ICCI
Indian Childhood Cancer Initiative

National Stakeholder Meeting Report

THE PEDIATRIC CANCER CONVERGENCE:
BRIDGING POLICY, CARE, AND LIVED EXPERIENCE

21-22 May, 2026

www.indiachildcancer.org

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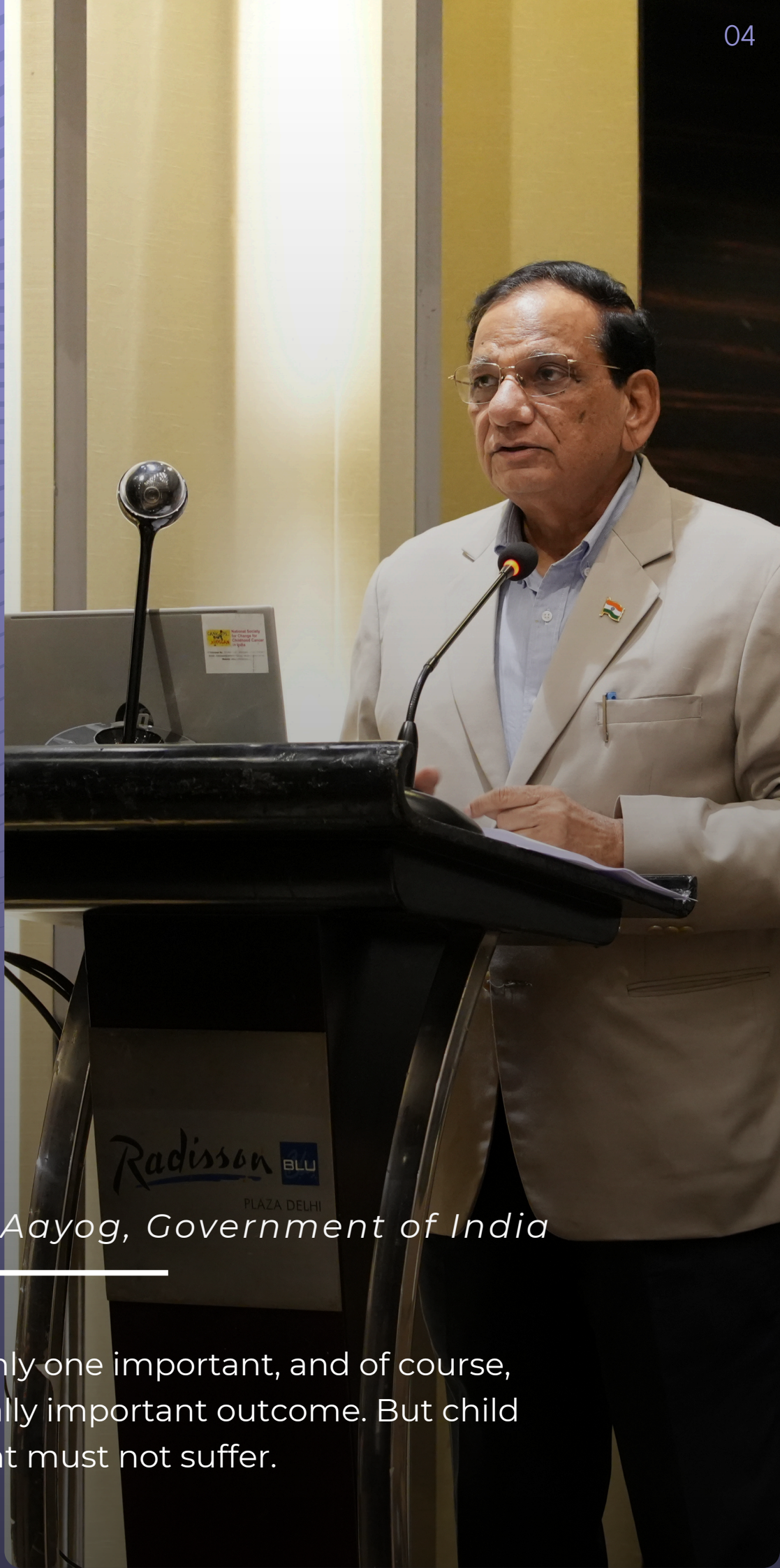
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Strategic Roadmap to the National Childhood Cancer Plan

GROUP PHOTO





DR V K PAUL

Member, NITI Aayog, Government of India

> Survival is only one important, and of course, fundamentally important outcome. But child development must not suffer.

KEYNOTE ADDRESS

Dr. V. K. Paul commended the progress made by the childhood cancer community in India and emphasized the need to build on these achievements through a stronger public health and health systems approach. He highlighted that improving outcomes requires early diagnosis, timely referral, access to quality treatment, and comprehensive survivorship care. Stressing the importance of reducing delays across the patient journey, he called for practical, context-specific strategies to improve awareness among families, frontline health workers, primary care providers, and pediatricians, while using evidence and data to identify barriers and ensure that no child with cancer is missed. He also emphasized strengthening health system capacity through workforce development, expanded pediatric oncology training, improved diagnostic and referral networks, and the use of technology and telemedicine to support equitable access to care.

Recognizing the importance of financial protection, Dr. Paul highlighted the role of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in improving access to treatment and called for continued evidence-based advocacy to strengthen benefit packages and their utilization. He underscored the need for robust data systems, research, and closer integration of childhood cancer initiatives with national health programmes to inform policy and strengthen healthcare delivery. Concluding his address, he emphasized that success should be measured not only by survival but also by nutrition, child development, psychosocial well-being, and quality of life, calling for a holistic, child-centred approach that supports children and their families throughout the entire cancer journey.

Key Voices



Our purpose is any child who could be possibly suffering from childhood cancer should be detected early and brought to the system, and the system should be efficient enough to bring it to the nearest care, preferably nearer to the residence of that particular patient.

L. Swasticharan
Additional Director General, DGHS, Ministry of Health & Family Welfare

The truth is that if we want to cure childhood cancer and catastrophic diseases of childhood, we need to cure every single one of the children.



Carlos Rodriguez-Galindo
St Jude Global (Virtual)

Key Voices



Our mission is clear: we want to bridge the gap between the high-income countries and our realities, ensuring equity in childhood cancer care.

Bishnu Giri Rath
WHO Global Initiative

As a multi-sectoral platform, ICCI bridges government bodies, clinical institutions, and civil society. Over three years, ICCI built a coalition of nearly 400 stakeholders, generated essential national data mapping care centers and support systems, developed standardized clinical guidelines, and fostered high-level policy integration—including advising the creation of the Union Health Ministry's Technical Expert Group on Cancer in Children in January 2026.



Ramandeep Arora
Indian Childhood Cancer Initiative

PANEL DISCUSSIONS

UNRAVELLING HEALTH SYSTEM ISSUES




Strategic Actions
Strategic Actions


The Pediatric Cancer Convergence
Bridging Policy, Care, and Lived Experience
National Stakeholder Workshop on Childhood Cancer
Indian Childhood Cancer Initiative (ICCI)


The Pediatric Cancer Convergence
Bridging Policy, Care, and Lived Experience
National Stakeholder Workshop on Childhood Cancer
Indian Childhood Cancer Initiative (ICCI)


SAJHAKARAN
Model of Shared care Partnering with
National Health Mission
Department of Medical Education
Health and family Welfare
ABDM
Child Welfare
Education Ministry/MCGM
MAHACARE Foundation
Hospitals treating childhood cancer
Professional Bodies – IAP, IAP PHO, MCI, ICMR
Treat
Refer
Detect
Diagnose

Panel 1

The National Roadmap: Towards a Unified Pediatric Cancer Policy Framework

Moderator



Rajesh Mehta

Senior Technical & Strategy Advisor, MAMTA HMIC

Chairs



Sripad Banavali

Consultant Medical Oncologist, Tata Memorial Hospital



Jai Prakash Prasad

COO, Assam cancer Care Fondation

Panelists



L Swasticharan

ADDG, Directorate General of Health Services, MOHFW



Bindu Nair

Founder and Managing Trustee, AROH



Ramandeep Arora

Consultant Paediatric Oncologist, Max Healthcare, New Delhi



Bishnu Giri

Technical Officer (Cancer Control), WHO SEAR



Archisman Mohapatra

Executive Director, GRID COUNCIL



Annapurna Kaul

Healthcare Specialist, UNICEF



Abhishek Kunwar

National Professional Officer-NCD, WHO, India

The National Roadmap Towards a Unified Pediatric Cancer Policy Framework

Panel 1

This panel brought together representatives from government, healthcare institutions, technical agencies, development partners, and civil society to discuss priorities for strengthening childhood cancer care in India through a coordinated national approach.

The discussion emphasized that childhood cancer is both a significant public health priority and a highly treatable disease, provided children have timely access to quality diagnosis, treatment, and supportive care. While India has strong clinical expertise, improving outcomes will require addressing health system challenges such as delayed diagnosis, fragmented referral pathways, workforce constraints, and inequitable access to care across states.

