

Nepal Report

25 Physician responses from Nepal.

100% of respondents practice in hospital settings.

621 Physician responses from 18 countries.



Among the 20 million children globally in need of palliative care, 27% live in Asia-Pacific.

In Nepal, there are 800 new childhood cancer cases each year.

The ADAPT study aims to assess physician perceptions towards palliative care integration for children and adolescents diagnosed with cancer.

Palliative Care

Defined by the WHO as the prevention and relief of patient suffering and the ethical responsibility of health systems that should be integrated with and complement prevention, early diagnosis, and treatment.



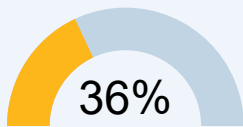
Palliative Care integrated into health care systems at all levels:

- Is cost-effective
- Improves resource utilization
- Decreases patient suffering, parental psychological distress

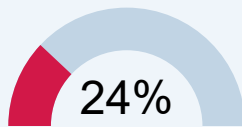
Additional Information: Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.

Access to Pediatric Palliative Care

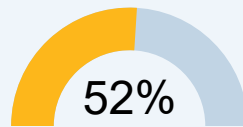
Reported **no access** to palliative care in their clinic or hospital.



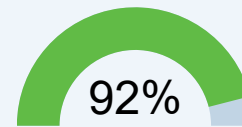
Indicated that **palliative care consultation is not available** when they felt it was needed.



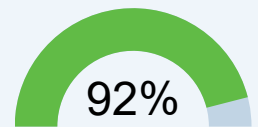
Felt that **palliative care** was involved **too late**.



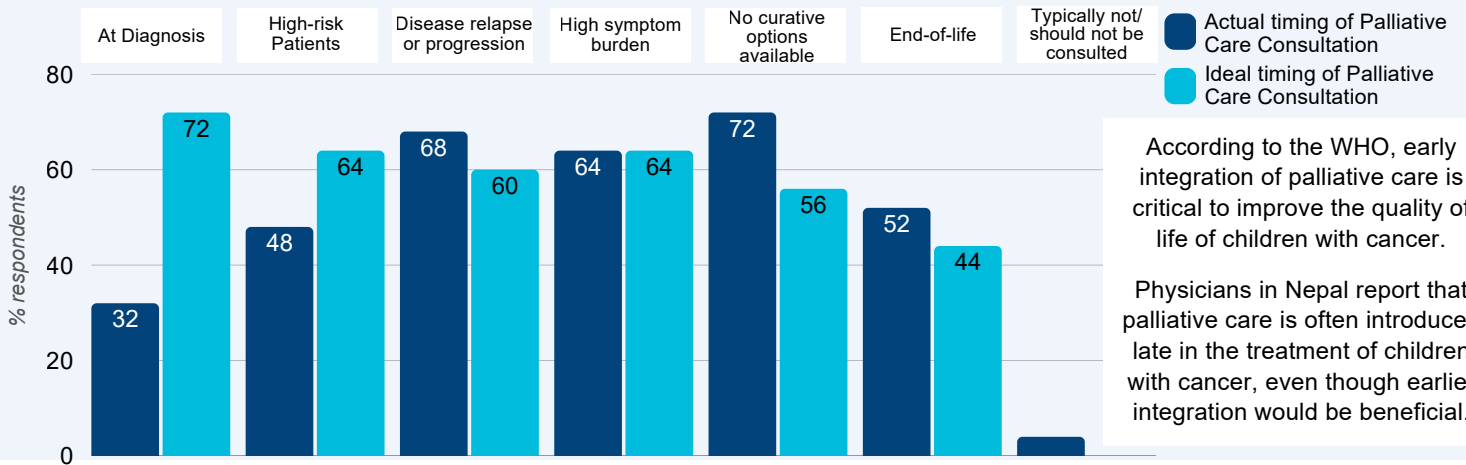
Believe palliative care is **appropriate at any stage of treatment** in a child with high-risk cancer.



Believe **palliative care integration reduces suffering**.



