National Society for Change for Childhood Cancer in India

ICCI National Stakeholder Workshop on Childhood Cancer

21–22 May 2026, New Delhi

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

Poonam Bagai
ICCI Governing Council
Founder Chairman, CanKids Kidscan
Survivor I Patient Advocate I Philanthropist

ICCI
Indian Childhood Cancer Initiative

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CANKIDS KIDSCAN
National Society for Change for Childhood Cancer in India

A Shared Vision: 100–100–60 – by 2030

Aligned to UNGA 80, WHO GICC and National and State Govt priorities.
Measured and monitored over time. An outcomes framework for all stakeholders

INTEGRATING CURE AND CARE

A mandala inspired by a State's exquisite artistic traditions - Zardozi, Chikankari, Banarasi Weave and filigree.

It symbolises the Circle of Care that surrounds every child with cancer,

- families,
- clinicians, nurses,
- institutions,
- communities and partners

all working together

so no child fights cancer alone.

CHANGE FOR CHILDHOOD CANCER IN INDIA

A PATIENT CENTRED HEALTHCARE INNOVATION

The 7 S framweork

	Sahbhagita – Patient, Parent & Survivor Participation and Empowerment
Pillar 1	**Samanvay – Care Coordination**
Pillar 2	**Sajhakaran – Shared Care**
Pillar 3	**Sugamikaran – Financial Protection**
Pillar 4	**Sakshamikaran – Capacity & Skill Building**
Pillar 5	**Seva (YANA) – Holistic Service Delivery**
Pillar 6	**Samshodhan – Evidence-Based Research & Innovation**

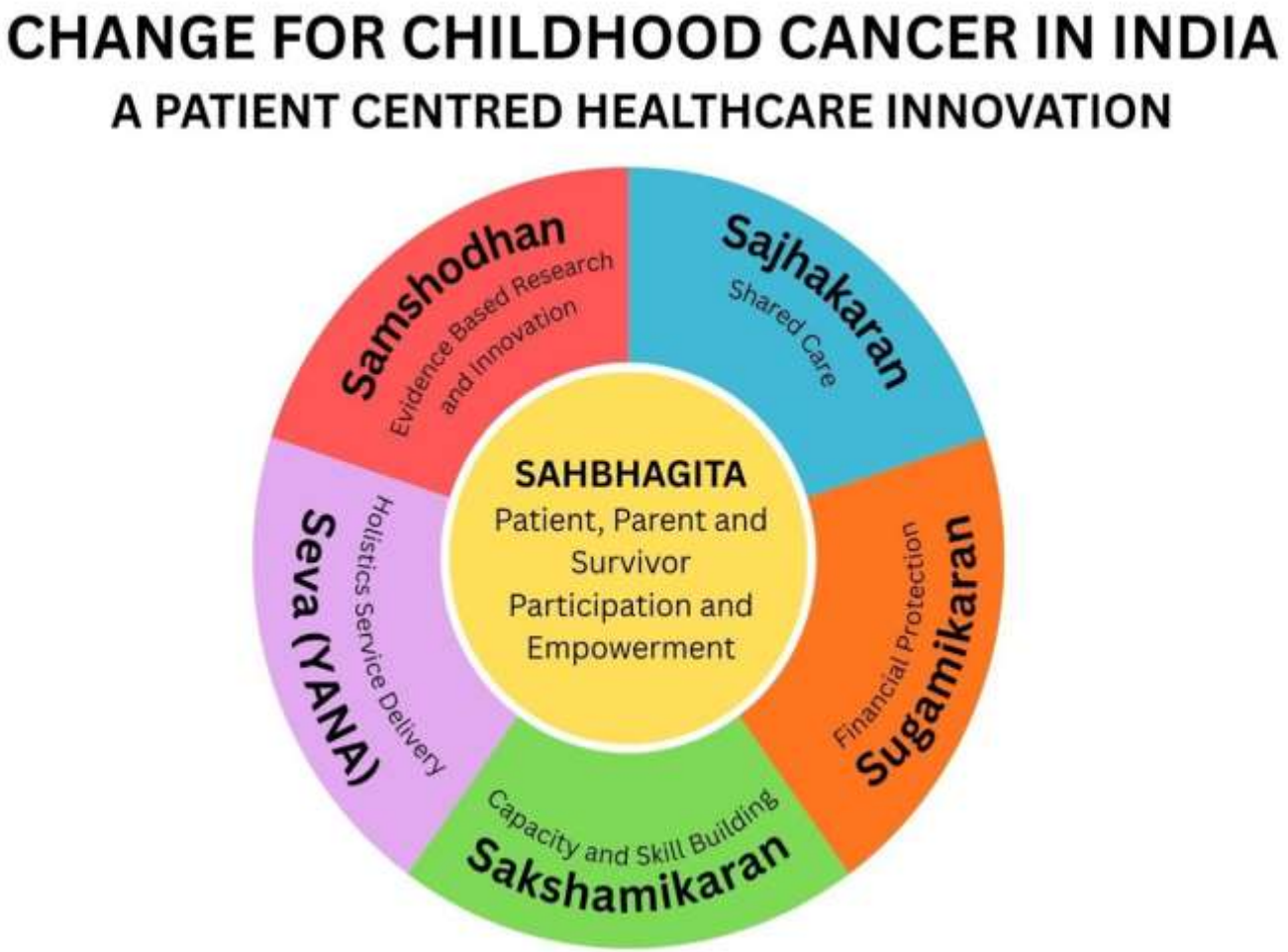
Adapted from the WHO CureALL Framework
and aligned with the standard pillars of Health Systems Strengthening
for integrated childhood cancer care

