



Chair and Chief Executive Welcome

2016 was a successful year for World Child Cancer. Our programme strategy has brought even more clarity and focus to our work supporting children with cancer and their families.

Much has been achieved so far, but we are very aware of how much more needs to be done and we must continue to rise to one of the great challenges of our time. What drives us on is the knowledge that childhood cancer is mostly curable, and the belief it is our duty to save children who are dying when they do not need to.

We are fortunate to work with the most fantastic team – our truly dedicated staff; brilliant volunteer doctors and nurses; and all the heroic and committed health workers who work tirelessly across our programmes despite a severe shortage of resources.

There have been a number of changes on our Board as we have sought to strengthen our governance – see Page 19. We are confident that we now have the team which will drive World Child Cancer to even greater success in future years.

In 2016 we launched our Ambassadors programme with a group of very committed supporters, who will help us to raise significant new funding in 2017 and beyond.

We have registered with the new Fundraising Regulator – our fundraising has always been ethical and in-line with best practice and we will ensure it remains so.

Thank you to everyone who supported us in 2016 - your generosity saved lives, but there are many more lives to save. Please keep supporting us in 2017!



CEO Jon Rosser



Chairman Anu Vedi CBE

Children's Right to Treatment

Every 3 minutes a child with cancer dies

No child with cancer should be left to die of a painful illness that could be cured with tested and affordable treatments

Urgent action is needed

- 200,000 children a year die needlessly, many in pain – this is a hidden catastrophe that the world must urgently address
- In developing countries as few as 10% of children survive cancer, in developed countries 80% survive
- Parents are driven into even greater poverty having to live far from home, in order to give their child the best possible chance

We can be the difference

- 'Twinning' hospitals in the developed world with local teams in the developing world, creating an exchange of knowledge and expertise
- Supporting the costs of treatment and drugs, where families cannot afford them
- Providing support services for families including travel costs, family accommodation at the hospital, nutrition supplements, and support to help parents earn a living whilst away from home
- In the hospitals we support, survival rates can be significantly increased – in some cases up to 60% survive



Labeba, Bangladesh

Surviving childhood cancer...

When Labeba became ill at 8 years old, her family thought it was just a fever that would pass after a few days. As the fever persisted, the family grew more worried and took her to their nearest hospital in Dhaka. Labeba's mum remembers her daughter receiving test after test; there seemed to be no end.

After several weeks, Labeba's results came back positive for leukaemia. The whole family were scared; they didn't know much about childhood cancer and believed it wasn't curable.

Labeba's treatment was intensive and lasted for over 2 years. The chemotherapy often made her feel worse, but she was determined to continue with it if it would make her better.

Labeba is now 16 years old and has made a full recovery. She is excited about starting a new school year.

World Child Cancer supports training for healthcare professionals to ensure accurate diagnosis for children like Labeba.

We believe every child, wherever they live, should have an equal right to the healthcare they need



**5,524 children with
cancer accessed
improved services
because of our work**

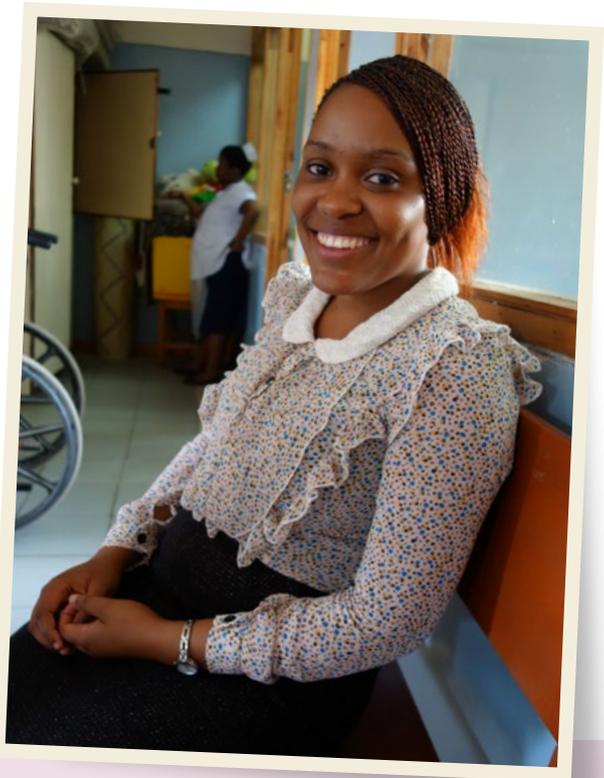
2016 Programme Highlights

Malawi

The strong partnership between the team in Malawi and healthcare professionals in twinned hospitals in the UK and Amsterdam provides a powerful two-way exchange of knowledge and expertise. Remote diagnosis using a microscope camera is supported by staff at the twinned hospital in Newcastle, providing an innovative way to speed up the commencement of treatment for children in Blantyre.