Panelists highlighted the importance of integrating childhood cancer within existing national and state health programmes, rather than establishing a parallel system. Existing platforms—including primary healthcare services, referral networks, digital health systems, school health programmes, and community-based services—can be leveraged to strengthen early diagnosis, referral, treatment continuity, survivorship, and psychosocial support.

The discussion also presented a proposed national roadmap comprising strategic actions aligned with the WHO health system building blocks. Key priorities include strengthening governance, financing, workforce capacity, service delivery, access to essential medicines, health information systems, and multi-stakeholder collaboration. Recognizing the diversity of healthcare systems across India, participants emphasized the need for state-specific implementation plans supported by national guidance and technical expertise.



Key Message

Achieving equitable childhood cancer care in India requires integrating childhood cancer into existing health systems through a coordinated, systems-based approach. Strengthening governance, financing, workforce capacity, referral networks, access to quality treatment, and state-level implementation—supported by sustained collaboration among government, healthcare institutions, civil society, and development partners—will be essential to ensure that every child receives timely and quality cancer care.

Panel 2

Sustainable Investment: Expanding Universal Health Coverage for Childhood Cancer

Moderator



Maulik Chokshi

Global Director-Health Systems Research and Policy, Access Health International

Chairs



S. Sevvel

Director (Health), Directorate of Health & Family Welfare Services, Govt. of Puducherry



Revathi Raj

Paediatric Haematologist, Apollo Cancer Centre

Panelists



Aashna Mehta

Associate Professor, Indian Institute of Public Health-Delhi



Girish Chinnaswamy

Pediatric Oncologist, Tata Memorial Hospital



Gargi Mashruwala

Director, St Jude India Child Care Centre



Nikhil Pant

Chairman & CEO, REACHA



Kiran Suryawanshi

Assistant Vice President, TransUnion CIBIL Limited



Segar Sampath Kumar

Director- Health, General Insurance Council

Sustainable Investment: Expanding Universal Health Coverage for Childhood Cancer

Panel 2

This panel explored strategies to strengthen financial protection for children with cancer and advance universal health coverage (UHC) through collaboration among government, health insurance providers, healthcare institutions, civil society organizations, and development partners.

The discussion highlighted the progress made through government-funded health insurance schemes, particularly Ayushman Bharat PM-JAY and various state health assurance programmes, in reducing out-of-pocket expenditure and improving access to diagnosis and treatment. However, participants emphasized that expanding coverage alone is not sufficient and called for greater efforts to strengthen awareness, enrolment, patient navigation, referral pathways, and financial counselling to ensure eligible families can effectively access available benefits.

Panelists also discussed the role of public and private financing mechanisms, emphasizing efficient reimbursement systems, streamlined hospital empanelment, cashless treatment pathways, digital platforms such as the National Health Claims Exchange (NHCX), and regular updates to health benefit packages to include advances in diagnostics, medicines, and treatment approaches. The panel further underscored the importance of national costing studies and treatment expenditure analyses to guide policy, strengthen advocacy, and mobilize sustainable investments. Participants also recognized the complementary role of philanthropy, corporate social responsibility initiatives, and civil society organizations in addressing non-medical costs—including accommodation, transportation, nutrition, and psychosocial support—to improve treatment adherence and outcomes.



Key Message

Achieving universal health coverage for childhood cancer requires sustainable and equitable financing that goes beyond insurance coverage to ensure effective access, utilization, and continuity of care. Strengthening public and private financing mechanisms, improving implementation systems, generating robust evidence for policy and investment, and fostering collaboration among government, insurers, healthcare providers, civil society, and development partners will be critical to ensuring that no child is denied quality cancer care because of financial barriers

Panel 3

Optimizing Care Pathways: Strengthening Centers of Excellence & Referral Networks

Moderator



Manas Kalra

Paediatric Haematologist, Oncologist And BMT Physician, Sir Ganga Ram Hospital

Chairs



Sameer Bakhshi

Professor, Department of Medical Oncology, AIIMS, Delhi



Poonam Bagai

Founder-Chairman, CanKids KidsCan

Panelists



Bishnu Giri

Technical Officer (Cancer Control), WHO SEAR



Jai Prakash Prasad

COO, Assam Cancer Care Fondation



Sandeep Kumar

Founder & CEO, Digiswasthya Foundation



Arpita Bhattacharya

Paediatric Oncologist, TMC Kolkata



Shruti Kakkar

Professor , Pediatrics, CMC, Ludhiana



Rita Paravde

Additional Director of Health Services, Maharashtra

Optimizing Care Pathways: Strengthening Centers of Excellence & Referral Networks

Panel 3

The panel explored the importance of strong referral networks and Centres of Excellence (CoEs) in improving timely access to high-quality childhood cancer care across India, with a strong focus on reducing diagnostic delays and ensuring early referral to appropriate treatment centres. Discussions highlighted the WHO CureAll Framework, emphasizing multidisciplinary care, standardized treatment protocols, quality assurance, and well-defined referral and shared-care networks, while strengthening primary healthcare and enabling care closer to patients' homes through effective referral and back-referral systems.

Evidence from the ACCESS India Study showed that although families often seek medical attention soon after symptoms appear, delays in recognizing childhood cancer and making appropriate referrals remain a major challenge, with a median diagnostic interval of approximately 40 days. In response, the ICCI Access to Care Taskforce is developing symptom-based training modules for medical officers and primary healthcare providers to support earlier diagnosis and referral.

The panel also showcased the Assam Cancer Care Foundation's hub-and-spoke model, demonstrating how decentralized services, patient navigation, community outreach, and integration with government health systems can improve access while maintaining links with specialized centres. Participants further emphasized strengthening the pediatric oncology workforce, expanding services through existing cancer care networks and medical colleges, leveraging telemedicine for specialist consultations, integrating survivorship and palliative care into care pathways, and recognizing the complementary role of NGOs in patient navigation, follow-up, training, and bridging gaps within the public health system.



Key Message

Improving childhood cancer outcomes requires strong referral pathways, well-functioning Centres of Excellence, and integrated shared-care networks that enable timely diagnosis, coordinated treatment, and continuity of care closer to patients' homes. Strengthening workforce capacity, expanding pediatric oncology services, leveraging digital health solutions, and fostering collaboration among government, healthcare institutions, NGOs, and professional societies are essential to ensuring equitable access to comprehensive childhood cancer care across India

Panel 4

From Policy to Practice: Tailoring Pediatric Oncology to Diverse State Ecosystems

Moderator



Poonam Bagai

ICCI Governance Council member, Founder-Chairman, CanKids KidsCan

Chairs



Amit Kumar Ghosh

Additional Chief Secretary, Department of Medical Health & Family Welfare and Medical Education, Govt. of U.P.



Amita Mahajan

Paediatric Haemato-Oncologist, Apolo Hospital, Delhi

Panelists



Yogita Bhatia

Healthcare & Development Professional, CanKids KidsCan



Suman Paul Chowdhury

Assistant Professor, Paediatric Hemato-Oncology, CNCI, Kolkata



Rita Paravde

Additional Director of Health Services, Maharashtra



Lalit Mohan Sahoo

State Consultant , NCD Odisha – NHM-NCD, Odisha



Nitai G. Panigrahi

Founder,, Umeedein, Odisha



Sachin Thaware

Public Health Specialist, CanKids KidsCan



Maharshi Trivedi

Assistant Professor, Rajkot Cancer Society



Shruti Kakar

Professor, Christian Medical College, Ludhiana



Haresh Gupta

Deputy CEO & CPO-Medical and Research, CanKids KidsCan, Delhi



Smarajit Chakraborty

Public Health Specialist & Development Professional, CanKids KidsCan, Delhi

From Policy to Practice: Tailoring Pediatric Oncology to Diverse State Ecosystems

Panel 4

The panel explored how childhood cancer care can be effectively adapted to India's diverse health system contexts, recognizing that differences in geography, infrastructure, workforce, and referral networks require state-specific approaches to improving outcomes. Discussions emphasized the central role of state governments in strengthening childhood cancer care through integrated, patient-centred health systems. Experiences from Uttar Pradesh, Maharashtra, Odisha, West Bengal, Kerala, and Gujarat demonstrated how collaboration among governments, healthcare institutions, and civil society organizations can expand treatment networks, strengthen referral pathways, improve early diagnosis, enhance care coordination closer to patients' homes, and establish formal state-level partnerships and multi-stakeholder platforms to drive implementation.

The panel also emphasized the importance of investing in workforce development, pediatric oncology training, nursing capacity, psychosocial support, survivorship services, and robust data systems. Technology-enabled solutions—including telemedicine, digital health records, virtual tumour boards, and data-driven planning—were highlighted as important tools for improving care coordination, strengthening specialist support, and reducing geographic inequities. Participants further discussed the challenges associated with interstate referrals and centralized models of care, emphasizing the need to strengthen regional referral networks, expand shared-care models and Centres of Excellence, and ensure continuity of care through portable financial protection schemes, patient navigation, accommodation support, and cross-state coordination. These measures were identified as essential to reducing treatment abandonment and ensuring equitable access to quality care regardless of where a child lives.