7S MODELS OF CCC STATES for CHILDHOOD CANCER CARE

Providing Access2Care, Financial Protection and Survival Outcomes to Patients and Families

- Support throughout the journey from PHC/Grassroot Community level to Tertiary Cancer Center
- Shared care &
- Continuity of care at the home – palliative and survivorship

INTEGRATED FRAMEWORK – WORKING WITH ALL RELEVANT STAKEHOLDERS



Partnering with *National Health Mission*

Partnering with *State Medical Education department*

Partnering with *ABDM, NHA and State Health Authorities*

Partnering with *Hospital institutions and treating teams, professional bodies – IAP PHO, IAP, AIOS, InPHOG, NCG*

Partnering with *Community, Grassroot and other CSOs, Media, Donors*

1. Comprehensive Coordinated and Patient Centred Cancer Care for Childhood Cancer

1. Regular Mapping & Gap Analysis: Conduct periodic mapping of hospitals and diagnostic services to identify gaps and prioritize needs and to define Childhood Cancer Divisions CCDs

1. Development of Diagnostic Hubs, Centres of Excellence (CoEs), Hubs, Spokes Shared Care centres with agreed upon referral pathways - based on mapping and gap analysis and integrating into the State plans and programs - to ensure 100% access to care 100% financial protection within the state

1. District level sensitization and District Early intervention Program for Sajhakaran – Detect, Diagnose, Refer, Treat , Continuity of Care and Shared Care

1. Manpower, Training Capacity Building of HCWs, SSTs and PWLEs as structured programs

1. Capacity Building and strengthening of HCPs and Institutions, in Government Medical Colleges, District Hospitals, and District Day Care Chemo Centres through sustained advocacy , technical assistance and infrastructure/equipment support

1. Social Support Delivery of Service Continue providing social support across all Cancer Care Centres (CCDs) and scale up based on local demand and needs.

2. Proposed Terms of Reference of State Ped Onc Taskforce integrated in the Cancer Care Program & NCD Child in the State

1. Terms of Reference:

    a. Providing expert inputs into the further development and delivery of CC Project
    b. To make recommendation for health system strengthening
    c. To address Barriers and Solutions through SAJHAKARAN
    d. Convergence: Integrate CC plan in other government plan
    e. Identify and engage internal and external stakeholders that are needed for the successful implementation of childhood cancer services
    f. Integrate the CC Action Plan in PIP
    g. To monitor the progress against objectives every three months, using the key metrics decided as per action plan and suggest mid course corrective measures
    h. To make recommendations on action plan submitted to govts

3. Proposed State Teleconsultation & Tumor Board- STTB for Childhood Cancer

- It is a multidisciplinary team that serves as an Expert body for Childhood Cancer in UP region , helpdesk
- STTB will have various experts including:

a. Paediatric Oncologists from each State/UT and CCD,
b. Other specialists - Paediatric Surgeon / Surgical Oncologist, Radiation Oncologist, Radiologist, Pathologist, Paediatrician / Paediatric Haematologist,
c. Oncology nurses, Psychologist, Palliative care expert, Nutritionist, P2L Survivorship Faculty.
d. National/International Experts

Functioning –

- WhatsApp group for Case discussions Accompanied with weekly Virtual Tumor Board sessions on Zoom
- Quarterly meeting of the Expert body-
- Helpdesk services and teleconsultation from District hospitals , Daycare Chemo centers Spokes and Shared care centers.

4. Plan for District level awareness and information Dissemination

Awareness and information campaigns will be carried out across all **districts** of the State through multiple channels and platforms to reach the general public as well as grassroots health workers.