Thanks to generous donations from employees at Deutsche Bank, we were also able to buy two new ultrasound machines for the paediatric oncology ward in Blantyre. This equipment is essential for the diagnosis of abdominal tumours.

Together with our partner 'Children With Cancer in Malawi', we supported treatment costs for families.



Dalida, Malawi

The hardest to reach...

Dalida has an important role at our partner hospital in Malawi. She collects patient data on the children's cancer ward and follows-up children treated for Wilms' tumour after they have left the hospital.

Together with a doctor, she follows hand-drawn maps to try to find the children once they have returned to their villages. Many children live far from well-maintained roads and are often unreachable by car.

Sometimes they find out that children have died since returning home, and on other occasions they find ill children whose parents had not been able to afford the transport to a hospital. Fortunately, many of the children visited are found to be alive and well.

Follow-up of children is essential in order to collect reliable data on long-term survival rates and to make sure that children are brought back to hospital if there are signs of relapse. Dalida's duties extend much further than that of a Data Manager, and her dedication to the patients and families means that they are receiving the vital care and support they need.

World Child Cancer pays Dalida's salary so that this essential work can continue.

Ghana

An estimated 1,100 children in Ghana are expected to develop cancer each year, but only a third of these children are able to access treatment. Thanks to UK Aid from the UK Government, our programme continues to expand its reach, improving access to care for the most vulnerable children.

Families face a loss of income during a long hospital stay. We were able to launch a project in Accra that provides mothers of children undergoing treatment with skills in jewellery making. They hope to create items to sell in order to supplement their income, and cover their children's treatment costs at the hospital.

We continue to advocate in country for childhood cancer drugs to be made free on the National Health Service list and hopeful that this will be implemented in the near future.

Wilms' tumour

Two new centres joined the Collaborative Wilms' tumour Africa Project, taking the total number of participating centres up to eight. The new partners are based in Harare (Zimbabwe) and Addis Ababa (Ethiopia). The collaboration continued to strengthen, with joint efforts resulting in overall estimated survival rates at around 50% - an increase of 25% since the start of the programme. The number of patients abandoning treatment has also decreased from 31% to 13%, thanks in part to the provision of free treatment, subsidised transport and nutritional support which World Child Cancer is helping to fund. Improving nutrition is essential for enabling children to be strong enough for treatment. This innovative, local partnership can be the driving force for long-term improvements.



Grace and Rita, Ghana

Seeking out help...

Grace is 6 years old and is suffering from leukaemia. Her mother, Rita, is a nurse so when she saw that Grace had a high fever and was bleeding easily she knew that she had to take her to the local hospital. From there she was referred to a children's cancer treatment centre where she is receiving chemotherapy and other treatments. Many parents do not take this step and instead take their child to a traditional healer or hope the problems will go away.

World Child Cancer is raising awareness in Ghana of the early signs and symptoms of childhood cancer to not only educate frontline healthcare workers so they can make referrals, but also to encourage parents to take their children to hospital.

Mary, Ghana

Ever mounting costs...

Early in 2016, Mary's mother, Ama, took her to their local hospital suspecting that she was suffering from Malaria. After a lump was found in Mary's abdomen, she was referred to Korle Bu Teaching Hospital, one of the few hospitals in the country which has the expertise to diagnose cancer in children.

Mary was diagnosed with Wilms' tumour, a type of kidney cancer. She was given chemotherapy, surgery and radiotherapy treatment which in total lasted for 26 weeks. The trips, stays in hospital and treatments have been very expensive and resulted in a devastating loss of income for the family, who are expecting their second child.

World Child Cancer has been supporting patients like Mary with treatment and transport costs to relieve some of this financial burden.