Key Message

Achieving equitable childhood cancer care in India requires strengthening state health systems through decentralized, patient-centred models that reflect local needs while remaining aligned with national priorities. Strong referral networks, shared-care models, workforce development, digital health solutions, sustainable financing, and coordinated multi-stakeholder collaboration are essential to ensuring timely, high-quality care for every child, irrespective of geography or state of residence.

GALLERY WALL





























The Gallery Walk highlighted ongoing initiatives, research, and policy recommendations driving improvements in childhood cancer care across India.

Accomodation

GALLERY WALK

PROBLEM STATEMENT

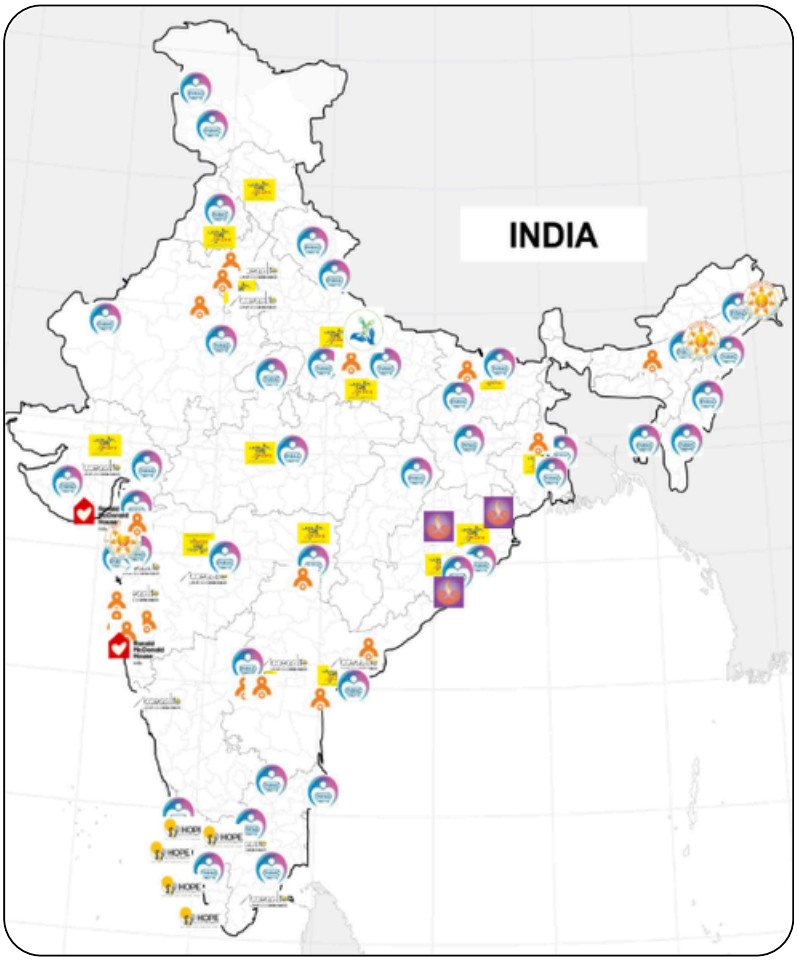
India reports an estimated 75,000–80,000 new cases of childhood cancer each year, with many children requiring prolonged treatment at specialized tertiary care centers. Since pediatric oncology services are largely concentrated in urban hospitals, several families travel long distances from different districts and states to access treatment. Home Away From Home" (HAH) facilities are accommodation support systems that provide temporary stay options for children undergoing cancer treatment and their caregivers near treatment centers. These facilities aim to offer a safe, affordable, and supportive environment for families during the course of treatment, while helping reduce the burden of repeated travel and extended hospital stays.
Despite the important role these facilities play in supporting continuity of care, access to accommodation support remains variable across treatment centers. Many families continue to face challenges related to arranging affordable stay, managing daily living expenses, traveling long distances, and balancing caregiving responsibilities during treatment.

108
Home Away From Home (HAH)

1923
Beds

188km
Median distance families travelled for treatment

90%
Unmet Need



NGOs/ Organisations

- St. Jude India ChildCare Centres
- AccessLife Assistance Foundation
- CanKids Kidscan
- INTAS
- Umeedien
- Deepshikha
- Jal Foundation
- Rajiv Gandhi Cancer Institute (RGCI)
- HOPE Child Cancer Care Foundation
- Varsha Foundation
- Ronald McDonald House
- Ashray Mahalaxmi Mumbai

Services Provided

- Accommodation
- Nutritional meals
- Travel to the hospital
- Psychosocial counselling
- Non-formal education
- Recreational activities
- Skill development

ACTIONABLE POLICY ASKS

- Formally Recognize "Home Away from Home" (HAH) as a Distinct Institutional Category and Allocate Free Government Buildings Near Cancer Centers to Eliminate High Rental Costs
- Financial Integration of HAH Accommodations into Public Health Schemes and Universal Insurance Reform (A hospital-linked disbursement model directly funding partnered HAH units.)
- Make Family Accommodation Facilities a Mandatory Part of All New Cancer Hospital Master Plans
- Establish National Quality and Safeguarding Standards for HAH Operations & Legislate the Integration of Nutrition, Counseling, and Patient Navigation

This exhibit presents an overview of accommodation support for children with cancer in India, including the network of Home Away From Home facilities, services provided by partner organizations, and the gaps that continue to affect families. It also highlights priority policy recommendations to strengthen accommodation as an essential component of childhood cancer care.

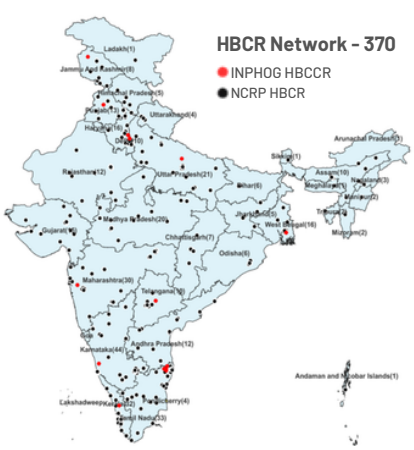
Cancer Registry

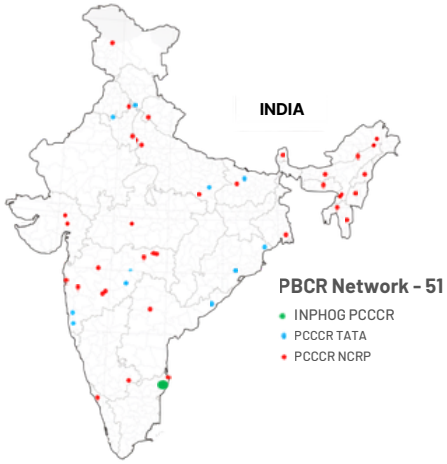
GALLERY WALK

PROBLEM STATEMENT

India carries one of the largest burdens of childhood cancer globally, yet pediatric cancer data remains fragmented across institutions. As part of South-Central Asia, India contributes significantly to the global childhood cancer burden, with many cases remaining undiagnosed or unreported. An estimated 41,380 new childhood cancer cases (0–19 years) are projected in India in 2026, including 24,429 boys and 16,951 girls, highlighting the need for stronger pediatric oncology data systems. Although hospital-based and population-based cancer registries exist, uniform nationwide pediatric oncology data collection remains limited. Variations in registry coverage, incomplete follow-up, inconsistent data quality, and under-reporting lead to gaps in incidence, survival, relapse, treatment outcomes, mortality, and abandonment data. Children treated outside organized registry networks may also remain unaccounted for, resulting in underestimation of the true disease burden. The World Health Organization (WHO), through the Global Initiative for Childhood Cancer and the CureAll framework, emphasises strengthening cancer registries and health information systems to improve childhood cancer outcomes. In India, the lack of standardized real-time pediatric oncology data systems restricts evidence-based policymaking, resource allocation, program evaluation, and collaborative research. Strengthening pediatric cancer registries is therefore essential to improve treatment outcomes and achieve equitable childhood cancer care across India.

Ongoing Initiatives





RANK 1

Childhood cancer carries one of the highest DALY burdens among all cancers

18%

of India's Population covered by Cancer Registries

76805

The estimated number of children (0–19 years) in India who develop cancer annually, including those not diagnosed or misdiagnosed

41380

The estimated incident number of children with cancer (0–19 years) in India.

