[**Childhood cancer**](https://www.dawn.com/news/1714067/childhood-cancer)

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THE survival of a child who has been diagnosed with cancer depends to a great extent on what kind of health facilities and treatments are available in the country they reside in. According to the World Health Organisation (WHO), in high-income countries, which usually have developed healthcare systems, more than 80 per cent of the children are cured and go on to live healthy lives. On the other hand, in many low- and middle-income countries (LMICs) less than 30pc are able to receive timely and effective treatment.

It is an open secret that constraints related to resources, socioeconomic conditions and infrastructure in LMICs inhibit timely medical intervention by aggravating the existing, and posing new challenges to the effectiveness and durability of already expensive and intensive cancer treatments.

In Pakistan, for example, a significant portion of the child population remains under-immunised, leaving children vulnerable to common infectious diseases such as measles — otherwise a preventable illness but one which could prove deadly in cancer patients; their immunity is doubly compromised through the disease and then the treatment. Moreover, rampant malnutrition in children increases the severity of treatment-related adverse effects and renders them unable to cope with superimposed infections.

In addition, there is the threat of contracting infections through multidrug-resistant bacteria that are being discovered with increasing frequency in Pakistan.

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In the midst of this are the infrastructural challenges: supply chain disruptions for chemotherapeutic agents and supportive care medications, on account of frequent political or economic turmoil. All of this combined with poor purchasing power, high inflation, and poor treatment management further complicates the problem.

Given the poor health infrastructure in Pakistan, where access to even a basic facility is difficult, treatment of cancer puts tremendous strain on the family. Access to the nearest medical facilities is often determined by financial and logistical constraints of the family. To address this, it is important to develop a referral network for paediatric cancer diagnoses where smaller health centres can quickly connect patients to the nearest regional cancer centre. This referral network can also improve and streamline timely access to diagnostic services, medical, surgical and radiation treatments, and experts who can formulate treatment plans through multidisciplinary tumour boards.

Specialised procedures required to diagnose cancer such as biopsy, histopathology and imaging services are often only reliably available in large city-based hospitals. However, once the cancer diagnosis is made, the treatment may take several months or years. Often, the treatment is not available at government health centres and is too expensive in private facilities, forcing many families to abandon it altogether. In this regard, there is also a need to give financial assistance to families who must travel to these centres to seek treatment for their children.

In addition, children undergoing cancer care need psychosocial and nutritional support while many also require physical rehabilitation during or after treatment, which can be made available at the dedicated tertiary-care facilities.

It is evident that copy-pasting treatments protocols from high-income countries is a recipe for failure. This was also why in 2018, the WHO launched the Global Initiative for Childhood Cancer (GICC) with the objective to reach at least a 60pc survival rate for children diagnosed with cancer in low-resource countries. This initiative refl­e­cted the acknowledgment by global health bodies that cancer treatments in LMICs need to be tailored and studied according to the region’s ground realities.

The GICC focuses on improving access and treatment of a few common types of cancers that are also usually curable: acute lymphoblastic leukaemia, Burkitt lymphoma, Hodgkin lymphoma, retinoblastoma, Wilms tumour and low-grade glioma.

These cancers constitute 50pc to 60pc of all childhood cancers and have universally acknowledged treatments. Pakistan became the first country in the Eastern Mediterranean Region to partner with the GICC.

It is an opportune time to reflect on the numerous challenges in providing childhood cancer treatment in Pakistan. The issue calls for concerted action by government and other stakeholders to improve basic healthcare provisions as outlined by the WHO along with access to basic and cancer-related medical interventions in the country.

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*Published in Dawn, October 8th, 2022*