





Bulu, Cameroon

Feeling powerless...

Bulu lives with his father, mother and four brothers in a small village in the southwest of Cameroon. Bulu was diagnosed with Burkitt lymphoma. Sadly this is not the first time his family has been affected by cancer, as his eldest brother died from the disease when he was just 18 years old. When Bulu became ill, his father couldn't understand why it was happening again. He felt powerless and scared. He was worried that the family couldn't afford the treatment and was greatly relieved when the hospital told him that there is a programme supported by World Child Cancer to assist families with treatment and travel costs. Bulu is now 15 years old and has made a full recovery.



Front cover image

Simat with his father, while undergoing cancer treatment in Dhaka, Bangladesh.



Chair and Chief Executive Welcome

2015 has been an exceptional year for World Child Cancer and we have expanded our work in a number of different ways. Our direct project costs rose over the year by 50% as our programmes grew. Our staffing has also grown by 50% as a result of the programme growth and a decision to invest in further fundraising capacity.

We are currently supporting eight paediatric oncology programmes in Bangladesh, Cameroon, Ghana, Malawi, Myanmar and Philippines. Across these programmes we helped provide improved care for almost 4,000 children with cancer.

During the year we funded and facilitated twinning partner visits to deliver training, mentoring and support for the local healthcare teams in Bangladesh, Cameroon, Ghana, Malawi, Myanmar and the Philippines. We invested in extending our network of satellite centres, improving infrastructure and securing better access to essential medicines.

Funding from UK government enabled us to recruit our first in-country co-ordinators to support our work and this has brought about a step-change in our ways of working, helping us grow the capability and professionalism of our team.

One highlight of the year was Childhood Cancer Awareness Month in September, when teams in Ghana, Bangladesh, Cameroon and the UK supported the 'Go Gold' theme by running, walking and rallying to raise the profile of our work.

We had an outstanding fundraising year. Being selected as Deutsche Bank Charity of the Year was an amazing opportunity. As well as making a significant contribution to our fundraising for the year, we also learnt a lot and made many new friends and supporters. Through an appeal we were able to raise funds to buy two ultrasound machines for our programme in Malawi, helping them improve diagnosis of abdominal tumours.

We would like to thank all our donors, volunteers, Trustees, and staff for all their amazing efforts during the year. We have much still to do to even the odds for children with cancer in developing countries, and we look forward to your continued support for the coming year.

CEO Jon Rosser

Chairman Anu VEDI

Why focus on improving care for children with cancer?

We are often asked why we focus on childhood cancer and why it should be a priority? Our answer is that we believe that no child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.



Afia and Thomas, Ghana

A long journey...

Afia, her husband and their two children live in a rural area of Ghana about three hours drive from the capital. At the moment she isn't able to live with her family because she is staying at the hospital with her 11 year old son Thomas, who has leukaemia.

It's been a long journey for Thomas, who has received almost two years of intensive treatment. His mum has seen a real improvement in his condition and is relieved that he now attends clinic only once a month. This gives her hope that he will recover and that life can return to normal for her and the rest of the family.

The inequality in current care

In the developed world, one of the enormous medical success stories of the last fifty years is the improved chance of survival for children with cancer. This has improved significantly and today 80% of children who develop cancer in this part of the world will survive.

In the developing world, the picture is very different and survival rates can be as low as 10%. Thousands of children are dying each year or suffering unnecessarily, when they could be treated or cured. We believe that all children, regardless of where they live, deserve the best care.

Improving access to care

Many childhood cancers are curable if detected and treated early enough. They are also relatively simple and inexpensive to treat. The availability of generic medicines and medical procedures, which have been known to doctors for decades, means that we already have the expertise to treat these children.

There are other challenges which also need to be addressed, to give children a better chance of survival. These start at the local community level where there is little awareness or understanding of cancer in children and a mistaken belief that it isn't curable.

Often childhood cancer is not diagnosed, or is diagnosed too late for effective treatment to take place. In fact, a large percentage of children with cancer never get to a specialist centre to receive care, treatment or pain relief. By raising awareness in the community, and basic training for front line health workers, we can change this.

Across the developing world there is a shortage of trained doctors and nurses to provide the right levels of care. We believe that investment in training is essential to improving survival rates. One of the most successful ways to do this is to 'twin' hospitals in the developed world with local teams in the developing world. This provides a powerful partnership and two-way exchange of knowledge and expertise. It also gives the local team access to resources and techniques which are currently out of their reach.



