



POSITION PAPER ON CHILDHOOD CANCER CARE IN NEPAL

“Inspiring Action”



Nepal Paediatric Society (NEPAS)

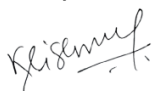
Position Paper on Childhood Cancer Care in Nepal

Endorsed by Nepal Paediatric Society (NEPAS)



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1. Executive Summary

Childhood cancer remains a significant health challenge in Nepal, affecting approximately 1,300 children annually. Despite some progress, gaps in awareness, access to care, and financial support hinder effective treatment. NEPAS advocates for urgent policy interventions to strengthen paediatric cancer care through improved healthcare infrastructure, trained professionals, and sustainable financial support mechanisms.

Key Recommendations:

- Expand government funding and ensure sustainable free treatment programs.
- Strengthen regional paediatric oncology centres and referral networks.
- Implement a national childhood cancer registry for better data management.
- Standardize treatment protocols across all healthcare institutions.
- Enhance public awareness and healthcare provider training programs.

2. Background and Context

In low- and middle-income countries 70% of cancers are not cured fully. Childhood cancer is a growing concern in Nepal, with limited specialized facilities and a high treatment abandonment rate (nearly 30%). Current government policies provide partial support, but geographical and financial barriers persist. Compared to global best practices, Nepal lacks a structured national paediatric cancer program, highlighting the need for immediate intervention.

The present concept in optimal cancer care in children is to risk stratify and individualize treatment modalities to improve outcomes in high-risk complex paediatric cancer patients by intensifying treatment with acceptable toxicities and to provide low intensity treatment to lower risk paediatric cancer patients in order to maintain high cure rates with low toxicities.

3. Key Challenges and Policy Gaps

1. Lack of Awareness: Delayed diagnosis due to limited knowledge among families and healthcare providers.
2. Limited Access to Quality Care: Geographic disparities and inadequate treatment facilities restrict timely intervention.
3. Shortage of Trained Professionals: Lack of paediatric oncologists, trained nurses, and support staff.
4. Weak Supportive Care: Limited access to essential medications, blood products,, nutritional support and family centred care.

5. Financial Barriers: High treatment costs prevent many families from continuing treatment.
 6. Inconsistent Data Collection: Absence of an effective national registry hinders effective policy planning.
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4. Policy Recommendations

SHORT-TERM ACTIONS:

- Ensure the sustainability of free paediatric cancer treatment at designated hospitals.
- Strengthen regional cancer treatment centres and expand shared-care models.
- Improve referral systems for early diagnosis and treatment access.
- Ensure an uninterrupted supply of essential chemotherapy drugs.

LONG-TERM STRATEGIES:

- Establish an effective National Pediatric Cancer Registry for comprehensive data collection and tracking.
- Develop and implement standardized treatment guidelines nationwide.
- Train and recruit more paediatric oncologists, nurses, and social workers.
- Invest in infrastructure development, including HDU, PICU, and diagnostic centres.
- Implement financial and social support programs to reduce treatment abandonment.

STAKEHOLDER ROLES:

- Government: Strengthen policy frameworks, ensure funding, and establish monitoring mechanisms.
- Private Sector: Expand partnerships with private and public hospitals for better treatment access.
- NGOs/INGOs: Provide financial, logistical, and psychological support for families.
- Medical Institutions: Adopt standardized treatment protocols and conduct continuous medical training. Enhance infrastructure, equipment and logistics in respective institutions.
- NEPAS: Strongly advocate for overall treatment of childhood cancers in relevant forums, prepare standard treatment guidelines, conduct CMEs, workshops and trainings for medical personals taking care of children with cancer. Advise policymakers on any matters related to paediatric cancer.

5. Implementation Framework

- Introduce legislative amendments to ensure long-term sustainability of free treatment programs.
- Allocate more national budget for paediatric cancer care and infrastructure expansion.
- Establish institutional mechanisms to oversee policy execution and monitoring.

- Collaborate with international agencies to secure funding and technical expertise.
 - Ensure free travel on public transportation for cancer patients and a 50% subsidy for parents to reduce logistical burdens.
 - Encourage private organizations to arrange buses for transferring patients between institutions within cities to improve accessibility and reduce delays in treatment.
 - Establish palliative care centres, shared care centres and other support for children in hospitals or wherever possible.
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6. Conclusion and Call to Action

Childhood cancer is not only a medical issue but a social and economic challenge. A multi-stakeholder approach involving the government, medical community, and civil society is essential to improving paediatric cancer outcomes in Nepal. NEPAS urges policymakers and donor agencies to adopt and support these recommendations to ensure every child receives timely and effective cancer treatment. Apart from the involvement of all stakeholders, NEPAS strongly advocates for the availability of all the cancer medicines (at low cost) enlisted in the WHO list to ensure optimal outcome in children with different cancers.

“Together, we can build a future where no child in Nepal dies due to a lack of cancer care.”