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

https://doi.org/10.32635/2176-9745.RBC.2026v72n4.5920EN

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

Luís Carlos Lopes-Júnior[1]

Although relatively rare in terms of incidence, childhood cancer is one of the most clear conditions to evaluate the performance of the healthcare systems[1]. 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 country[2-5].

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 systems[6].

In this context, recent evidences published in The Lancet in April 2026 reinforce the magnitude and complexity of this scenario[7]. 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 LMICs[8]. 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 settings[9]. 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 manner[7].

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 2030[10]. 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 guides[15-18], 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 therapies[22]. The pilot implementation in Ecuador demonstrates the feasibility of global strategies of therapeutic equity and reinforces the importance of systemic-level coordinated interventions[22].

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* – signalized 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

[1]Department of Noncommunicable Diseases and Mental Health, Pan American Health Organization, Washington, DC, USA. E-mail: lopesjlui@paho.org. Orcid iD: https://orcid.org/0000-0002-2424-6510
Corresponding author: Luís Carlos Lopes-Júnior. Pan American Health Organization (PAHO), Department of Noncommunicable Diseases (NCDs) and Mental Health (NMH). Childhood Cancer at the PAHO/WHO – WHO Initiative for Childhood Cancer. 525 23rd St NW, Washington, DC 20037, USA. E-mail: lopesjlui@paho.org

This article is published in Open Access under the Creative Commons Attribution license, which allows use, distribution, and reproduction in any medium, without restrictions, as long as the original work is correctly cited.

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 policies[25-27].

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 LMICs[28].

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.

FUNDING SOURCES

Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) – Process: 403483/2024-7. Public tender MCTI/CNPq number 16/2024. CNPq research productivity fellow – (PQ2), Process: 311427/2023-5.

REFERENCES

1. Bhakta N, Force LM, Allemani C, et al. Childhood cancer burden: a review of global estimates. Lancet Oncol. 2019;20(1):e42-53. doi: https://doi.org/10.1016/S1470-2045(18)30761-7
2. Lopes-Júnior LC. Strengthening childhood cancer care networks: early diagnosis as a priority strategy. Cien Saude Colet. 2026;31:e14762025. doi: https://doi.org/10.1590/1413-81232026314.14762025
3. Lopes-Júnior LC, Lima RAG. Cancer care and interdisciplinary practice. Cad Saude Publica. 2019;35(1):e00193218. doi: https://doi.org/10.1590/0102-311X00193218
4. Lima RAG, Maia EBS, Lopes-Júnior LC. Global initiative for childhood cancer and the practice of pediatric oncology nursing in Latin America and the Caribbean. Cien Saude Colet. 2023;28(8):2455-7. doi: https://doi.org/10.1590/1413-81232023288.01362023
5. Lopes-Júnior LC, Azevedo LB, Passos GAL, et al. Early-onset cancer in Latin America: incidence trends, evidence gaps and clinical implications. EClinicalMedicine. 2026;98:104107. doi: https://doi.org/10.1016/j.eclinm.2026.104107

This article is published in Open Access under the Creative Commons Attribution license, which allows use, distribution, and reproduction in any medium, without restrictions, as long as the original work is correctly cited.

6. Paula Silva N, Colombet M, Moreno F, et al. Incidence of childhood cancer in Latin America and the Caribbean: coverage, patterns, and time trends. Rev Panam Salud Publica. 2024;48:e11. doi: https://doi.org/10.26633/RPSP.2024.11

7. The Lancet. Childhood cancer: progress, but not enough. Lancet. 2026;407(10536):1303. doi: https://doi.org/10.1016/S0140-6736(26)00655-0

8. GBD 2023 Cancer Collaborators. The global, regional, and national burden of cancer, 1990–2023, with forecasts to 2050: a systematic analysis for the Global Burden of Disease Study 2023. Lancet. 2025;406(10512):1565-86. doi: https://doi.org/10.1016/S0140-6736(25)01635-6

9. Allemani C, Di Carlo V, Ssenyonga N, et al. Progress towards the WHO Global Initiative for Childhood Cancer target of 60% 5-year survival for all childhood cancers combined, 1990–2019 (CONCORD-4): a Cancer Survival Index derived for 68 countries by analysis of individual records for 613 021 children from 307 population-based cancer registries. Lancet. 2026;407:1335-59. doi: https://doi.org/10.1016/S0140-6736(26)00189-3

10. World Health Organization. CureAll framework: WHO global initiative for childhood cancer: increasing access, advancing quality, saving lives [Internet]. Geneva: World Health Organization; 2021 [acesso 2026 abr 7]. Disponível em: https://apps.who.int/iris/handle/10665/347370

11. Lopes-Júnior LC, Abraham M, Lima RAG, et al. WHO Global Initiative for Childhood Cancer: progress and challenges for Cure All Framework. J Hum Growth Dev. 2025;35(3):350-7. doi: https://doi.org/10.36311/jhgd.v35.18282