Urban-rural difference in Paediatric cancer incidence: Boys

	Urban AAR	Rural AAR	Rate Ratio	95% Confidence Interval
Punjab	Chandigarh	Sangrur		
	73.4	58.9	**1.25**	1.20-1.30
Assam	Kamrup	Dibrugarh		
	76.0	39.9	**1.91**	1.82-2.0
Tamil Nadu	Chennai	Dindigul		
	142.9	65.0	**2.20**	2.15-2.24
Maharashtra	Mumbai	Ratnagiri		
	106.3	62.6	**1.70**	1.59-1.81
Maharashtra	Pune	Barshi		
	66.0	49.2	**1.34**	1.28-1.40
Odisha	Khordha	Mayurbhanj		
	47.2	33.7	**1.40**	1.30-1.51

**all differences were significant at 95% level* *AAR is Age Adjusted Rate per million*

Urban-rural difference in Paediatric cancer incidence: Girls

	Urban AAR	Rural AAR	Rate Ratio	95% Confidence Interval
Punjab	Chandigarh	Sangrur		
	45.4	40.4	**1.12**	1.06-1.19
Assam	Kamrup	Dibrugarh		
	65.0	26.9	**2.42**	2.28-2.57
Tamil Nadu	Chennai	Dindigul		
	109.1	61.6	**1.77**	1.73-1.81
Maharashtra	Mumbai	Ratnagiri		
	76.7	48.7	**1.58**	1.46-1.70
Maharashtra	Pune	Barshi		
	52.4	74.2	**0.71**	0.67-0.75
Odisha	Khordha	Mayurbhanj		
	30.6	12.9	**2.38**	2.12-2.67

**all differences were significant at 95% level* *AAR is Age Adjusted Rate per million*

ACTIONABLE POLICY ASKS

- **Cancer to be Declared a Notifiable Disease by all States and Union Territories**
- **Link cancer data with ABDM and ABHA IDs**
- **Develop systems of data sharing among PBCRs and HBCRs to enable better estimation of incident cases**
- **Expand PBCRs and HBCRs, capturing more granular childhood cancer-specific data**

Organisations

- Cancer Institute (WIA)
- ICMR–National Centre for Disease Informatics and Research
- INPHOG (Indian Pediatric Hematology Oncology Group)
- Tata Memorial Centre (TMC)
- National Cancer Registry Programme (NCRP)

This exhibit provides an overview of pediatric cancer registry systems in India, including registry networks, ongoing initiatives, and challenges in data collection and reporting. It also highlights key policy recommendations to strengthen cancer registries as a foundation for evidence-based childhood cancer care and planning.

Childhood Cancer Research

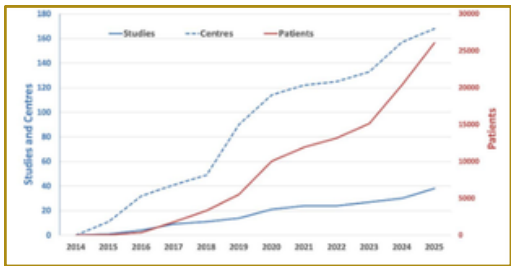
GALLERY WALK

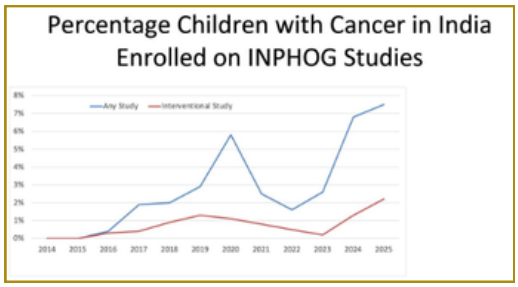
PROBLEM STATEMENT

There is a significant lack of clinical research programs and dedicated funding for childhood cancer in India. Research is hampered by the absence of dedicated teams, limited research time for clinicians, and insufficient training in methodology and trial design. Currently, India relies heavily on international protocols, but there is an urgent need to develop India-specific treatment guidelines based on local specifications and "real-world" data. Furthermore, research remains underfunded in specific areas such as lymphomas, retinoblastomas, and germ cell tumours.

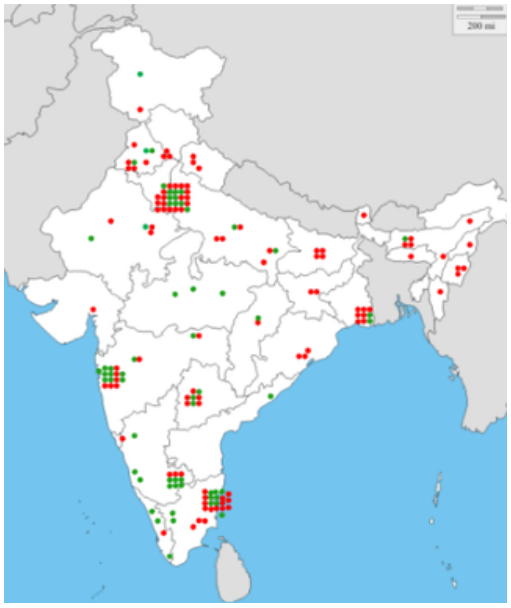
< 0.1%	164	>500	7.5%	26088
Global research funding for childhood cancer awarded to LMICs	Participating centers in INPHOG studies, including both INPHOG and non-INPHOG centers.	Patients enrolled in INPHOG studies per month.	Percentage of Children with Cancer Enrolled in INPHOG Studies	Children have been impacted over the past 11 years

Research Studies and Scientific Activities





Indian Pediatric Haematology Oncology Network



TOP 10 RESEARCH PRIORITIES

- How do we improve early recognition, referral, and diagnosis of children with cancer in India?
- What are the best ways to help children with cancer and their families get the right information, understand it, and make correct decisions regarding their diagnosis, treatment, and follow-up?
- How can we make sure children with cancer get the best possible treatment, regardless of their gender, their community, or where they live?
- What are the best ways to make sure children with cancer get all the supportive care services they need? (Supportive care covers the physical, social, educational, and mental aspects of cancer and its treatment)
- What interventions can decrease refusal and abandonment of treatment? How can we make sure that primary care physicians know about the symptoms and signs of cancer in children and refer them appropriately?
- How does cancer and its treatment affect the mental health, feelings, and social life of children with cancer as well as their families, both during treatment and later?
- How can we make sure parents know about the symptoms and signs of cancer in children and know where to go when they are worried?
- What is the best way to track, monitor, and provide follow-up care for survivors of childhood cancer, and how can we make them available across India?
- Why do some children with cancer relapse?
- How can it be prevented, and what are the best ways to identify relapse earlier?

ACTIONABLE POLICY ASKS

- **Formally Recognize and Academically Credit Collaborative Research Groups**
- **Create a Fast-Track, Centralized Regulatory Pathway forPediatric Academic Trials**
- **Fund and Support Cancer Registries and Biobanks for Childhood Malignancies**
- **Incentivize Domestic R&D including collaborative research for India appropriate solutions**

Organisations

- Indian Pediatric Haematology Oncology Network (INPHOG)
- PatientsEngage
- APAR Health™
- CanKids Kidscan
- National Cancer Grid (NCG)
- Indian Childhood Cancer Initiative (ICCI)
- Pediatric Hematology Oncology Chapter, Indian Academy of Pediatrics (PHO Chapter, IAP)

This exhibit provides an overview of pediatric cancer research in India, including collaborative research networks, training initiatives, and national research priorities. It also highlights existing challenges and policy recommendations to strengthen research infrastructure, funding, and innovation in childhood cancer.

Holistic Care

GALLERY WALK

PROBLEM STATEMENT

Eight priority areas essential for addressing the psychosocial needs of pediatric oncologypatients and their families:

- Every child with cancer should have holistic care
- Every child with cancer should have early assessment and intervention
- Promotion of interdisciplinary collaboration is essential for delivery of social and psychological care to these children
- Advocate for policy to include psychological and social support services
- Encouraging community outreach and education to raise awareness at the community level about pediatric oncology and psychological and social aspects associated with childhood cancers
- Encourage research and innovation in psycho social aspects of pediatric oncology that are culturally sensitive and relevant
- All children with cancer should have access to psychological and social support services
- There should be standards for psychological and social support in pediatric oncology centers

58% of children with cancer are undernourished at start of treatment

<1% of children who need palliative care in India are able to access it

60 Minutes is the time within which a child with cancer who has fever should receive antibiotics

70-80% of caregivers of children with cancer have clinical depression and anxiety at the time of the child's diagnosis

SETTING STANDARDS



ACTIONABLE POLICY ASKS

- **Integrate Childhood Cancer Nutritional Support into the POSHAN Abhiyaan & assure food security through the ONORC scheme**
- **Mandate Early-Integration of Palliative Care from Day One of Diagnosis**
- **Embed psychosocial care for children with cancer their families by Trained Psycho-Oncologists and Child Life Specialists in Multi-Disciplinary Teams**
- **Institutionalize Mandatory Leuko-depletion and NAT Screening Protocols**
- **Institutionalize Strict Hospital-Acquired Infection (HAI) Surveillance and Public Reporting**

INFO AND EDUCATION MATERIAL



Organisations

- St. Jude Children's Research Hospital
- Indian Childhood Cancer Initiative (ICCI)
- St. Jude India ChildCare Centres
- Institute of Palliative Medicine
- SIGPPO (Society of Indian Gynaecologic Paediatric & Preventive Oncology)
- Pediatric Hematology Oncology Chapter, Indian Academy of Pediatrics (PHO Chapter, IAP)
- Narayana Health
- Tata Medical Center
- Cuddles Foundation

This exhibit provides an overview of holistic childhood cancer care in India, highlighting psychosocial standards, workforce development, patient education resources, and supportive care interventions. It also outlines key policy recommendations to ensure equitable access to comprehensive care from diagnosis through survivorship and end-of-life care.