Awareness Activities to be conducted:

- Informative sessions at health facilities and community platforms
- Nukkad Nataks (street plays) to engage and educate the public in local languages
- Distribution of printed materials including leaflets, posters, and **resource directories**
- Webinars and virtual sessions targeted at health professionals staff and frontline workers

Annual Awareness Campaigns:

- International Childhood Cancer Day (ICCD) – Celebrated every February 15
- Retinoblastoma Awareness Week – Observed every third week of May
- Childhood Cancer Survivor Day – Celebrated annually on the first Sunday of June
- Childhood Cancer Awareness Month (CCAM) – Observed throughout the month of September
- These initiatives aim to enhance public understanding, promote early detection, and ensure timely referral

5. District Level Early Intervention Plan In States

CHANGE FOR CHILDHOOD CANCER IN STATES

Childhood Cancer District
DETECTION
DIAGNOSIS
REFERRAL
&
SHARED CARE

(H&WC/PHC/CHC/District Hospital to GMC and Tertiary Cancer Center)

National Society for Change for Childhood Cancer in India

State Govt Helpline

State/ Regional Care Center – SAMANVAY KENDRA

Chief Medical Officer/Asst. Chief Medical Officer at District Level

District Early Intervention Center

District Hospital

District Day Care Chemotherapy Center

Social Support OPD

CaNourish Online

CaNurture Online

Cases Referral online

Cases Referral

Cases Referral

DPPN

Community Hospitals

School/ Colleges

Panchayati Raj

Block Development Office

Organizational Network (ASHA/ Aanganbadi/RBSK)

DPPN

Building Rapport

Spreading Awareness

SAJHAKARAN

Model of Shared care Partnering with

- National Health Mission
- Department of Medical Education
- Health and family Welfare
- ABDM
- CHIld Welfare
- Education Ministry/Department
- Hospitals treating childhood cancer
- Professional Bodies – IAP, IAP PHO, MCI, ICMR

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Why State Ecosystems Matter

Where We Are Today

CANKIDS KIDSCAN
National Society for Change for Childhood Cancer in India

Presentation by Dr Haresh Gupta , Dy CEO and Chief of Programs, Cankids Kidscan

State Government Engagement Footprint

By May 2026, 14 states formally engaged through

- MoUs or
- structured stakeholder processes represent

This represents -

- **78% of India's estimated childhood cancer incidence**
- A potential systems reach across **498 of India's 807 districts**

"Demonstrating how state-led ecosystems can accelerate progress toward 100% Access, 100% Financial Protection, and improved Survival.

9 STATE GOVERNMENTS ALREADY SIGNED UP FOR CHANGE for CHILDHOOD CANCER

Prioritizing Childhood Cancer as a Child and Health Priority

*Incidence – 42616 (55.45%) of INDIA TOTAL and 10% of WORLD INCIDENCE

*1543	*6317	*5265	*3624	*3632	*4946	*62	***14700**	*2493

MOUs with CanKids as Knowledge, Technical and Support Partners

Where We Are Today - May 2026

By 2026 – 78% incidence

Sn.	Name of State	Year of Signing MOU	Incidence (Estimated Burden) of Childhood Cancer)of State	Percentage	Access at Start(%)	Access as of March 2025	District Reached	Hospital With CHSUs
1	Punjab	2017	1543	2%	30%	32%	23	6
2	Maharashtra	2019	6317	8.22%	49%	65%	36	24
3	West Bengal	2020	5265	6.85%	32%	71%	30	11
4	Tamil Nadu	2021	3624	4.71%	63%	76%	38	14
5	Gujarat	2022	3666	4.77%	45%	57%	33	8
6	Madhya Pradesh	2022	4946	8.62%	26%	46%	57	9
7	Puducherry	2022	62	0.08%	63%	68%	4	1
8	Uttarpradesh	2023	14700	19.13%	28%	47%	75	11
9	Odisha	2025	2493	3.24%	22%	52%	30	4
	Sub Total		**42616**	**55%**	**40%**	**54%**	**319**	**88**
10	Karnataka(MOU requested)	2025	3405	4.43%	22%	70%	31	9
11	Bihar (MOU requested)	2025	7976	10.38%	25%	52%	38	3
12	Tripura (MOU requested)	2025	214	0.27%	24%	47%	8	0
13	Haryana (letter being submitted)	2026 Q3	1590	2.07%		46%	22	2
14	Himachal Pradesh (letter being submitted)	2026 Q3	376	0.49%		32%	12	1
13	Chhattisgarh(ICCI Workshop)	Apr-26	1680	2.19%		33%	33	0
14	Assam (ICCI Workshop)	May-26	2075	2.70%	23%	52%	35	4
	Subtotal		**17316**	**22.55%**		**47%**	**179**	**19**
	Total for 2026		**59932**	**78%**			**498**	**107**

Where We Are Today - May 2026

Hospital Mapping

968 hospitals mapped across India, State wise- cancer facilities'/Medical colleges referring children

627 hospitals treating /referring childhood cancer

Region	Mapped 26-27	Treating Children
East	104	85
North	398	252
South	209	116
West	257	174
Grand Total	**968**	**627**