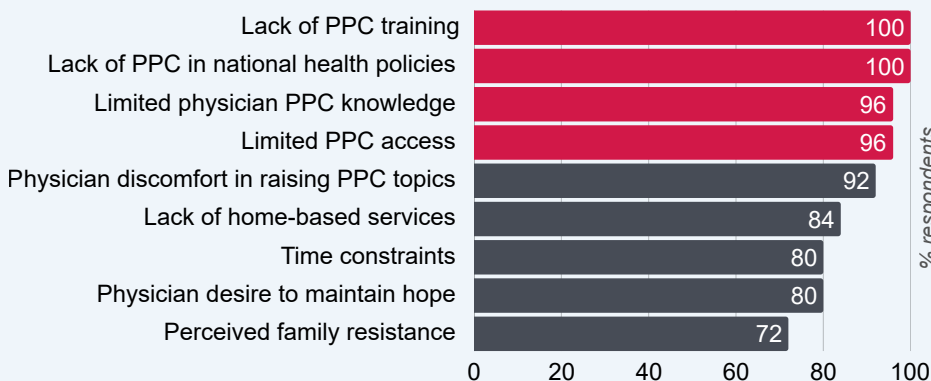
Ideal Timing of Initial Palliative Care Consultation



According to the WHO, early integration of palliative care is critical to improve the quality of life of children with cancer.

Physicians in Nepal report that palliative care is often introduced late in the treatment of children with cancer, even though earlier integration would be beneficial.