Survivorship

GALLERY WALK

PROBLEM STATEMENT

WHY IS SURVIVORSHIP CARE IMPORTANT?

What is a late effect?	Why late effects occur?	Who will experience late effects?
A chronic health condition that may be caused by cancer or cancer treatment	Cancer related therapy during period of rapid growth & development of organ/tissue	Up to 2/3rd of children treated in earlier decades may have one or more late effects
Occurs months or years after completion of treatment	Higher rates of survival and longer life span post cancer treatment	Fewer children treated on contemporary protocols develop significant late effects

>5L
Childhood cancer survivors are alive in India today

43
Dedicated ACT clinics in India

2/3
Centres treating children with cancer do not have a dedicated ACT clinic

5419
Survivors enrolled across 20 centres in India under the C2S Study

REINTEGRATION & SURVIVORSHIP SUPPORT



RESEARCH



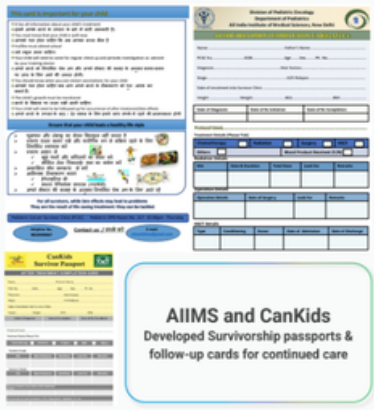


Indian Childhood Cancer Survivorship Study (C2S Study)
A Multicentre Registry of Childhood Cancer Survivors Following Treatment Completion.

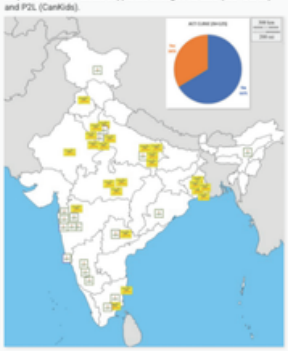
Organisations

- Indian Pediatric Hematology Oncology Group (INPHOG)
- Indian Childhood Cancer Initiative (ICCI)
- All India Institute of Medical Sciences (AIIMS), New Delhi
- St. Jude India ChildCare Centres
- CanKids Kidscan
- UGAM
- International Society of Paediatric Oncology (SIOP)
- Pediatric Hematology Oncology Chapter, Indian Academy of Pediatrics (PHO Chapter, IAP)
- Indian Cancer Society (ICS)

SERVICE DELIVERY INITATIVES



AIIMS and CanKids
Developed Survivorship passports & follow-up cards for continued care



ACTIONABLE POLICY ASKS

- **Expansion of survivorship clinics and standardization of survivorship care.**
- **Mandate the Integration of Survivorship Care Plans and Digital Survivorship Passports.**
- **Expand Government Schemes to Cover After Completion of Treatment Care and Late Effects.**
- **Legalize Non-Discriminatory Right to Health Insurance and Employment.**

This exhibit highlights the importance of survivorship care for children who have completed cancer treatment, showcasing national initiatives, survivorship clinics, research, and reintegration support services. It presents ongoing efforts to develop survivorship guidelines, care plans, and long-term follow-up systems while emphasizing the need to address late effects of treatment. The exhibit also outlines key policy recommendations to strengthen survivorship care, improve quality of life, and ensure lifelong support for childhood cancer survivors.

Workforce and Training

GALLERY WALK

SITUATION ANALYSIS

- Based on data collated from published situational analyses and workforce assessments on childhood cancer care in India in 2023, the assessment of human resources across tertiary public, private, and NGO/charitable hospitals highlights significant variability in the availability of specialized healthcare professionals and allied staff.
- Notable gaps remain in access to trained pediatric oncology personnel.
- These findings emphasize the need to strengthen workforce capacity, multidisciplinary care teams, and specialized training programs to improve equitable childhood cancer care delivery nationwide.

Nursing Training

Following the National Nursing Conference in February 2024, the need for structured pediatric hemato-oncology nursing training in India was identified. A Nursing Core Group meeting held on 2 September 2024 at Tata Memorial Hospital proposed the development of dedicated educational modules, leading to the creation of a competency-based pediatric oncology nursing curriculum, which was further reviewed during the 4th National Paediatric Oncology Nursing Conference at ACTREC, Tata Memorial Centre from 17–19 September 2025.



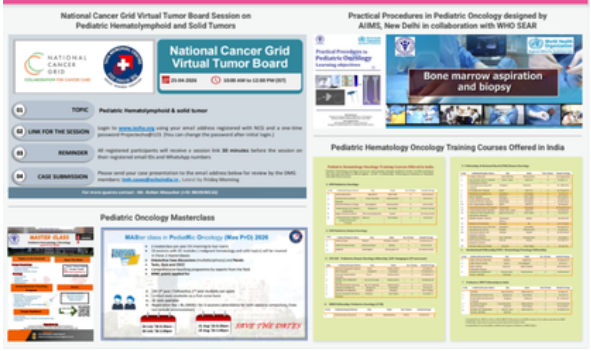
49%
Hospitals in which non-pediatric oncologists also manage children with cancer

>80
Pediatric Hematology Oncology Fellows passing out every year

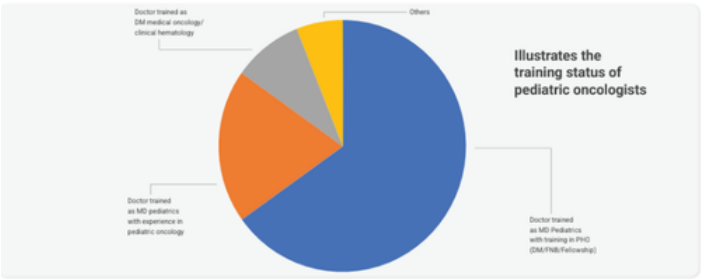
>1500
Number of trained pediatric oncologists needed to deliver care

50%
Hospitals in which nurse patient ratio is greater than recommendation of 5:1

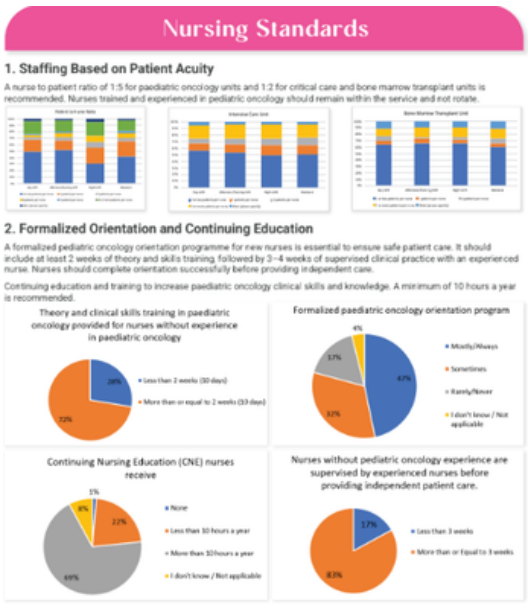
PHO Training



PHO Workforce



Nursing Standards



ACTIONABLE POLICY ASKS

- **Work towards being compliant with the Workforce and Training recommendations of by the SIOP Guidance Standards Framework for Paediatric Oncology Units in Low & Middle-Income Countries.**
- **Appoint dedicated pediatric hemato-oncologist at all Centres of Excellence.**
- **Create and recognise the role of the specialist pediatric hematology oncology nurse.**
- **Define required competencies and strengthen training of personnel at all levels of care.**

Organisations

- World Health Organization (WHO)
- Indian Childhood Cancer Initiative (ICCI)
- International Society of Paediatric Oncology (SIOP)
- All India Institute of Medical Sciences (AIIMS), New Delhi
- Tata Memorial Centre (TMC)
- National Cancer Grid
- Indian Council of Medical Research (ICMR)
- Resonance
- Pediatric Hematology Oncology Chapter, Indian Academy of Pediatrics (PHO Chapter, IAP)
- St. Jude Global
- CanKids Kidscan
- ACTREC (Advanced Centre for Treatment, Research and Education in Cancer)

This exhibit highlights the current status of the pediatric oncology workforce in India, showcasing workforce gaps, nursing standards, training initiatives, and professional development opportunities. It presents ongoing efforts to strengthen pediatric hematology-oncology education through national conferences, competency-based nursing curricula, virtual learning platforms, and specialized fellowship programmes. The exhibit also outlines key policy recommendations to build a skilled multidisciplinary workforce and improve equitable childhood cancer care across India.