Patron, Caitriona Balfe visits Ghana

Caitriona has been a World Child Cancer Patron since 2014 and in 2016 she visited Ghana where she met with key healthcare staff in both Accra and Kumasi. She also spent time with patients and their families to understand the challenges they face. She was particularly interested in the jewellery making project – teaching mothers a new skill, who must live away from home for long periods of time whilst their children are treated for cancer. Not only did Caitriona purchase a beautiful necklace and earring set, but she wore it later that year to the prestigious Scottish Bafta Awards and then generously auctioned off her whole outfit in support of our work.

We are also delighted that Caitriona's Outlander fans continued their support. They organised a series of activities – including several Go Gold Walks in September to mark Childhood Cancer Awareness Month and the sale of Outlander branded merchandise. In total, they raised over £64,000 for children with cancer in the developing world.



Cameroon

The team in Cameroon commenced work on a new Family Support Home at Mbingo Hospital, which will provide a safe place for patients and their families to stay during long treatment periods. Along with the provision of financial support for transportation, the Family Support Home will ensure that fewer children are forced to abandon treatment.

World Child Cancer continues to support the nursing staff in Cameroon, who are the backbone of the childhood cancer services. Specialist nurses trained in outreach and palliative care travel the region, visiting children and their families at home to provide clinical and emotional support during an incredibly difficult time.



Nina, Cameroon

Improving quality of life...

Nina's parents died when she was a baby so she was being looked after by her relatives. When Nina was 9 she started to experience discomfort in her left leg, but was not taken to see a doctor.

Behly, Nina's grandmother, visited and found her very unwell – her leg had become swollen and was covered in open sores. Behly took Nina back home with her to Bamenda in North-West Cameroon and took her to a local hospital immediately. The pain in her legs could not be explained so she was referred to another hospital where she was diagnosed with Kaposi Sarcoma, a rare type of cancer caused by a virus.

Nina will never make a full recovery, but she is visited regularly by a palliative care outreach nurse, who is supported by World Child Cancer. This will help to improve her quality of life and ensure she doesn't suffer unnecessarily. Nina has started to walk short distances and is eager to attend a local school.

Philippines

A partnership with Sandoz, a pharmaceutical company, enabled an extension of our programme in the Philippines to support five satellite centres on the island of Mindanao. In a country where accessing healthcare services is a huge challenge for much of the population, developing strategically located centres improves the chances of children accessing cancer diagnosis and treatment. Sandoz helped us by funding vital staff posts at these centres, and enabling training opportunities throughout the network.

Of the 1,000 children expected to develop cancer each year on Mindanao, 350 are now able to access care and, in the future, we plan to do much more to reach the 650 children who are never diagnosed on the island.





Bangladesh

Our Bangladesh programme, was able to reach out to more than 1,000 children with cancer. Whilst access to care is improving through the development of a network of satellite centres, the cost of treatment for families still remains extremely high. On average, the cost of treating a child with leukaemia is more than £4,000. This is a huge amount of money, when most families in Bangladesh earn less than £1 per day. Our programme has been providing financial support for drugs, to ease the burden that families face when a child is diagnosed with cancer.

We also implemented a new palliative care project in the country, aiming to provide specialist training for doctors and nurses to ensure that more children are able to access all round support, especially end of life care.



Al Amin, Bangladesh

Struggling to understand...

Al Amin was barely 2 years old when he was diagnosed with Wilms' tumour. Steep treatment costs and the 5-hour long journey from his home to the hospital forced Al Amin's family to wait 4 months after diagnosis to start chemotherapy.

Only his mum was allowed on the ward with him, she shared his bed all day and night while his dad had to sleep out in the corridor. Both were worried the tumour was growing rather than shrinking and due to limited capacity at the hospital there were no support staff dedicated to explain treatment to patients and families on the ward.

World Child Cancer are providing funding to help with the cost of treatment for children like Al Amin and a support worker to help families cope with their child's treatment.

Myanmar

This year we started to address the low awareness of childhood cancer amongst frontline health workers by delivering training on the early warning signs of cancer to GPs across the country.

We opened our flagship hospital school at Yangon Children's Hospital in Myanmar so that patients and their siblings can continue their education and attend art therapy sessions during lengthy hospital stays.

We also began working in partnership with another NGO 'Please Take Me There', dedicated to providing transport options for children who need to access healthcare.

