

CureAll Brasil: Strategic Agenda to Strengthen the National Health System and Equity in Childhood Cancer Care

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CureAll Brasil: Agenda Estratégica para o Fortalecimento do SUS e a Equidade no Cuidado ao Câncer Infantojuvenil

CureAll Brasil: Agenda Estratégica para Fortalecer el Sistema Único de Salud y Promover la Equidad en la Atención del Cáncer Infantil

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Although relatively rare in terms of incidence, childhood cancer is one of the most clear conditions to evaluate the performance of the healthcare systems¹. Its clinical complexity, dependence of timely diagnosis and continuous and highly specialized care make it an actual marker of the capacity of the systems to deliver integral, equitable and quality healthcare^{2,3}. In that sense, it appears to be not only a clinical demand to prioritize childhood cancer in the agenda of the National Health System (SUS), but a structuring strategy to strengthen the attention to chronic non-communicable diseases (NCDs) in the country²⁻⁵.

Globally, expressive advances in childhood cancer survival have been observed in the last decades, especially in high income countries where cure rates exceed 80%¹. However, these accomplishments remain unevenly distributed. In low- and middle-income countries (LMICs) where more than 90% of the cases and deaths are concentrated, mortality is significantly elevated, reflecting persistent barriers related to late diagnosis, limited access to treatment, therapeutic abandonment and fragilities of the healthcare systems⁶.

In this context, recent evidences published in The Lancet in April 2026 reinforce the magnitude and complexity of this scenario⁷. The analysis of the Global Burden of Disease (GBD) 2023 estimated approximately 377 thousand new cases of childhood cancer and 144 thousand deaths in this same year with disproportional burden concentrated in LMICs⁸. In addition, the study CONCORD-4 introduced the Cancer Survival Index (CSI) demonstrating important advances in survival in many countries, but showing persistent disparities and significant gaps in the availability of population-based studies, especially in low income settings⁹. These findings indicate that the global challenge does not rely only in the production of knowledge, but in the capacity of the healthcare systems to implement the already existing solutions in an equitable manner⁷.

The World Health Organization (WHO), in partnership with international institutions, launched the Global Initiative for Childhood Cancer – GICC in 2018 aimed at increasing global survival rates to at least 60% by the year 2030¹⁰. This initiative is operationalized by CureAll Framework, that proposes to strengthen healthcare systems built upon four foundational pillars: centers of excellence and care networks, universal health coverage, standardized regimens for evidence-based diagnosis and treatment, evaluation and monitoring and three key enablers, governance, funding and advocacy^{5,11,12}.

In the context of the Americas, the Pan American Health Organization (PAHO) has been playing a central role to implement this agenda, promoting the integration of public policies, clinical practice and public health^{13,14}. The strategy CureAll Americas evolved to a phase of programmatic expansion, including well-trained health professionals, development of technical guides¹⁵⁻¹⁸, strengthening of healthcare networks and expansion of the monitoring systems^{2,15-21}.

Among the most relevant advances, stands out The Global Platform for Access to Childhood Cancer led by WHO in partnership with the St. Jude Children's Research Hospital, that represents a milestone in tackling the inequities of access to essential therapies²². The pilot implementation in Ecuador demonstrates the feasibility of global strategies of therapeutic equity and reinforces the importance of systemic-level coordinated interventions²².

It is a timely moment to consolidate this agenda in Brazil. The relaunching of CureAll *Brasil* in 2024, allied to recent initiatives of the Ministry of Health to map the attention networks to childhood cancer – including the project *OncoBrasil* – signaled important advances in the organization of care in SUS^{23,24}.

Nevertheless, relevant structural challenges still persist. The fragmentation of healthcare flows, regional disparities of access to specialized services, limitation of qualified human resources and fragilities of the information systems

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compromise the effectiveness of the actions^{2,19-21}. In this scenario, the strengthening of cancer registries – hospital-based and population-based – is a core strategic component. Without robust data, it is not possible to monitor survival, identify disparities and guide evidence-based public policies²⁵⁻²⁷.

The international experience shows that solid information systems are essential to advance cancer control. Global initiatives as the International Agency for Research on Cancer (IARC), the Global Initiative for Cancer Registry Development (GICR) and GICC reinforce the necessity of expanding the coverage and quality of the registries in LMICs²⁸.

In addition, the incorporation of childhood cancer into the agenda of NCDs in SUS should be understood as an expanded strategy of public health. While requiring integration among levels of attention, coordination of healthcare and patient and family-centered approach, oncologic pediatric care offers essential lessons to strengthen more equitable and purposeful health systems.

The necessity of strengthening governance and intersectoral articulation is another major aspect. Tackling childhood cancer involves not only the health sector, but also social policies, support to the families and strategies to reduce vulnerabilities.

Ultimately, advance the implementation of CureAll in Brazil demands a structural transformation of the health system, reinforcing early diagnosis in primary attention, consolidate reference networks, ensure equitable access to treatment and invest in information systems and monitoring.

More than a specific strategy for childhood cancer, CureAll is a model to rethink the attention to NCDs in SUS. While positioning equity in the center of action and science as a guide of the decisions, eventually a more just, efficient health system is the attainable goal, that is able to ensure every children and adolescent the right to life and quality care.

CONTRIBUTION

Luís Carlos Lopes-Júnior participated of all the stages of the editorial, since its conception through the approval of the final version to be published.

DECLARATION OF CONFLICT OF INTEREST

There is no conflict of interest to declare.

DATA AVAILABILITY STATEMENT

All the content underlying the text is available in the manuscript.

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