Early Recognition and Referral

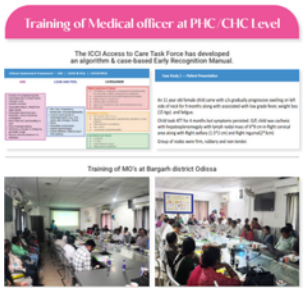
GALLERY WALK

PROBLEM STATEMENT

- Estimated 70,000 new pediatric cancers are diagnosed annually in India, representing one of the largest childhood cancer burdens globally.
- According to the National Cancer Registry Programme (NCRP), malignancies in children aged 0–14 constitute 4.0% of all diagnosed cancers in India.
- Unlike adult cancers where population-based screening programs (e.g., for cervical, breast, and colorectal cancers) enable pre-symptomatic detection — childhood cancers have no established screening modality.
- In this context, structured training of frontline healthcare providers in the recognition of early warning signs of childhood cancer serves as the functional equivalent of screening and the only viable pathway to bridging the survival gap in the Indian setting.

49%	38	188 KM	151
Children with cancer in South Asia who are undiagnosed	Days median time for child with cancer to get diagnosed	Median distance travelled to seek diagnosis/treatment	Mapped centers treating children with cancer











ACTIONABLE POLICY ASKS

Standardized training of Healthcare provider at community and CHC Level for early childhood cancer recognition & referral incorporating digital clinical decision support systems.

Integrate childhood cancer in already existing Child Health and NCD Programs.

Establish state & national standardise referral pathways from primary care to pediatric oncology centers.

Support families across the care of continuum through patient navigation systems.

Organisations

- Indian Childhood Cancer Initiative (ICCI)
- World Health Organization (WHO)
- Union for International Cancer Control (UICC)
- Pan American Health Organization (PAHO)
- Indian Pediatric Hematology Oncology Group (INPHOG)
- International Society of Paediatric Oncology (IOP)
- CanKids Kidscan
- Umeedien Foundation
- Resonance
- Pediatric Hematology Oncology Chapter, Indian Academy of Pediatrics (PHO Chapter, IAP)
- National Health Mission (NHM)
- National Cancer Registry Programme (NCRP)

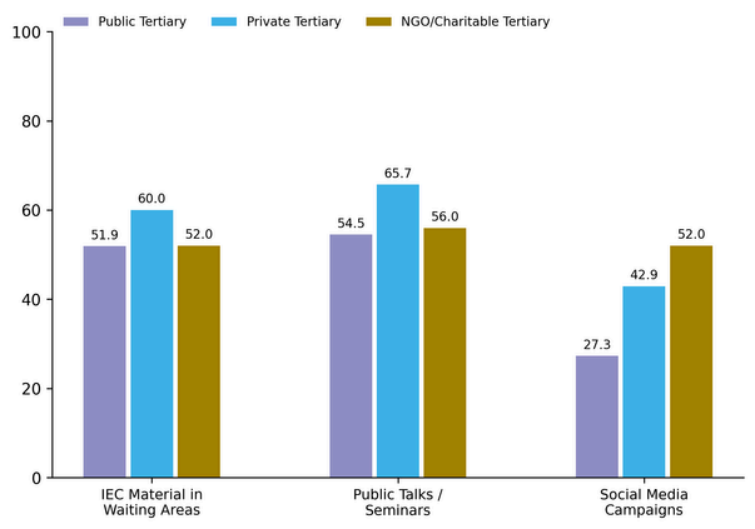
This exhibit highlights the importance of early recognition and timely referral in improving childhood cancer outcomes by strengthening frontline healthcare capacity and referral pathways. It showcases training initiatives for community health workers, medical officers, and pediatricians, along with mapping of pediatric oncology centres and patient navigation systems. The exhibit also outlines policy recommendations to improve early diagnosis, standardize referral systems, and ensure timely access to specialized childhood cancer care across India.

Information and Education

GALLERY WALK

PROBLEM STATEMENT

Existing informationis fragmented acrossplatforms, limitedin regional languages, inconsistently available in hospitals, and not always designed around the real needs of patients, caregivers, healthcare professionals, and support organisations.



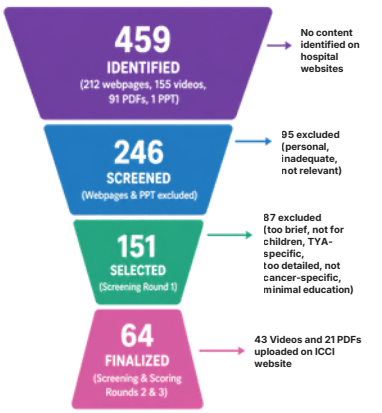
WHAT WE DID

41 ICCI taskforce members from 14 hospitals, 20 CSOs, and 3 other organisations screened childhood cancer IEC resources from stakeholder websites and international organisations. Materials were categorized, compiled, and screened for relevance and quality.

WHAT WE FOUND

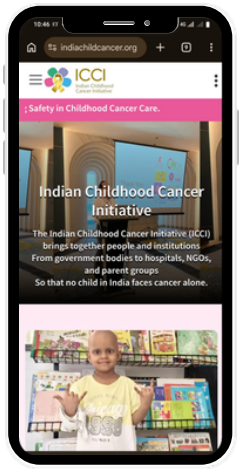
1. Fragmented Information
2. Lack of Indian Context
3. Language Accessibility Gap
4. Hospital Website had minimal/ no IEC material
5. Readability matters

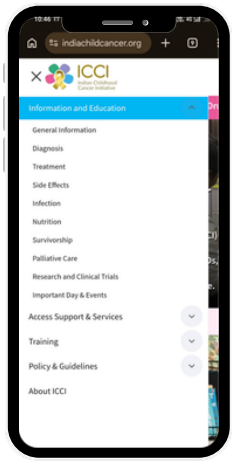
THE IEC MATERIAL JOURNEY



FIND INFORMATION

Final materials were selected for publication on the ICCI website: www.indiachildcancer.org





Organisations

- Indian Childhood Cancer Initiative
- Patients Engage
- Neuroblastoma India
- St Jude Global
- Indian Council of Medical Research (ICMR)

@indiachildcancer

@indiachildcancer

@indianchildhooodcancerinitiative

@ICCIchildcancer

This exhibit highlights ICCI's efforts to strengthen access to reliable childhood cancer information by identifying gaps in existing educational resources and developing a centralized, evidence-based information repository. It showcases the review and curation of patient education materials, stakeholder engagement, and priority information needs across the childhood cancer journey. The exhibit also demonstrates how collaborative efforts are improving access to high-quality, patient-centered information through the ICCI website.





























EVENT PICTURES

NATIONAL STAKEHOLDER MEETING
2026






Strategic Actions















Summary 2025–2026

Presenter - Ramandeep Arora, ICCI

During 2025–2026, the Indian Childhood Cancer Initiative (ICCI) continued to strengthen its role as a national platform for collaboration, policy engagement, and systems strengthening in childhood cancer. Building on its strategic goals of fostering collective action, supporting the development of a National Childhood Cancer Plan (NCCP), generating evidence-based solutions, and monitoring progress towards improved outcomes, ICCI expanded its engagement with government, healthcare institutions, professional societies, civil society organizations, patient advocates, and technical experts across India. The year marked significant progress in advancing stakeholder engagement, state-level action, taskforce outputs, governance reforms, and the national roadmap for childhood cancer care.



Meeting with Shri Prataprao Jadhav, Honourable Minister of State, Ministry of Health & Family Welfare

Impact and Future Directions

Key Achievements

- Convened **the National Stakeholder Workshop on Childhood Cancer in May 2026,** bringing together policymakers, clinicians, development partners, civil society organizations, patient advocates, and technical experts to review progress and identify priorities for a National Childhood Cancer Plan (NCCP) aligned with the WHO Global Initiative for Childhood Cancer and the CureAll Framework.
- Strengthened engagement with national stakeholders, including the Ministry of Health and Family Welfare (MoHFW), WHO, ICMR, NITI Aayog, and other partners, to build momentum towards integrating childhood cancer within national and state health systems. This included **supporting the formation of a Technical Expert Group (TEG) under the Ministry of Health and Family Welfare** to provide technical guidance for strengthening childhood cancer care in India.
- Expanded state-level engagement through **stakeholder consultations in Odisha, Chhattisgarh, and Assam,** supporting stakeholder mapping, situational analyses, SWOT assessments, priority setting, and the development of state-specific strategies for childhood cancer care.
- **Engaged with Shri Prataprao Jadhav, Honourable Minister of State, Ministry of Health & Family Welfare,** to advocate for a National Plan for Childhood Cancer and strengthened government-led action for childhood cancer care in India.
- Advanced the development of the National Childhood Cancer Plan (NCCP) and the **Strategic Roadmap for Childhood Cancer in India** through a structured process of stakeholder engagement, evidence generation, policy dialogue, and consensus building.
- Supported the **work of ICCI taskforces in developing evidence-based resources and initiatives,** including projects on early recognition and referral, fertility preservation, palliative care training, service mapping, drug monitoring, nutrition guidelines, survivorship guidance, nursing standards, research prioritization, clinical trial visibility, and information and education materials.
- Undertook a **major structural reform by streamlining the original eleven taskforces into six core taskforces**—Access to Care, Supportive Care, Nursing, Psychosocial Support, Palliative Care, and Survivorship—supported by cross-cutting themes on Media & Communication and Evaluation & Monitoring, under an overarching Strategy & Policy framework.