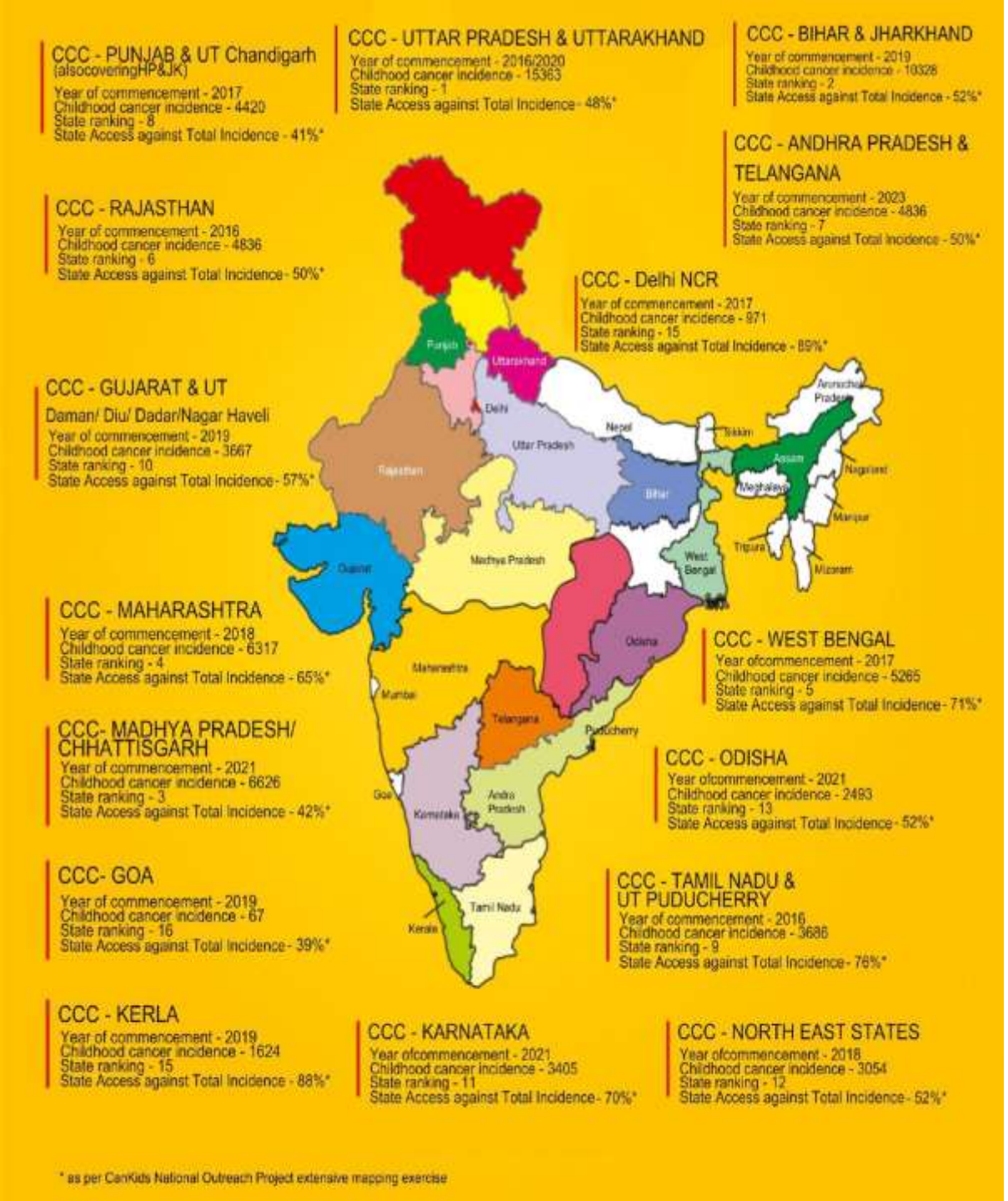
Hospitals by Patient Load

Category	North	East	West	South	Pan India	% of Total
> 300	15	6	6	6	33	5%
150-299	24	9	11	16	60	10%
100-149	15	9	13	18	55	9%
50-99	39	21	18	33	111	18%
30-49	30	12	30	19	91	15%
<30	129	28	96	24	277	44%
Total	**252**	**85**	**174**	**116**	**627**	**100%**

Hospitals by Type

Type of Hospital	North	East	West	South	Pan India	% of Total
Government	106	34	25	28	193	31%
Private	138	39	115	73	365	58%
Trust	8	12	34	15	69	11%
Total	**252**	**85**	**174**	**116**	**627**	100%

Bi annually the State Care Coordination Center undertakes a comprehensive survey and mapping on present status of Pediatric Oncology services in the state. All hospitals in the state are mapped to seek any information about children being treated for cancer. This is through telephonic conversations, visits and feasibility reports . This also helps to identify current centres and those that need to be developed as PCUs and COEs.