Successful advocacy efforts in the country are supporting the inclusion of children in a new National Cancer Control Plan, with an aim for all families to be able to access treatment, and to build the capacity of healthcare teams across the country to deliver appropriate care.



Myo, Myanmar

A treacherous journey...

Myo is 5 years old and was diagnosed with leukaemia in December 2015. Soon after being diagnosed, Myo's father abandoned his family, leaving them without any source of income. Myo was forced to stop her treatment at Yangon Children's Hospital as her mother could not find sufficient money for them to travel to the hospital. Her mother then borrowed money from local lenders at an interest rate of 10% per month to fund the travel.

Myo's journey to the hospital is dangerous. It includes a 1 hour walk barefoot through flooded fields which are home to poisonous snakes. This is followed by a journey on the back of a motorbike, the hire of a small boat to cross the river and a bus ride.

Currently, Myo's travels to and from the hospital are supported in a partnership between 'Please Take Me There' and World Child Cancer. As a result, she no longer misses any treatment and her mother is not at the mercy of high-interest loans to fund their travel.



Ni Ni Tun, Myanmar

Children who love to learn...

Ni Ni is a trained teacher who now teaches at the newly opened 'Heroes School' at Yangon Children's Hospital. As World Child Cancer's flagship hospital education project, the school brings the children together for English, Burmese, poetry/reading, Maths, History, and Art classes.

She says the best part of her day is coming in early to do some admin only to find the children waiting eagerly outside the room ready for class.



Mexico

A new programme in Mexico is funded by our sister organisation, World Child Cancer USA. Last year more than 150 nurses and 100 doctors attended training led by experts in paediatric oncology from the twinned hospital in the USA. Parent focus groups were formed in Pachuca and basic parent education videos on topics including nutrition were created in local dialects to break down barriers and increase knowledge.



Maria, Mexico

Educating families...

Maria, who is 7 years old, is being treated for leukaemia at a hospital in southern Mexico. Maria's family have struggled with travelling back and forth to the hospital each week for her treatment, which is costing them a large part of their income. There are few staff in this diverse region trained in providing specialist cancer care or social support for children, and there are limited educational materials for families to learn about treatment.

World Child Cancer is helping by providing mentoring and training for healthcare staff in Mexico, to improve the quality of care available. Educational materials have been developed for parents in several languages, to make sure families like Maria's understand treatments and the importance of attending hospital appointments.

AHOPCA

2016 saw the conclusion of our support for a multi-country initiative in Central America, which for the last 3 years has supported a network of data managers, enabling the collection of accurate patient information. This programme has a huge impact in the region, enabling access to improved care for more than 1,500 children each year. Funding for the data managers has been taken on by partner organisation, St Jude Children's Hospital to ensure long-term sustainability.



2016 Fundraising highlights

The positive impact we have on the lives of children with cancer is possible because of the efforts of all our supporters. We wish to extend a heartfelt thanks to you all. Our regular donors have given us the security to plan ahead, and our fundraising partners have enabled us to develop new initiatives.

In 2016, our challenge events reached a new high. We fielded a team of over 100 runners in the Royal Parks Half Marathon, who raised an impressive £46,500. Following the success of our Malawi trek with the Deutsche Bank team last year, 21 intrepid adventurers took part in our Kilimanjaro trek raising almost £100,000. The team included nine members of staff from one of our corporate partners, Price Bailey.



Hundreds of volunteers have supported us at events across the world. The wonderful Dulwich College Chapel Choir and Ghanaian Gospel Group 'Joyful Way Inc' sang at our Carol Concert 'Spirit of Christmas' which raised £12,000. For the third year running, over 70 volunteers gave up their time to help at the Royal Albert Hall Christmas collection generating an amazing £10,000.



Our community supporters have been fantastic. The Kenilworth Rotary club donated £10,000 towards our work in the Philippines and we were fortunate enough to be supported by a number of schools including Dulwich College, ACS Cobham International School, Swanland Primary School, Bethany School, St Anselms Catholic Primary School and Glenn Hills Primary School.



We are grateful to the many Trusts and Foundations that awarded us grants in 2016 to support specific projects in programme countries. These include the Thomas Cook Children's Charity who funded eight vital signs monitors in Myanmar; Chalker Foundation who met the training costs of our Wilms' Tumour African collaborative project and the Vitol Foundation who supported the development of our programme in Cameroon.

