



Report to Congress on Childhood Cancer for FY2024

The U.S. Agency for International Development (USAID) and the U.S. Department of State submit this report pursuant to Section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2024 (Div. F, P.L. 118-47) (FY 2024 SFOAA), and the FY 2024 SFOAA Joint Explanatory Statement, which states:

"Childhood Cancer.--Funds made available by the Act may be used to support public-private partnerships to build the capacity of developing countries to diagnose, treat, and improve the prognosis for children with cancer, including in coordination with relevant multilateral organizations and research entities. Not later than 180 days after the date of enactment of the Act, the Secretary of State and USAID Administrator shall jointly submit a report to the appropriate congressional committees on the feasibility of supporting such partnerships. Such report shall include a description of: (1) prior year funds made available to address childhood cancer, including bilateral and multilateral efforts; (2) the feasibility of expanding such efforts and of supporting relevant public-private partnerships; (3) challenges to providing such support; and (4) details on the capacity of countries in sub Saharan Africa to diagnose and treat children with cancer. The Secretary and Administrator shall consult with the appropriate congressional committees on uses of funds for such partnerships prior to the initial obligation of funds and submission of such report."

USAID does not directly fund childhood cancer activities, and therefore did not allocate any FY2023 funds towards this. However, the Agency's global health efforts indirectly support childhood cancer activities through public-private partnerships, multilateral partnerships, and bilateral funding that results in stronger health systems.

Unlike adult cancers, childhood cancers arise during growth and development and cannot be prevented. As a result, effective childhood cancer care focuses on avoiding missed/delayed diagnoses, ensuring access to high quality multi-disciplinary care, reducing and managing disease- and treatment-related complications, and ensuring treatment completion and sustained follow-up.

USAID's Bureau for Global Health has evaluated the feasibility, challenges, and opportunities for childhood cancer public-private partnerships and implementation of additional childhood cancer activities with existing Global Health Program (GHP)-USAID support and is influenced by the broader country context of health needs where the Agency has a comparative advantage with current investments. A systematic evidence-based approach (i.e., do no harm) used by the Lancet Oncology Commission in [2020](#)¹ and [2022](#)² as well as by the [World Health Organization](#)

¹ [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30022-X/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30022-X/fulltext)

² [https://www.thelancet.com/article/S1470-2045\(21\)00720-8/fulltext](https://www.thelancet.com/article/S1470-2045(21)00720-8/fulltext)

[Global Initiative for Childhood Cancers \(WHO GICC\)](#),³ launched in 2021, reinforced USAID’s health systems approach.

Childhood cancer care is challenging in many developing countries. Most sub-Saharan African countries currently have very limited capacity to diagnose and treat children with cancer. With the WHO GICC, the International Society of Pediatric Oncology [mapped out limited capacity for pediatric chemotherapy, radiotherapy, surgery, and oncologists in sub-Saharan Africa](#).⁴ Partnership/twinning arrangements and communities of practices have helped expand childhood cancer care but this model is restricted to more urban “centers of excellence” settings in few African countries (Botswana, Kenya, Malawi, Rwanda, South Africa, Tanzania, and Uganda). The identification, referral, and follow-up of children with cancer is weak given limitations in primary health care sites and communities.

USAID’s [Preventing Child and Maternal Deaths \(PCMD\) 2023-2030 framework](#)⁵ to reduce preventable child mortality and increase coverage of lifesaving interventions, focusing on strengthening quality and enhancing equity in 25 countries, is an important starting point for how USAID is improving child health service delivery in communities and health facilities. The [2024 Preventing Child and Maternal Deaths report](#)⁶ documents success with this health systems approach.

In addition to the health systems strengthening that results from USAID's PCMD investments, in 2022, USAID launched [Primary Impact](#),⁷ which focused on primary healthcare (PHC) redesign and learning in seven countries in Sub-Saharan Africa (Côte d’Ivoire, Ghana, Kenya, Malawi, Nigeria, Rwanda, and Uganda). Primary impact is an opportunity to further reduce child mortality through integrated essential services, pediatric referrals, and follow-up necessary for complex management of childhood conditions and therapeutic complications, such as multimodal pediatric cancer care. Primary Impact is well positioned to leverage the WHO GICC , focused on integrated essential health services and universal health coverage, as well as World Bank/Global Financing Facility support.

USAID's Bureau for Inclusive Growth, Partnerships, and Innovation has supported partnerships that address childhood cancer through the American Schools and Hospitals Abroad (ASHA) Initiative. USAID’s ASHA Initiative is distinct from other USAID programs because of its Congressionally mandated focus on public diplomacy which focuses to increase mutual understanding between the American people and citizens of host countries by strengthening local Health and Education Institutions. ASHA’s programs advance U.S. foreign policy objectives by building partnerships between U.S. organizations and overseas non-governmental

³ <https://www.who.int/initiatives/the-global-initiative-for-childhood-cancer>

⁴ <https://onlinelibrary.wiley.com/doi/epdf/10.1002/pbc.29345>

⁵ https://www.usaid.gov/preventingchildandmaternaldeaths?utm_medium=email&utm_source=govdelivery
⁶<https://www.usaid.gov/document/jul-22-2024-preventing-child-and-maternal-deaths-2024-annual-report-congress>

⁷<https://www.usaid.gov/global-health/health-systems-innovation/health-systems-strengthening/primary-health-care>

organizations (NGOs) to improve community services and support strong civil society institutions as models of stability and good governance. ASHA funding supports improvements in infrastructure and provides durable commodities that allow local organizations to expand their capacity and provide high-quality healthcare services and model U.S. practices.

For example, ASHA has supported the Jo Ann Medical Center (JAMC) in Tbilisi, Georgia, to expand services to establish the first national-scale pediatric hematology-oncology center in Georgia. This program is bringing JAMC and experts from leading U.S. cancer centers together to create a state-of-the-art childhood cancer care facility that will utilize evidence-based medicine and American best practices to comprehensively tackle childhood cancer.

Further, ASHA also supported Texas Children's Hospital to establish a robust pediatric hematology-oncology diagnostic center at the Children's Centre at the Mulago National Referral Hospital in Kampala, Uganda. Children with cancer and hematological diseases, such as sickle cell disease, can now receive accurate diagnoses and more effective treatment plans as a result of this effort. Upon completion, this project will benefit public diplomacy between the United States and Uganda by building capacity for the Ugandan healthcare system to support the health of Uganda's youth, and by extension, the future stability of Uganda as a U.S. diplomatic partner.

These are two examples of where, through partnership with ASHA, U.S expertise is making a difference in advancing countries' capacity to provide health system strengthening that addresses childhood cancer. By promoting local leadership, and lowering barriers faced by nontraditional partners—including local actors, the Agency is continuing to embrace the diverse potential of the partnering community in pursuit of shared development goals.