ICCI's activities during 2025–2026 have strengthened collaboration across the childhood cancer ecosystem, increased engagement with policymakers and state governments, and accelerated progress towards a coordinated national approach to childhood cancer care. The initiative has successfully expanded its footprint from national-level advocacy to state-level implementation support, while generating practical tools and evidence to address key system gaps. Looking ahead, ICCI will focus on Technical Expert Group, expanding state engagement activities across the North-East region and other geographies, supporting implementation of taskforce outputs, enhancing dissemination through digital and professional platforms, and developing monitoring mechanisms to track progress towards improved outcomes for children with cancer in India.








2026 TASKFORCE UPDATE

Acess To Care, Nursing, Psychosocial Support,
Survivourship, Pediatric Palliative Care, Supportive Care

Access To Care TaskForce

Chairs: Shruti Kakkar & Haresh Gupta

The Access to Care Taskforce works to improve equitable access to diagnosis, treatment, medicines, financing, and research for children with cancer across India through evidence generation, health system strengthening, and policy support.

Key Achievements

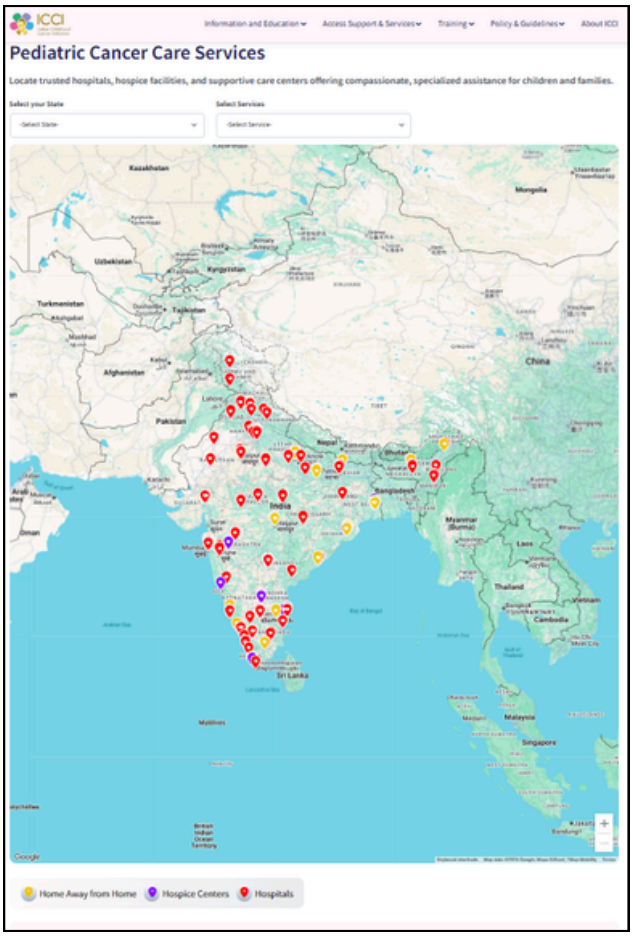
01 Mapped 151 childhood cancer centres across India through the SIOP Global Mapping initiative

02 Developed an India-specific Early Recognition Manual for Medical Officers at Primary and Community Health Centres, based on findings from the ACCESS India Study

03 Reviewed National and State Essential Medicines Lists to identify gaps in access to childhood cancer medicines and initiated medicine safety monitoring to strengthen pharmacovigilance.

04 Launched India's first multicentre costing study on childhood cancer treatment to generate evidence for health planning, sustainable financing, and policy development

05 Established the Top 10 Research Priorities for Childhood Cancer in India through a national consultation and developed a centralized database of ongoing childhood cancer clinical trials



Nursing Taskforce

Chairs: Piyali Bose & Reena Nair

The Nursing Taskforce works to strengthen pediatric oncology nursing in India by advancing professional leadership, workforce development, education, and evidence-based nursing practice. Through national collaborations and capacity-building initiatives, it aims to enhance the quality of nursing care for children with cancer across the country.

Key Achievements

01 Established the Pediatric Oncology Nursing Association (PONA) under PHOA-IAP in 2025, creating India's first national professional body dedicated to pediatric oncology nursing.

02 Strengthened the professional representation of pediatric oncology nurses by creating a national platform for leadership, advocacy, collaboration, mentorship, and knowledge sharing.

03 Initiated India's first national cross-sectional study on pediatric oncology nursing standards, with participation from 90+ hospitals, to inform future workforce planning and practice improvement.

04 Developed a competency-based pediatric hemato-oncology nursing training programme aligned with national and regional initiatives to strengthen nursing education and capacity.

05 Launched the Improving Children's Oncology-Hematology Nursing (ICON) Project, a national multicentre initiative to assess current nursing practices and guide future workforce development.



Psychosocial Support Taskforce

Chairs: Rhea Daruvala & Usha Banerji

The Psychosocial Support Taskforce works to strengthen the integration of psychosocial care into childhood cancer services by advancing national standards, workforce development, professional collaboration, and access to psychosocial support for children with cancer and their families.

Key Achievements

01 Adoption of Psychosocial Assessment Tool (PAT) tailored to the Indian context. Translation in Hindi has been completed and are currently undergoing final review.

02 Following the development of the National Psychosocial Care Guidelines, a follow-up workshop was conducted during NAPCON at Narayana Health, Bengaluru (1–3 August 2025) to review the first draft, finalize revisions, and advance the guideline development process.

03 The work undertaken by the Psychosocial Support Taskforce, including progress on the national psychosocial guidelines, was presented at SIOP 2025, providing international visibility and facilitating expert feedback to strengthen the initiative.

04 Launched a National Needs Assessment to map psychosocial services and identify gaps in care across childhood cancer centres, providing evidence to strengthen future service delivery.





Survivorship Taskforce

Chairs: Vandana Dhamankar & Chandan Kumar

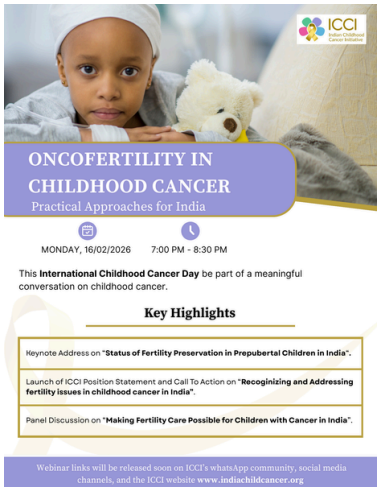
The Survivorship Taskforce works to strengthen long-term care for childhood cancer survivors by advancing survivorship policies, standardized follow-up care, and equitable access to fertility preservation services. Through national collaboration and evidence-based initiatives, the taskforce has elevated survivorship as a key priority within childhood cancer care and is laying the foundation for integrated survivorship services across India.

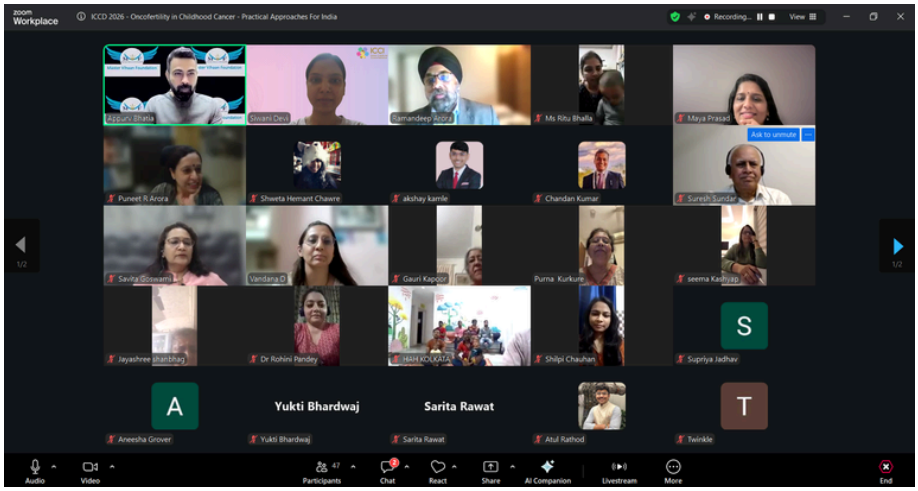
Key Achievements

01 Developed a national Position Statement and Call to Action on Fertility Preservation, advocating for equitable access to fertility preservation services for children with cancer and survivors. The initiative also included a national webinar on Oncofertility in Childhood Cancer, engaging over 100 participants.

02 Initiated the development of India-specific Survivorship Surveillance and Follow-up Guidelines through a multidisciplinary Delphi consensus process to establish standardized long-term follow-up recommendations for childhood cancer survivors.

03 Established the foundation for a National Survivorship Policy and Care Pathway by initiating stakeholder consultations and developing recommendations across key areas including service delivery, training, research, patient education, advocacy, and survivor reintegration.