Chimango, Malawi

Returning home...

Seven year old Chimango lives in Northern Malawi with his mother, father and five siblings where they farm a small piece of land to earn a living.

Chimango was diagnosed with Burkitt lymphoma, a fast spreading cancer. His mother first noticed something was wrong when she saw that his neck was swollen and sore. He had a fever, flu-like symptoms, was nauseous and always tired. Over the last three months Chimango has been receiving hospital treatment and has just completed his final course of chemotherapy. Chimango is now at home and enjoying being back at school with his friends.

Advancements in technology have given rise to innovative ways for these teams to work together. It is now common for them to hold virtual mentoring sessions, case discussions and remote diagnosis; which speed up treatment for children.

Supporting families

There is often little or no funding for childhood cancer care from local sources, so families are faced with huge medical bills. This is a significant barrier to a child starting treatment. Many children don't complete their treatment either, as it is often long and expensive; placing a burden on the wider family. With specialist centres usually situated in the capital, many families have to travel long distances and live away from their homes whilst their child is being treated. They lose their livelihoods or suffer a significant drop in income, something which affects the whole family.

We believe that families need more support, so that their children can be treated and cared for properly. Our work includes a range of support services for families including investments in family accommodation at the hospital, subsidising medical and travel costs and providing training and support to help parents earn a living whilst away from home.

We can make a difference

Improving childhood cancer survival rates in the developing world is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more as we believe all children, wherever they live, should have an equal right to healthcare so they do not die of a survivable illness. In the long run, we aim to persuade governments to make adequate provision in their national health budgets to provide for all children with cancer.



May, Myanmar

Away from home...

May, who is nearly three years old, loves clothes, dominos and building blocks. She was diagnosed with leukaemia four months ago and has been in hospital ever since. It took two days by bus for May and her mother to travel from their home to Yangon. Her dad, who is a farmer, is still tending to the family business. Neither May nor her mum have seen him since they parted. Normal life is on hold: mother and daughter sleep and eat in the hospital, and receive little help from the wider family. World Child Cancer supports many children like May in Myanmar by funding doctor training and drug costs.

2015 Highlights

JANUARY



Ward Improvements in Myanmar

New hand washing facilities installed on the paediatric oncology ward at Yangon Children's Hospital, to improve hygiene standards and reduce the risk of infection to patients undergoing cancer treatment.

New parent support groups gain momentum

The new parent support group in Kumasi, Ghana becomes established. It starts to provide essential services for families including raising funds and awareness of childhood cancer.



TRAIN MORE
ONCOLOGY
DOCTORS AND
NURSES

MARCH



Training in Bangladesh

Doctors and nurses from University College Hospital, London deliver a training workshop in Dhaka. More than 250 professionals took part with the aim of increasing capacity to deliver quality care.



MAY

Investing in staff

Dr Kouya (Medical Lead in Cameroon) embarks on a specialist two year paediatric oncology training programme at Stellenbosch University in South Africa. This will equip Dr Kouya with the skills she needs to lead the childhood cancer services in rural Cameroon.

Ghana Programme Coordinator joins team

George Achempim, based in Accra, joins our team to help coordinate our UK Aid Match funded work.



Twinning in action

Experts in paediatric oncology from Edinburgh spend time visiting our partner hospital in Accra, Ghana working with more than 45 doctors and nurses to deliver training around brain tumours, radiotherapy and palliative care.



FEBRUARY

International Childhood Cancer Day

ICCD is celebrated with awareness activities across Cameroon and Ghana including a live concert, community fundraising walks and educational events to raise the profile of childhood cancer.

National Cancer Plan, Ghana

In agreement with the WHO, the Ghanaian Ministry of Health approved a National Cancer Plan, which will improve the standard of care and enable structured treatment plans for children with cancer.



Wilms' tumour collaboration meeting

Members of the Wilms' tumour Collaboration meet to discuss treatment protocols, agree training plans and review lessons learnt. 129 patients enrol on to the programme in 2015.

APRIL

Pain relief advances

Oral morphine is available for the first time in Bangladesh following awareness raising and advocacy events. This is one step closer to being able to provide prompt and effective pain control for those who need it.



Improved day care facilities in Ghana

The Day Care Ward in Kumasi, Ghana is renovated following local awareness raising activities. This provides a clean and safe environment for children to receive chemotherapy, allowing them to return home on the same day.