* as per CanKids National Outreach Project extensive mapping exercise

	FY 2025-2026				
Regions	**North**	**East**	**West**	**South**	**Total**
Children registered/supported	6379 / 12663	1492 / 3373	3599 / 6824	1806 / 3304	13276 / 26164
CHSUs	47	20	42	33	142
RCCC/SCCC	Delhi, Lucknow, Chandigarh, Patna, Rajasthan	Kolkata, Bhubaneswar	Mumbai, Ahmedabad, Bhopal	Chennai, Trivandrum, Bengaluru	

Expanding Access to Childhood Cancer Care

Projected Total Support Program Wise & Region Wise FY-2025-26

CK Region	North	East	South	West	Total Projected
Type of Assistance	**No of Unique Beneficiaries**	**No of Unique Beneficiaries**	**No of Unique Beneficiaries**	**No of Unique Beneficiaries**	**No of Unique Beneficiaries**
Medical	4816	1132	1272	2400	9598
TSP	8358	2606	2408	4533	17859
PPCP	804	3	3	107	917
PPOP	5080	1683	971	2539	10258
Education	7471	1984	1142	3884	14457
Patient Navigation	6741	1548	2083	4080	14355
Facilitation	1535	681	362	1204	3774
Total	**12663**	**3373**	**3304**	**6824**	**26030**
% of Total Support	49%	13%	13%	26%	100%

TSP: Treatment Support Program, PPCP: Pediatric Palliative Care Program, PPOP – Pediatric Psycho Oncology Program

Source: Cankids PMIS – Vcan (Virtual Cankids Assistance Network)

State Government Engagement Expansion by 2030

Expansion across remaining high-burden and underserved states
Progressive integration of Childhood Cancer Divisions/Districts (CCDDs), Samanvay Kendras, and referral ecosystems

Building toward:
100% national incidence coverage
Potential reach across **all districts of India**
A nationwide integrated childhood cancer ecosystem
.

2030 Goal : Every child with cancer — regardless of geography — connected to systems for detection, referral, treatment, financial protection, survivorship, and continuity of care

Where We Are Today - May 2026

Table 3 : Childhood Cancer District Outreach Frame Work for Early Detection and Diagnosis – Sajhakaran							
Block	**Category**	**States/Uts**	**Estimated Burden of Childhood Cancer**	**% of total incidence**	**No.of Districts**	**% of India's 806 Districts**	**Status Summary**
Block 1	Formal State Partnership	Punjab, Tamil Nadu, Gujarat, Maharashtra, West Bengal, Madhya Pradesh, Uttar Pradesh, Puducherry, Odisha	42616	55%	319	40%	Formal MOU with State Govts/Departments of Health or Education, active Samanvay Kendras & Mapped Hospitals
Block 2	Working Towards Formal Engagement Samanvay Kendras-	Karnataka, Bihar, Tripura, Haryana and Himachal, Chattisgarh and Assam	17316	23%	179	22%	formal MoUs in progress. Operational Samanvay Kendras,
Block3	Programatic Presence	Jammu & Kashmir, Delhi,Chandigarh ,Goa, Telengana, Kerala, Uttrakhand, Rajasthan	9134	12%	153	19%	No formal Govt engagement yet ; Direct Services, hospital Partnerships, outreach, data mapping,
Block 4	Future Expansion (Not Yet Reached)	Andhra Pradesh, Arunachal Pradesh, Jharkhand, Manipur, Meghalaya, Mizoram. Nagaland,Sikkim, Dadar & Nagar Haveli,Daman Diu, Lakshwadeep,Laddak,Adman & Nicobar	7739	10%	156	19%	Planned 2026-30 expansion under CCC India and Canshala for life project
	Total (National Coverage Framework by 2030	**36 States/Uts**	**76805**		**807**	**100%**	**National Coverage Framework by CanKids KidsCan**

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Why State Ecosystems Matter

India cannot rely on one uniform childhood cancer model

States differ in geography, referral systems, workforce and financial protection

Integrated state ecosystems are essential for equitable access and survival

The future lies in convergence-based, patient-centred systems

CANKIDS KIDSCAN
National Society for Change for Childhood Cancer in India

State Ecosystem Typologies

1. LARGE DECENTRALISED STATES
2. STATES WITH CONCENTRAATION OR ONE APEX CANCER CENTRE
3. REGIONAL REFERRAL & SHARED CARE ECOSYSTEMS

DIFFERENT PATHWAYS. SHARED GOALS.

Large and high burden States –

UP, Bihar, Maharashtra, MP, West Bengal

CCDs (Childhood Cancer Divisions) Aligned to State Health Architecture

Large and high-burden states cannot be effectively managed through a single tertiary centre model alone.
The CCC State Model therefore proposes **Childhood Cancer Divisions (CCDs)** aligned with existing regional health and administrative architectures.

Why CCDs Matter

- Reduce geographic inequity and travel burden
- Improve early detection, referral, and continuity of care
- Enable regional hub–spoke systems closer to families
- Strengthen integration with NHM, Medical Education, and district health systems
- Facilitate data, mapping, planning, and accountability at sub-state level

Key principle

Large states require decentralized CCD-based ecosystems, not single-centre models.