Pediatric Palliative Care Taskforce

Chairs: Veronique Dinanad & Archana Iyengar

The Paediatric Palliative Care Taskforce works to strengthen access to high-quality palliative care for children with cancer by advancing workforce development, national standards, education, and the integration of palliative care into routine oncology services.

Key Achievements

01 Strengthened workforce capacity by launching India's first Certificate Course in Essentials of Pediatric Palliative Care for pediatric hemato-oncology physicians and creating a centralized resource on pediatric palliative care training opportunities.

02 Developed Standards in Pediatric Palliative Care to support the delivery of quality palliative care services, with the standards presented nationally and submitted for endorsement and publication.

03 Advanced the development of a National Position Statement on Early Integration of Palliative Care and Pediatric Oncology, promoting earlier access to symptom management, supportive care, and improved quality of life.

04 Developed educational resources, including a Pediatric Palliative Care Manual and training materials on pain management, symptom management, bereavement, and emotional support for healthcare professionals and families.

05 Initiated the development of a Pediatric Palliative Care Nursing Training Programme to strengthen nursing competencies in oncology, palliative care, home care, and hospice settings.



Supportive Care Taskforce

Chairs: Maya Prasad & Vasudha Rao

The Supportive Care Taskforce works to improve the quality and safety of childhood cancer care by advancing evidence-based supportive care practices, strengthening infection prevention, and developing national guidance for the management of treatment-related complications.

Key Achievements

01 Developed a Fever Card and Standard Operating Procedure (SOP) to standardize the recognition and management of fever and febrile neutropenia in children with cancer.

02 Strengthened Infection Prevention and Control (IPC) through a national training workshop and the development of educational modules and online learning resources for healthcare professionals.

03 Initiated the development of a National Position Statement on Safe and Evidence-Based Blood and Blood Product Transfusion Practices to support standardized transfusion care in pediatric oncology.

04 Advanced the development of National Consensus Recommendations for Nutrition Assessment and Management to strengthen nutritional care and improve treatment outcomes for children with cancer.



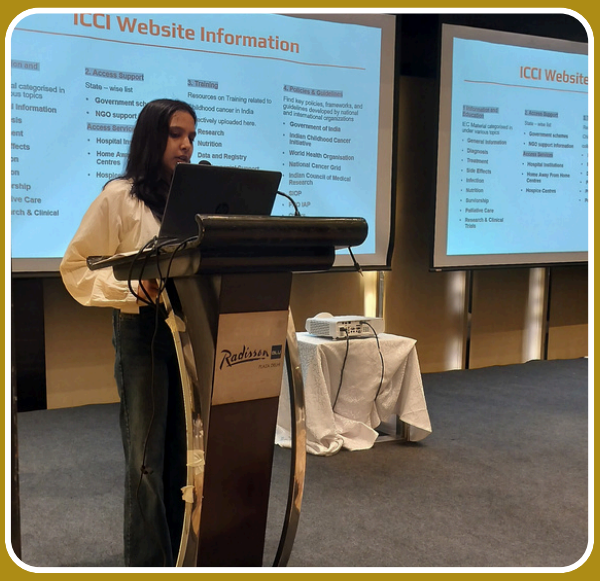
ICCI Digital Presence

Website Needs Assessment Report

Presenter: Aparna Mittal

Aparna Mittal presented the findings of the ICCI Website Needs Assessment conducted by PatientsEngage, based on stakeholder consultations, user research, website analytics, and content review. The assessment included stakeholder consultations, user research, website analytics review, and content analysis, with inputs gathered from 19 individual and focus group discussions involving healthcare professionals, policymakers, NGOs, patient advocates, parents, survivors, researchers, and funders. It highlighted the need to transform the ICCI website into a stakeholder-centred, role-based platform that serves both policy and patient information needs. Key recommendations included improving content organization, navigation, accessibility, multilingual support, search functionality, and content governance to strengthen the website as a trusted national resource for childhood cancer information, collaboration, and advocacy.





Website and Social Media Analytics Report

Presenter: Siwani Devi

Siwani Devi presented an overview of ICCI's website and social media analytics, highlighting the organization's growing digital presence as a collaborative platform for childhood cancer information in India. Between September 2025 and April 2026, the ICCI website recorded over 10,400 page views, 2,600 active users, and 32,000 user interactions, while social media platforms demonstrated increasing reach and engagement, particularly for educational, psychosocial, and evidence-based content. The analysis identified opportunities to strengthen multilingual resources, collaborative content creation, stakeholder participation, and cross-platform engagement to further enhance awareness, knowledge sharing, advocacy, and access to childhood cancer information.

State Engagement Presentations

Assam

Dr. Munlima Hazarika and Dr. Suhani Barbhuiyan presented Assam's childhood cancer landscape, highlighting the state's expanding cancer care infrastructure through BBCI, AIIMS Guwahati, the State Cancer Institute, government medical colleges, and the Assam Cancer Care Foundation (ACCF). While these investments have strengthened pediatric oncology services, they noted persistent challenges including shortages of specialized workforce, limited multidisciplinary support, and barriers to access for children in remote areas. The presenters also shared key outcomes from the ICCI Assam State Stakeholder Engagement Meeting (16 May 2026), which identified strengthening referral pathways, hub-and-spoke models, workforce development, supportive care, and public-private partnerships as priority actions to improve equitable childhood cancer care across Assam and the North-Eastern region.

Chhattisgarh

Ms. Sudeeshna Ruhann presented the childhood cancer landscape in Chhattisgarh, highlighting the challenges of delivering equitable care in a predominantly rural and tribal state, where geographical barriers, limited specialized services, and fragmented referral pathways affect timely access to treatment. She showcased the role of the Niramayah Cancer Foundation in strengthening childhood cancer care through partnerships with government and healthcare institutions by improving access to diagnostics, chemotherapy, supportive medicines, nutrition, psychosocial support, patient navigation, and health facility strengthening, benefiting 79 patients, including 74 children. She also shared the outcomes of the ICCI Chhattisgarh State Stakeholder Engagement Meeting (23 April 2026), which identified strengthening referral pathways, decentralized service delivery, supportive care, and multi-stakeholder partnerships as key priorities for improving equitable childhood cancer care across the state.

Odisha

Mr. Nirmalya Deo Pradhan and Mr. Nitai Panigrahi presented Odisha's collaborative approach to strengthening childhood cancer care through partnerships among healthcare institutions, government, professional bodies, NGOs, and development partners. They highlighted a series of multi-stakeholder engagements, including CanCon Odisha 2024, United ICCD 2025, and the State Consultation (April 2025), which brought together pediatric oncologists, government representatives, WHO, professional associations, palliative care organizations, and civil society to identify shared priorities. These discussions evolved into three strategic pillars: Early Recognition and Referral, Training and Capacity Building, and Government Engagement and Policy Advocacy. The presenters emphasized that sustained multi-stakeholder collaboration has laid the foundation for a coordinated, state-wide approach to improving childhood cancer care in Odisha.

State Engagement Photos

Assam



Chhattisgarh



Odisha



Other Activities

Proposal for National and State Dashboard

Rohini Pandey presented the proposal for the National and State Childhood Cancer Dashboard, an evidence-based platform designed to consolidate childhood cancer and health system indicators to support planning, policy, and advocacy. Aligned with the WHO Health System Building Blocks, the dashboard will monitor key indicators related to financing, service delivery, workforce, medicines, referral pathways, cancer registries, and policy at both national and state levels. Developed through literature reviews, stakeholder consultations, and validation exercises, the dashboard aims to strengthen evidence-based decision-making, benchmarking, resource planning, and monitoring of childhood cancer care across India.

ICCI Strategic Plan (2026–2030)

Shivani Chauhan presented the draft ICCI Strategic Plan 2026–2030, developed through a consultative process involving ICCI leadership, taskforces, and external partners. The strategy outlines a shared vision to ensure every child with cancer in India has the opportunity to survive and thrive, regardless of geography or socioeconomic status. It is built around four strategic goals: strengthening collaboration and knowledge sharing, supporting the development of a National Childhood Cancer Plan, generating evidence to inform policy and health system strengthening, and monitoring progress towards equitable, high-quality childhood cancer care. Stakeholder feedback will inform the final strategy.

Strategic Roadmap to the National Childhood Cancer Plan

Archisman Mohapatra presented the ICCI Strategic Roadmap to guide the development of a National Childhood Cancer Plan aligned with the WHO Global Initiative for Childhood Cancer and India's goals of 60% survival, 100% access to care, and 100% financial protection. Developed through evidence reviews, stakeholder consultations, and co-design workshops, the roadmap proposes 19 strategic actions across programme design, service delivery, and monitoring. Workshop participants validated the proposed priorities and emphasized coordinated multisectoral action, sustainable financing, stronger health systems, and accountability to improve childhood cancer outcomes across India.



Connect with ICCI

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Socials

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@India Child Cancer

@Indian Childhood Cancer Initiative

@Indian Childhood Cancer Initiative (ICCI)





www.indiachildcancer.org