JUNE

Developing expertise in Myanmar

Visiting healthcare professionals from London and Boston deliver training in Myanmar focused on nursing care and psycho-social support for patients and families.



Philippines programme expansion

A fourth satellite centre is added to our growing network in the Philippines, providing essential access to treatment for more children on the island of Mindanao.



2015 Highlights

JULY

'How's that' Bangladesh

The South African Cricket Team visit the hospital in Bangladesh to give their support and brighten the day for the children.



AUGUST

Local support builds in Myanmar

The City Love & Hope Foundation agree to fund nutritional supplements and transports costs for patients and carers, reducing the financial burden for families and improving the wellbeing of the children.

New medical lead in Malawi

After two years of training at the Red Cross Hospital, South Africa, Dr George Chagaluka takes over the running of the paediatric oncology unit in Blantyre, Malawi.



SEPTEMBER



Training internship

Nurses from Tamale Teaching Hospital in northern Ghana start a month long training internship at Korle Bu Teaching Hospital in the capital, Accra.



Childhood Cancer Awareness Month

An awareness rally in Bangladesh, attended by 100s, marched to raise the profile of childhood cancer across Bangladesh, attracting local media coverage.



OCTOBER

SIOP Conference

Partners from our programmes take part in the 47th Congress of the International Society of Paediatric Oncology sharing the progress and impact of their work. They took some time after the conference to go on an energetic 5k run with programme manager Joseph Dixon.



NOVEMBER

Team development

Joel Kaah, Outreach Nurse in Cameroon, is awarded a diploma in palliative care. Joel uses a motorbike to reach remote families who need end of life support at home.





Bangladesh Programme Coordinator joins team

Rizwana Hussain, based in Dhaka, joins our team to help coordinate our UK Aid Match funded work in Bangladesh.



Ward improvements

A new Day Care Unit is opened at the Northern Mindanao Medical Centre, Philippines. The centre will provide outpatient treatment and support for children in the region.



National Guidelines

A workshop is held in Dhaka, Bangladesh to develop new national guidelines for childhood malignancies to establish more effective standards of care.



Myanmar Programme Coordinator joins team

Dr Tun Saw Min, based in Yangon, joins our team to help coordinate our work in Myanmar.

DECEMBER

New equipment arrives

The new equipment will enable accurate and fast diagnosis, which in turn will decrease potential treatment delays.



Thank you for your support

2015 was an important year for World Child Cancer as we raised over £2.3 million – 21% more than we raised in 2014 and our biggest fundraising success to date. This success is a credit to the outstanding commitment and hard work of our passionate fundraisers.

We work with a wide range of funding partners and this growth reflects continued support from the UK government, corporate funders such as Deutsche Bank, Price Bailey and Beazley and other groups such as Rotary International.

In 2015 Deutsche Bank chose us as a Charity of the Year. We organised over 40 events, including a gala dinner, auctions, runs, treks, abseils, cycles and cake sales. Over 2,000 Deutsche Bank employees joined in and helped raise a phenomenal amount of money with the express aim to change the lives of children.

'World Child Cancer's work is inspirational and they make a difference to children that otherwise would suffer. I am proud to support their work.'

Paul Hill, Deutsche Bank.





six months we were fortunate to have an expert volunteer from GSK who advised us on how to reshape our communications plan and strengthen our social media strategy. Volunteers from our corporate partners supported us in our IT and data collection, including PwC who helped us to improve our monitoring and evaluation strategy. Our devoted speakers' network delivered talks to rotary clubs, schools and companies across the UK. We also had a large number of volunteers who were involved in the Royal Albert Hall Christmas Collection, where we raised over £10,000.



the children and families in our programmes.

We work closely with corporates, community groups, philanthropists, trusts and foundations, schools and universities, and we have become experienced in tailoring partnerships for organisation's needs.

Price Bailey, one of our corporate supporters created their own fundraising challenge and had a team of cyclists cycle between their six offices in London and the East of England as part of their Charity Day.



Over the course of 2015 we recruited and managed our largest ever team for the Royal Parks Half marathon, cheered on cyclists on the Olympic route, organised office bake sales, and climbed Britain's highest peaks in the Three Peaks challenge.

