported initiative called the Moroccan Society of Pediatric Oncology in 1996. The group were very active in organizing continental meetings under the umbrella of The International Society of Pediatric Oncology, putting in place nationally-standardized protocols and guidelines. The group also initiated international collaborative programs with St Jude Children's Research Hospital (Memphis, TN, USA) (SJRH), and the French African Pediatric Oncology Group (Paris, France). These collaborations proved to be very efficient in the development of expertise in Moroccan pediatric oncology teams. With the SJRH collaboration program, we put in place team training, designed adapted care regimens, and organized regular visits to SJRH and also experts from SJCR to Morocco. Weekly teleconference between SJRH and other international experts and Moroccan teams programs have been ongoing since 2003, in order to provide guidance and expert consultation on patients' files.

When Professor Jean Lemerle [2] was trying to convince African physicians - who used to meet annually in Paris at "Les Journées Parisiennes de Pédiatrie" - to create a group to work on developing pediatric cancer care in Africa, few of us were enthusiastic because of the lack of basic resources and absence of local authority engagement. In

the late 1990s, only four pediatric oncology units were present in North African countries, and there were none in sub-Saharan Africa. The approach was to create and provide comprehensive support for pediatric oncology units including building renovation, providing medication and supplies, family support, and improving the qualification of the teams. Early on we demonstrated that in Burkitt's lymphoma more than 50% of patients could be cured in Africa and more interestingly the survival rates increased from 54% in the first year to 73% in the third year using the same regimen, showing the impact of the teams' expertise [3]. The group also created the African School of Pediatric Oncology [4] and a fruitful collaboration with Sanofi Foundation in The My Child Matters program [5]. We have continued opening new units in new countries, and 22 units in 18 French-Speaking African countries are now working together, taking care of more than 1000 new children with cancer each year.

The WHO Global Initiative for Childhood Cancer [6] launched in 2018 and is expected to improve government engagement and assistance to reach 60% overall survival for the six most frequent and curable childhood cancers by 2030. It is our collective responsibility to address the issue of childhood cancer inequity.

## Contributors

The author confirms sole responsibility for the conception and preparation of this invited Letter.

## Declaration of Competing Interest

No conflicts of interest to declare.

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<https://doi.org/10.1016/j.ebiom.2020.103140>

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