Employee support provided a real boost to our fundraising in 2016. Staff from Sailun tyres and its distributor network raised €50,000.

Long-term relationships with our supporters help our programmes to thrive. This year was no exception as we entered into the 5th year of our partnership with Celgene, a global biopharmaceutical company.

In 2017, we want to build on our relationships with existing supporters and seek out new partners who wish to share in our vision of 'a world where every child with cancer has equal access to the best treatment and care'



Su Su, Myanmar

A proud father...

Su Su is a shy 12-year-old girl who loves to draw. In April 2015, following visits to two different healthcare centres, she was diagnosed with osteosarcoma – a bone cancer in her left lower leg. While relatively rare, osteosarcoma is an aggressive cancer, and the 8th most common cancer in children.

In developing countries, amputations occur much more frequently because saving limbs requires a high level of supportive care, experienced surgeons and well-developed infrastructure. It was not possible for Su Su to access this type of care in Yangon and to give her the best chance, doctors decided that her leg had to be amputated.

Now, more than a year later, she is cancer free and continues to add to her extensive collection of artwork that her dad dutifully carries to all of their hospital appointments.

World Child Cancer is working with the team in Yangon to train doctors and nurses and improve facilities on the ward.

Glenn Mbah, Cameroon

Commitment to the cause...

Glenn joined the childhood cancer team in Cameroon in 2010 and has been dedicated to childhood cancer care and advocacy ever since.

Alongside his work as a paediatric oncology nurse, Glenn has also worked as Programme Manager, coordinating nursing care, advocacy and parent support groups across all three centres that World Child Cancer partners with in Cameroon.

Glenn is particularly concerned with advocating for early diagnosis and prompt treatment of children with cancer. He has conducted training for community healthcare workers and traditional healers on the identification and referral of childhood cancer patients, and has a special interest in developing and enforcing better standards of nursing care in paediatric oncology.



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Respiratory

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Gastroenterology Unit



APPETON
Healthy

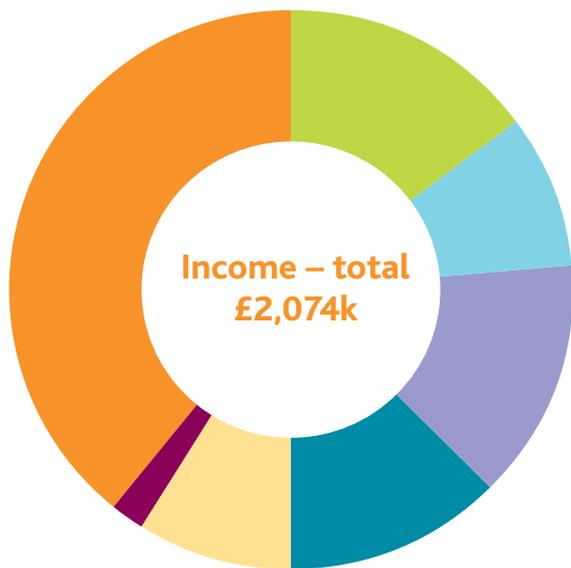
Everyone deserves to live their life
Step Aims: Keep the patient
I am

83p in every £1 spent
went directly to our
charitable activities



2016 Financial Review

In 2016, our income was **£2,074k** – this is where it came from.



Corporate supporters	£310k
Trufts & Foundations	£183k
DFID/Statutory funding	£290k
Challenge and fundraising events	£256k
Individuals	£184k
Gift aid and interest	£44k
Voluntary medical aid	£807k

In 2016, our charitable expenditure was **£1,918k** and it was spent on the following programmes:

Malawi	9%
Cameroon	9%
Bangladesh	16%
Ghana	14%
Myanmar	19%
Philippines	8%
Wilms'	10%
AHOPCA	11%
Other	4%

17%

Our charitable expenditure in 2016 increased by 17% compared to 2015 and has meant that 5,524 children with cancer were able to access improved services.

£169k

paid for essential medical, nursing and support staff.

£129k

provided training activities.

£27k

supported families whilst they are away from home. This included food and transport costs.