12. Lopes-Júnior LC, Abraham M, Maia EBS, et al. The Strategic Role of Nursing in Implementing CureAll in the Americas: Essential Competencies and Workforce Strengthening. Rev Lat Am Enfermagem. 2026;34:e4991. doi: https://doi.org/10.1590/1518-8345.0000.4991

13. Vásquez L, Fuentes-Alabí S, Loggetto P, et al. Advances in the Global Initiative for Childhood Cancer: implementation in Latin America and the Caribbean. Rev Panam Salud Publica. 2023;47:e128. doi: https://doi.org/10.26633/RPSP.2023.128

14. Vásquez L, Fuentes-Alabi S, Benitez-Majano S, et al. Collaboration for success: the Global Initiative for Childhood Cancer in Latin America. Rev Panam Salud Publica. 2023;47:e144. doi: https://doi.org/10.26633/RPSP.2023.144

15. Pan American Health Organization. Early diagnosis of cancer in children and adolescents: interactive quick reference guide. Washington, DC: Pan American Health Organization; 2025. doi: https://doi.org/10.37774/9789275129906

16. Pan American Health Organization. Nutritional care guide for pediatric cancer. Washington, DC: Pan American Health Organization; 2023. doi: https://doi.org/10.37774/9789275126196

17. Pan American Health Organization. Manual on oral care for pediatric cancer patients. Washington, DC: PAHO; 2023. doi: https://doi.org/10.37774/9789275126677

18. Pan American Health Organization. Pediatric oncology nursing practice in Latin America and the Caribbean. Washington, DC: PAHO; 2023. doi: https://doi.org/10.37774/9789275126738

19. Lopes-Júnior LC, Lima RAG, Maia EBS, et al. Essential core competencies for scope of practice of paediatric oncology nurses in Latin America: a scoping review protocol. BMJ Open. 2022;12(7):e061853. doi: https://doi.org/10.1136/bmjopen-2022-061853

20. Lopes-Júnior LC, Maia EBS, Fuentes-Alabí S, et al. Pediatric oncology nursing competencies in Latin America and the Caribbean: a scoping review to inform practice, education, and research. Pediatr Blood Cancer. 2026;73(7):e70338. doi: https://doi.org/10.1002/1545-5017.70338

21. Fuentes-Alabí S, Carpenter K, Shea M, et al. Storytelling workshop to encourage stakeholder engagement with the Global Initiative for Childhood Cancer. Rev Panam Salud Publica. 2023;47:e148. doi: https://doi.org/10.26633/RPSP.2023.148

22. Downing JR, Ghebreyesus TA. The Global Platform for Access to Childhood Cancer Medicines: addressing inequities in childhood cancer care. Lancet Oncol. 2025;26(5):540-2. doi: https://doi.org/10.1016/S1470-2045(25)00146-9

23. Organização Pan-Americana da Saúde. Brasil relança iniciativa Cure All e reafirma compromisso no combate ao câncer infantojuvenil [Internet]. 2024 jun 26 [acesso 2026 jan 7]. Disponível em: https://www.paho.org/pt/noticias/26-6-2024-brasil-relanca-iniciativa-cure-all-e-reafirma-compromisso-no-combate-ao-cancer

24. Ministério da Saúde (BR). Governo amplia ações e fortalece mapeamento oncológico infantojuvenil no país por meio do projeto OncoBrasil [Internet]. Brasília, DF: Ministério da Saúde; 2026 [acesso 2026 jan 7]. Disponível em: https://medicinasa.com.br/projeto-oncobrasil/

This article is published in Open Access under the Creative Commons Attribution license, which allows use, distribution, and reproduction in any medium, without restrictions, as long as the original work is correctly cited.

25. Piñeros M, Mery L, Soerjomataram I, et al. Scaling up the surveillance of childhood cancer: a global roadmap. J Natl Cancer Inst. 2021;113(1):9-15. doi: https://doi.org/10.1093/jnci/djaa069

26. Pessanha RM, Grippa WR, Silva Neto LCB, et al. Breast cancer-specific survival and prognostic factors in a statewide oncology network in Brazil: a registry-linked retrospective cohort study. Cancer Rep (Hoboken). 2026;9(2):e70467. doi: https://doi.org/10.1002/cnr2.70467

27. Grippa WR, Lopes-Júnior LC. Competing risk of specific mortality in prostate cancer patients in Brazil: a retrospective cohort study. Eur J Cancer Care (Engl). 2026;2026:9297248. doi: https://doi.org/10.1155/ecc/9297248

28. Piñeros M, Lam CG, Mery L, et al. Building local capacity for childhood cancer registration: real-world examples. JCO Glob Oncol. 2026;12(1):e2500471. doi: https://doi.org/10.1200/GO-25-00471

Recebido em 8/4/2026
Aprovado em 13/5/2026

Scientific-editor: Anke Bergmann. Orcid iD: https://orcid.org/0000-0002-1972-8777

This article is published in Open Access under the Creative Commons Attribution license, which allows use, distribution, and reproduction in any medium, without restrictions, as long as the original work is correctly cited.