Key Takeaways - Care must move closer to children and families* Shared care and continuity of care are essential* Apex centres should anchor regional networks* CCDs enable equitable access across large geographies* Integrated state ecosystems are critical for improving survival outcomes

Incidence- 14700, Access to care- 6963 (47%)

Incidence- 4946, Access to care- 2256 (46%)

Large States – Decentralised Care

Bihar

Incidence- 7976 , Access to care- 4169 (52%)

Maharashtra

Incidence- 6317, Access to care- 4129 (65%)

West Bengal

Incidence- 5265, Access to care- 3743 (71%)

Uttar Pradesh – Demonstration Model

- 4 Childhood Cancer District Hubs
- State Task Force under Cancer Care
- STTB concept
- PM-JAY and NHM integration

Presentation by Yogita Bhatia Sr State Coordinator
Project CCC UP Uttarakhand Project

Uttar Pradesh as a Proof of Concept for the CCC India 7S Model | From Fragmented Care to Statewide Integration

Why Uttar Pradesh Matters

- India's highest estimated childhood cancer burden: **~14,700 children annually** – 4% of world's incidence – 19% of India incidence
- Access to care improved from **28%** → **54%** between 2019–2026
- Formal MoU with Government/NHM framework since 2023
- Demonstrates how the **WHO CureAll framework + Health Systems Strengthening** can be operationalized at state level through the CCC India 7S Model.

Uttar Pradesh 7S Pillar

Pediatric Oncology Task Force

Sahabhaagita	Patient-centred care, through YANA, parent-survivor engagement, social support
Samanvay	State Samanvay Kendra in Lucknow coordinating across 75 districts
Sajhakaran	Shared-care referral network across 11 hubs/CHJs and 84 treating hospitals
Sugamikaran	₹21+ crore facilitated in financial protection support
Seva	9,000+ children supported with holistic services
Sakshamikaran	9,507 ASHA/ANM/HCWs trained across 62 districts
Samshodhan	STTB, InPHOG NCG ICMR and OCAT and ICCI

The 7S Integrated State Model in Action Key Message:
UP demonstrates that childhood cancer can be integrated into public systems using a stakeholder-led, government-aligned, patient-centred approach.

Building the Uttar Pradesh Childhood Cancer Network
A Hub–Spoke Shared Care Ecosystem

Statewide System Architecture

4 Childhood Cancer Divisions (CCDs)

1.Lucknow / Awadh–Bundelkhand
2.Varanasi / South Purvanchal
3.Gautam Buddha Nagar / West UP
4.Gorakhpur / North Purvanchal

Network Strength

- 84 hospitals treating childhood cancer mapped
- 11 formal hub/CHSU institutions
- Partnerships across:
    - Government medical colleges
    - Trust hospitals
    - Private institutions
    - NGOs and CSOs
    - NHM and Health Department
    - Pediatric oncology professionals

Key System Enablers

- **Pediatric Cancer State Task Force**
- State Samanvay Kendra – Care Coordination Center
- Proposed State Tumor & Teleconsultation Board
- District awareness & referral pathways
- District hospitals and DCCC integration
- HCW capacity building
- Continuity of care closer to home

Impact

- 52% access already achieved
- Roadmap to **100% Access by 2030**
- Reduction in treatment abandonment
- Improved navigation and financial protection
- Better continuity and survivorship care

Shared Care Model
Detection → Diagnosis → Referral → Treatment → Shared Care → Survivorship/Palliative Care

Pediatric Cancer Task Force
Uttar Pradesh

Uniting expertise. Strengthening care. Bringing hope to every child.

Ms. Poonam Bagai
Co-chair, Paediatric Oncology Task Force

- Advocating for accessible and equitable cancer care for children
- Strengthening collaboration among healthcare providers
- Driving awareness and early detection initiatives

Dr. Alka Sharma
Nodal NCD Secretary

- Leading strategic planning and policy implementation
- Ensuring integration of pediatric cancer care in NCD programs
- Monitoring progress and strengthening systems

Dr. Archna Kumar
Co-chair, Paediatric Oncology Task Force

- Championing child-centered cancer care
- Promoting quality treatment and psychosocial support
- Building partnerships for a stronger support ecosystem

OUR FOCUS AREAS

Awareness & Early Detection
Educating communities for timely diagnosis

Access to Quality Care
Ensuring affordable and equitable treatment

Psychosocial Support
Supporting children and families emotionally

Capacity Building
Training healthcare professionals for better outcomes

Collaboration & Partnerships
Working together for sustainable impact

STTB + Childhood Cancer Division (CCD)

Four Regions. Strong Leadership. Wider Reach. Greater Impact.