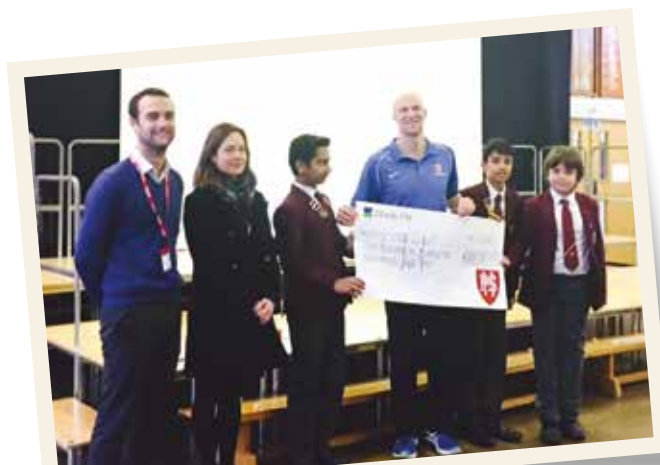
Our popular annual Christmas carol concert saw 200 people singing with the Dulwich School Choir, listening to our celebrity readers and eating mince pies supplied by Harrods.

For Childhood Cancer Awareness Month we hosted an event at the House of Lords, where many of our supporters met and spoke with our inspirational team of doctors and nurses who carry out fantastic work for

We are also very grateful to all the children we have supporting our cause. Students from one of our school partnerships raised over £1,600 last year. Pupils aged 4-12 took part in a sponsored skipathon and sold World Child Cancer badges and wristbands to help raise awareness and funds for children with cancer in low income countries. We look forward to building upon our existing school partnerships, as well as developing new ones in 2016.

Our heartfelt appreciation goes out to all our volunteers who in 2015 donated their time and skills to help raise awareness and resources for children with cancer at our eight programmes worldwide. For

A big thank you to all our passionate, loyal volunteers and supporters in 2015 – your help has been crucial in our mission to provide our children and their families with better access to the care and support they need.



Financial Review

Overview of the year

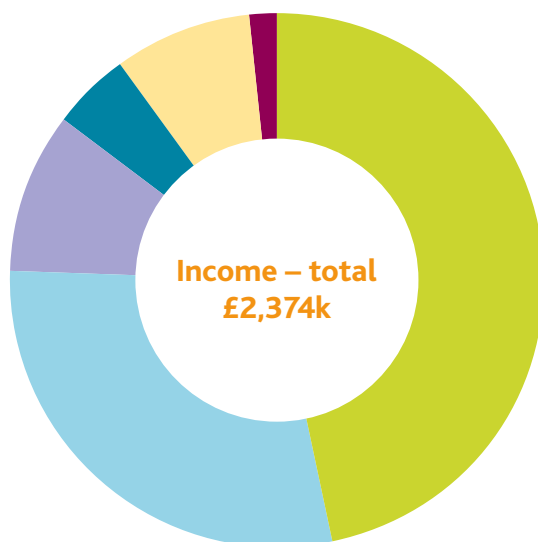
We made impressive progress this year and our results are the most successful in our history, enabling us to spend more on our work improving the quality of care provided to the children that we reach.

We are careful to spend our funds where we feel we can have the most impact and where our work is building a sustainable approach. This said, we are pleased to report that the total cost of generating voluntary income as a percentage of total income (our fundraising cost ratio) is just 14%. Alongside monitoring our fundraising cost ratio, we are also mindful of the reserves that we need to ensure the future of the programmes we support.

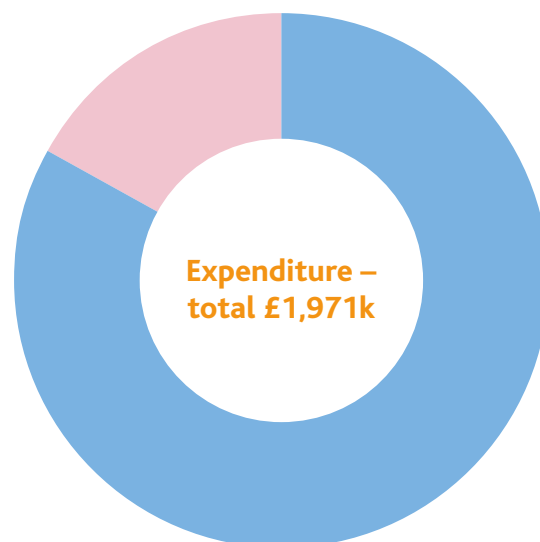
To everyone who supported us, a big thank you.