Barriers to Early Palliative Care Integration

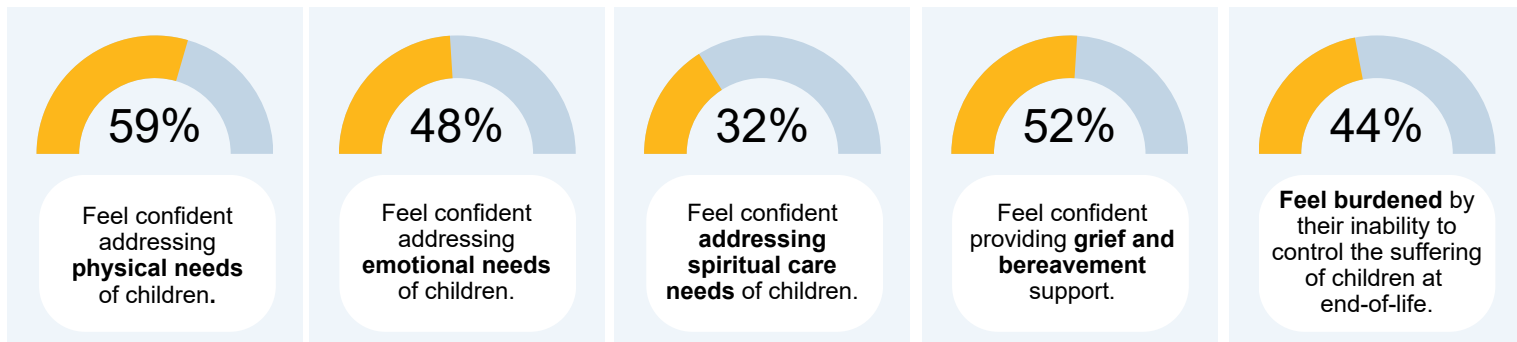


Physicians in Nepal were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

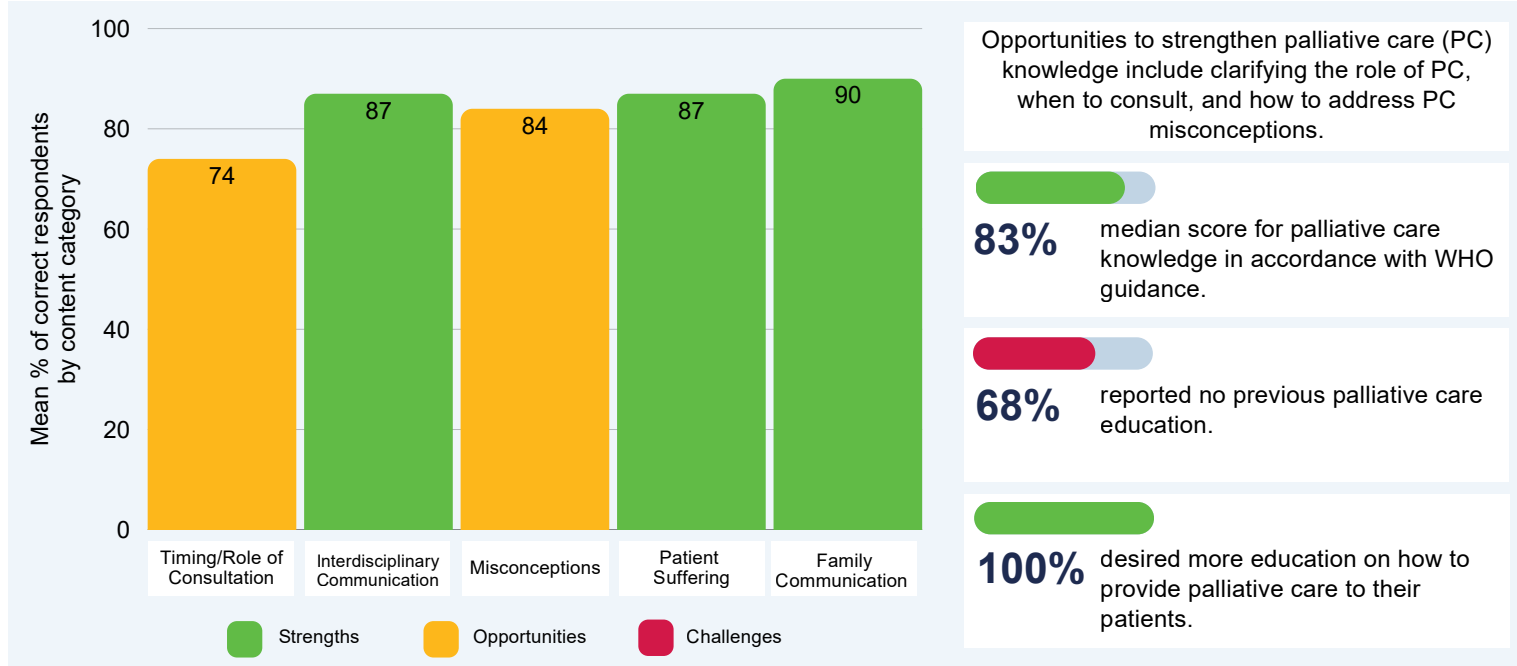
#1-2 Barriers: Lack of PPC training in the country and lack of PPC in national health policies and advocacy efforts.

#2-4 Barriers: Limited physician PPC knowledge and limited access to PPC specialists or services.

Physician Confidence in Delivering Palliative Care



Physician Understanding of Pediatric Palliative Care



Strengths



Strong alignment with WHO guidance (83%).



Some access to pediatric palliative care consultation (40%).



Recognized need for palliative care training of clinicians to improve access (100%).

Recommended Next Steps for Nepal



Conduct research to identify and address gaps in palliative care provision, understanding, and community acceptance.



Embed palliative care concepts into the training of multidisciplinary clinicians and develop accredited pediatric palliative care fellowship.



Develop robust palliative care teams and services, implementing guidelines that ensure integration with childhood cancer treatment.



Integrate culturally appropriate palliative care education and services into national health policy for children with cancer.



Regional Implementation of ADAPT in Nepal

Country-adapted pediatric palliative care curriculum based on identified knowledge gaps.

Collaborate with the WHO Regional Office and partner organizations on initiatives aimed at strengthening access to palliative care services for children across the region.

References and Additional Information

Cuviello A*, Salek M*, Handayani SA, Blair S, Lam CG, on behalf of the ADAPT-AP Study Group. Survey Adaptation and Distribution for Physicians Caring for Children Diagnosed with Cancer in Asia Pacific: Unique Study Challenges and Lessons Learned. JCO Global Oncology. 2024.

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Lam, C.G. (2025). Estimates derived from CureAll Country Progress Dashboard (2025), GLOBOCAN 2022 (2025), IICC - 3 (2017), UN World Population Prospects 2024 (2025), and World Bank Open Data Catalog (2025).



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