1 SUDDRIDH LUCKNOW

DISTRICTS: 20





TREATING CENTERS:
KGMU, Dr. RMLIMS, KSSSH, SGPGI

DISTRICTS COVERED:
Kanpur Nagar, Kanpur Dehat, Etawah, Auriya, Kannauj, Farukhabad, Lucknow, Hardoi, Lakhimpur Kheri, Raebareli, Sitapur, Unnao, Banda, Hamirpur, Shahjahanpur, Chitrakoot, Jhansi, Mahoba, Jalon and Lalitpur

2 SUDDRIDH VARANASI

DISTRICTS: 11



TREATING CENTERS:
HBCH, BHU, Varanasi, KNMH Prayagraj

DISTRICTS COVERED:
Prayagraj, Pratapgarh, Kaushambi, Fatehpur, Mirzapur, Bhadohi, Sonbhadra, Varanasi, Jaunpur, Gazipur and Chandauli

3 SUDDRIDH GAUTAM BUDDHA NAGAR

DISTRICTS: 25

TREATING CENTERS:
PGICH, Noida

DISTRICTS COVERED:
Bareilly, Badaun, Pilibhit, Meerut, Bagpat, Bulandshahr, Ghaziabad, Gautambudh Nagar, Hapur, Moradabad, Bijnor, Rampur, Amroha, Sambhal, Saharanpur, Shamli and Muzaffarnagar

4 SUDDRIDH GORAKHPUR

DISTRICTS: 19

TREATING CENTERS:
BRD Medical College and AIIMS, Gorkahpur

DISTRICTS COVERED:
Azamgarh, Ballia, Mau, Basti, Sidharthanagar, Sant Kabir Nagar, Gonda, Balrampur, Behraich, Shravasti, Ambedkar Nagar, Amethi, Barabanki, Ayodhya, Sultanpur, Gorakhpur, Deoria, Kushinagar, Mahrajganj

4 Divisions
Stronger Coordination

75 DISTRICTS
Wide Coverage

14+ LEADING CENTERS
Quality Treatment

ONE MISSION
Every Child. Every Chance.

Measurable Outcomes & Systems Change | From Pilot Interventions to Statewide Strengthening

Measurable Impact - *Uttar Pradesh Childhood Cancer Integration*

From Fragmented Care to Statewide Integration

ACCESS TO CARE
7,600+
Children accessing care annually

CAPACITY BUILDING
9,507 HCWs
Trained in 62 districts

FINANCIAL PROTECTION
21+ Crore
Facilitated

EVIDENCE & INNOVATION
Annual Reviews
Mapping & OCAT reviews

HOLISTIC CARE
1,800+ Families
Supported - "Home Away from Home"

Uttar Pradesh demonstrates that *"Change for Childhood Cancer"* is possible through coordinated systems strengthening.

Why UP is a National Demonstration Model

- ✓ Government-aligned
- ✓ Scalable
- ✓ Public–Private–Civil Society partnership driven
- ✓ Outcome-oriented
- ✓ Integrated with WHO CureAll & UHC goals
- ✓ Replicable across other Indian states

KEY TAKEAWAY

Uttar Pradesh demonstrates that "Change for Childhood Cancer" is achievable through coordinated systems strengthening — not parallel programs.

Question for Mr. Amit Kumar Ghosh, ACS Uttar Pradesh

- How can large states decentralise access without compromising quality?

Question for Dr Rita Paravde, Maharashtra:

- What lessons has Maharashtra learned in embedding childhood cancer into public health systems?

Question for Dr Suman Paul Chowdhury, West Bengal:

- What challenges emerge when tertiary centres become regional referral hubs sometimes by default?

Moderator Questions – Large States

States with concentration, one Major Government, or Cancer Centre

ODISHA, GUJARAT, KARNATAKA, PUDUCHERRY

EXPANDING ACCESS BEYOND ONE OR TWO CITIES

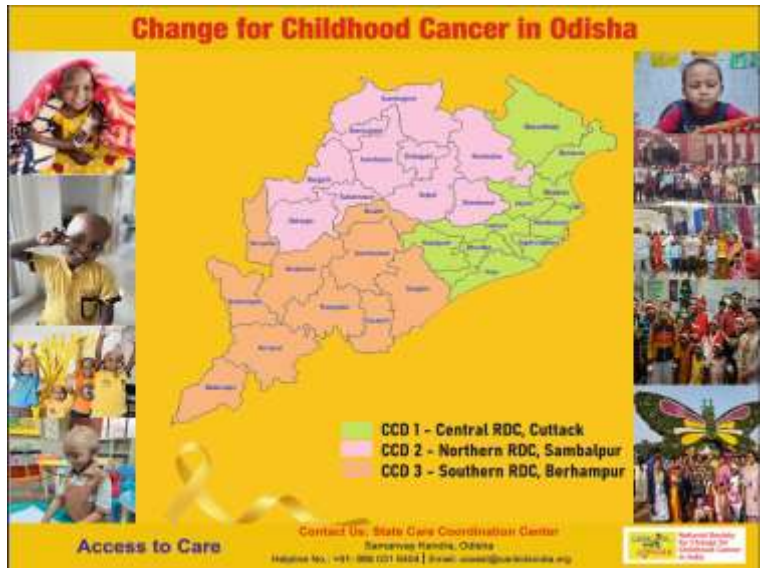
REGIONALISATION AND OUTREACH

CONTINUITY OF CARE CLOSER TO HOME

PM-JAY and NHM integration

PRESENTATION BY
DR SACHIN TAWARE, Regional Head – Maharastra, Madhya Pradesh, Gujarat, Goa