£19k

was raised to spend on two ultrasound machines for Malawi to assist with diagnosis of children with cancer, in particular Wilms' tumour (a type of kidney cancer).



Corporate partnerships	£1,112k
Voluntary medical aid	£682k
Statutory and Trust funding	£232k
Challenge event fundraising	£117k
Donations	£192k
Gift Aid	£39k



Charitable activities	£1,640k
Costs of generating voluntary income	£331k





£9k

was spent on training doctors and nurses in Ghana to ensure best practice in areas such as hygiene, infection control, nutrition and paediatric oncology protocols.



£5k

spent on chemotherapy and palliative care drugs in Bangladesh, enabling children who might not otherwise receive treatment to have a better chance of beating cancer.

£16k

spent on a new programme in Myanmar enabling patients to receive nutritional supplements and transport costs to assist with treatment. This has been generously funded by City Love & Hope Foundation.

Statement of financial activities

For the year ended 31 December 2015

	Restricted funds 2015 £	Unrestricted funds 2015 £	Total funds 2015 £	Total funds 31 December 2014 £
INCOME:				
Donations and legacies	291,348	2,082,677	2,374,025	1,955,734
Investment income	41	290	331	627
TOTAL INCOME	291,389	2,082,967	2,374,356	1,956,361
EXPENDITURE:				
Costs of raising funds	-	330,505	330,505	179,248
Charitable activities: Support of treatment programmes	360,389	1,279,617	1,640,006	1,533,404
TOTAL EXPENDITURE	360,389	1,610,122	1,970,511	1,712,652
NET MOVEMENT IN FUNDS - NET INCOME/ (EXPENDITURE) FOR THE YEAR	(69,000)	472,845	403,845	243,709
<i>Total funds at 1 January 2015</i>	<i>148,603</i>	<i>453,130</i>	<i>601,733</i>	<i>358,024</i>
TOTAL FUNDS AT 31 DECEMBER 2015	79,603	925,975	1,005,578	601,733

All activities relate to continuing operations.



£2.5k

spent on outreach work in Cameroon to allow a palliative care nurse on a motorbike to reach children and their families where they live a long way from the hospital.

Looking forward

In 2016 we will be reviewing our programmes and looking to broaden our focus. So far, our primary focus has been on increasing capacity of our partner hospitals to treat children with cancer – and this will remain absolutely key. In addition, we want to develop our work in a number of crucial ways including:

Earlier detection

There is a huge need to improve early detection of childhood cancer and get those affected to the appropriate treatment at an early stage. This is crucial to increasing the numbers of children who will survive; we are planning a pilot project in Ghana to look at the best ways to achieve this.

Supporting families

We will also develop a research project to examine the reasons why families stop treatment before it is complete, so that we can develop ways to support them to ensure treatment is completed.

One way of doing this is building hostels for parents or carers to be able to stay near the hospital. For poor families, finding somewhere affordable to stay is a major burden which increases the likelihood of them being forced to discontinue their child's treatment. In addition, many children could stay with their families in a hostel which would be better for them, as well as freeing up

beds so more children can be treated. A key objective is to seek out funding to build a hostel for our Cameroon programme in 2016.

Pain relief and care

For those children who will not survive, we need palliative care programmes to ensure that they do not live their final months in pain, and that they and their families receive support during this most difficult time. We are developing a project in Bangladesh to examine the best ways of achieving this.

Training more specialists

We want to develop programmes to increase the training of more paediatric oncologists and specialist nurses in all the countries we work with. This needs significant funding, but is crucial to the long term development of more capacity to treat all children with cancer. We would like to develop regional training centres so this training can be delivered appropriately and effectively.

Finally, we plan to develop an Advocacy Strategy for World Child Cancer to promote our objective of raising the profile and funding of cancer treatment for children around the world. The Sustainable Development Goals adopted by the United Nations set a target of reducing deaths from all Non-Communicable Diseases by thirty per cent by 2030. To ensure this is achieved, we need funders to adapt their programmes and all governments to embed cancer strategies in their national health planning.

Realising our vision

There is so much to do! We need your help to ensure we can achieve our vision of a world where every child with cancer has equal access to the best treatment and care.



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



Support our work

You can find out more about us and our work on our website www.worldchildcancer.org or by signing up to our monthly newsletter.

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

www.worldchildcancer.org/donate

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Keep up to date with what we're doing across our social media including Twitter, Facebook, LinkedIn and Instagram.