Statement of financial activities

For the year ended 31 December 2016

	Restricted funds 2016 £	Unrestricted funds 2016 £	Total funds 2016 £	Total funds 31 December 2015 £
INCOME:				
Donations and legacies	480,288	1,585,881	2,066,169	2,374,025
Investment income	5,057	3,009	8,066	331
TOTAL INCOME	485,345	1,588,890	2,074,235	2,374,356
EXPENDITURE ON:				
Costs of raising funds	-	350,254	350,254	330,505
Charitable activities: Support of treatment programmes	426,090	1,492,178	1,918,268	1,640,006
TOTAL EXPENDITURE	426,090	1,842,432	2,268,522	1,970,511
NET INCOME/(EXPENDITURE) BEFORE OTHER RECOGNISED GAINS AND LOSSES	59,255	(253,542)	(194,287)	403,845
NET MOVEMENT IN FUNDS	59,255	(253,542)	(194,287)	403,845
Total funds at 1 January 2015	79,603	925,974	1,005,577	601,732
TOTAL FUNDS AT 31 DECEMBER 2016	138,858	672,432	811,290	1,005,577

All activities relate to continuing operations.

£19k

was spent on the awareness raising activities to increase the profile of childhood cancer, make families aware of symptoms and emphasis curability if treated early. This included producing posters, holding rallies, lobbying efforts and holding workshops.

£11k

bought 8 vital sign monitors.



Looking forward to 2017

In 2017 we will continue to develop our programmes to improve treatment while increasing the voice of children and families to meet their other needs.

A key part of this strategy is to develop additional centres for diagnosis, treatment and referral in Ghana, Myanmar and the Philippines. We will also run campaigns, aimed at frontline healthcare workers and traditional healers, to highlight the importance of early detection.

Our first purpose-built Family Support Home in Cameroon will provide a place for care-givers to stay near the hospital. We hope that this 'home-from-home' will be a template for many more elsewhere in the future.

In Bangladesh, we look to expand our programme, begun in 2016, to provide more effective palliative care to ensure children are no longer dying in pain. We want to better support children and their families through this extremely traumatic experience.

Attracting new support

Funding remains our biggest challenge. Building new Corporate and Trust partnerships will be a priority, alongside developing our new Ambassador Group to help us identify and attract new supporters and donors.

We will also be working hard with our partners to raise the profile of children's cancer and advocate for governments to give more priority to childhood cancer. Part of this work will involve advocating for a new World Health Organisation General Assembly Resolution to highlight the urgency of the issue.



House of Hope, Philippines.

A celebration of life...

The House of Hope, attached to a hospital in the Philippines, is a haven for children receiving treatment and their families. The House of Hope offers a classroom and 10 rooms where patients undergoing treatment and up to two caregivers can stay. Without this facility, some patients might be forced to abandon treatment.

However, House of Hope offers much more than just a bed. Activities and celebrations are regularly held in the shared area and the atmosphere is lively and caring. Children and their parents often form friendships and are able to support each other through treatment. Families can prepare and share food and parents are given the task of maintaining the facility, which they gladly participate in.

Our Board

Anu Vedi CBE, Chair,	Retired CEO, Genesis Group
Prof. Kathy Pritchard-Jones	Consultant Paediatric Oncologist
Prof. Lorna Renner	Paediatric Oncologist, Head of Department
Dr. Jan Kohler	Consultant Paediatric Oncologist
Dr. Shaun Wilson	Consultant Paediatric Oncologist
Dr. Louise Soanes	Teenage Cancer Trust Nurse Consultant
Rachel Hollis	Matron, Paediatric Oncology Specialist
Rory Macmillan	Director, The Carlyle Group
Anuj Chande	Partner, Grant Thornton UK LLP
James King	Partner, Price Bailey Accountants
Helen Griffiths	Retired Partner, Slaughter and May
Karen Brade	NED Aberdeen Japan Investment Trust and Crown Place VCT Plc



Our projects in Bangladesh, Myanmar and Ghana are partially funded with UK aid from the UK government.

Thanks to Trustees who retired or resigned in 2016:
David Henderson, Nicky Bishop and John Perry.



Support our work

You can find out more about our work at www.worldchildcancer.org and sign up to our newsletter.

Just £500 could cure a child with Burkitt lymphoma in Africa. You can donate on our website or by calling us.

www.worldchildcancer.org/donate

Our contact details

17 Rudolf Place, London SW8 1RP

Tel: +44 (0)203 176 7892

Follow us on Twitter, Facebook, LinkedIn and Instagram.