Odisha

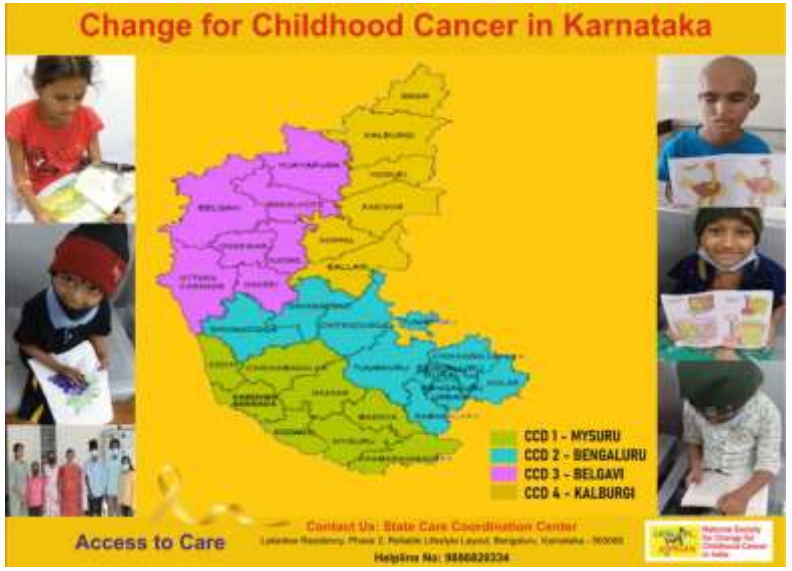


Incidence- 2493, Access to care- 1290 (51%)

Pediatric Oncology services currently only in Central CCD – Bhubaneshwar and Cuttack

- 100% of children accessing care 52% of total incidence

Karnataka



Incidence- 3405, Access to care- 2371 (70%)

Pediatric Oncology services – Kidwai Memorial and Indira Gandhi ICH in Bengaluru

- 28% of children accessing care and 20 % of total incidence

Gujarat

Incidence- 3666, Access to care- 2094 (58%)

Govt Pediatric Oncology services through GCRI only

– 45% of children accessing care and 29% of total incidence

Question for Dr Lalit Mohan Sahoo, Odisha

What are Odisha's priorities for expanding access across the state?

Question for Dr S. Sevvel, Puducherry/ Nitai Panigrahi, Umeedein

Can smaller states become innovation laboratories for integrated childhood cancer care?

Question for Dr Maharshi Trivedi, Gujarat

How can centres of excellence evolve into state-wide network leaders?

Moderator Questions – Apex Center States

Shared Care Across State Borders

Delhi supporting UP & Bihar

West Bengal supporting North-East India

Chandigarh supporting Punjab & adjoining states

Mumbai supporting neighbouring states

Presentation by Dr Shruti Kakar

States Serving Adjoining States

Regional Referral Ecosystems Require Cross-Border Coordination

Several states and tertiary centres serve large numbers of children from neighboring states due to gaps in pediatric oncology capacity and access

Key System Needs

- Strong patient navigation and care coordination systems
- Cross-border referral and shared-care pathways
- Financial protection portability (“schemes should follow the child”
- Interstate continuity of care for survivorship and palliative care
- Coordination between Central Government, State Governments, NHM, PM-JAY, and tertiary centres

CCC India Approach

Regional CCD ecosystems + Samanvay Kendras + Shared Care + Interstate Coordination

Key principle

Some states / institutions function as national/ regional childhood cancer ecosystems for India and require integrated interstate planning and coordination.

Key Takeaways - Some states and institutions effectively function as national or regional pediatric cancer hubs, so policy and planning should support integrated interstate pediatric oncology networks, not isolated state-based systems.

Question for Dr Amita Mahajan, Delhi:

What mechanisms are needed for interstate continuity of care?

Question for Dr Meshram, Chhattisgarh:

What support systems are most critical for interstate referral pathways?

Question for Dr Smarajit Chakraborty:

How do we build regional ecosystems beyond treatment delivery alone?

Moderator Questions – Shared Care Ecosystems

Towards Integrated Childhood Cancer Ecosystems

- Government + NHM + PM-JAY
- Tertiary Centres + Shared Care Networks
- Civil Society + Survivor Voices
- Data Systems + Dashboards
- Integrated ecosystems for every child

ICCI National Stakeholder Workshop on Childhood Cancer

Different States. Shared Goals.

100% Access

100% Financial Protection

60% Survival

Thank You