



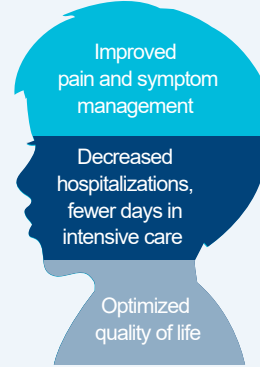
Sri Lanka Report

- 11 Physician responses from **Sri Lanka**.
- 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 Sri Lanka, there are 697 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.

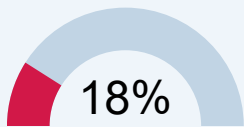


- Palliative Care integrated into health care systems at all levels:
- Is cost-effective
 - Improves resource utilization
 - Decreases patient suffering, parental psychological distress

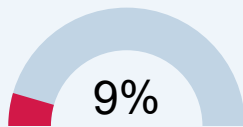
Additional Information: Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.

Access to Pediatric Palliative Care

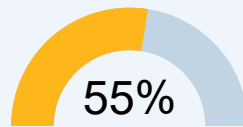
Reported **access** to palliative care in their clinic or hospital.



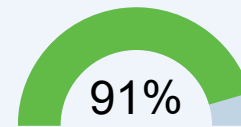
Indicated that **palliative care consultation is available** when they felt it was needed.



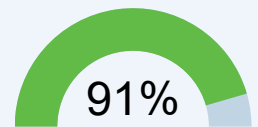
Felt that **palliative care** was involved **too late**.



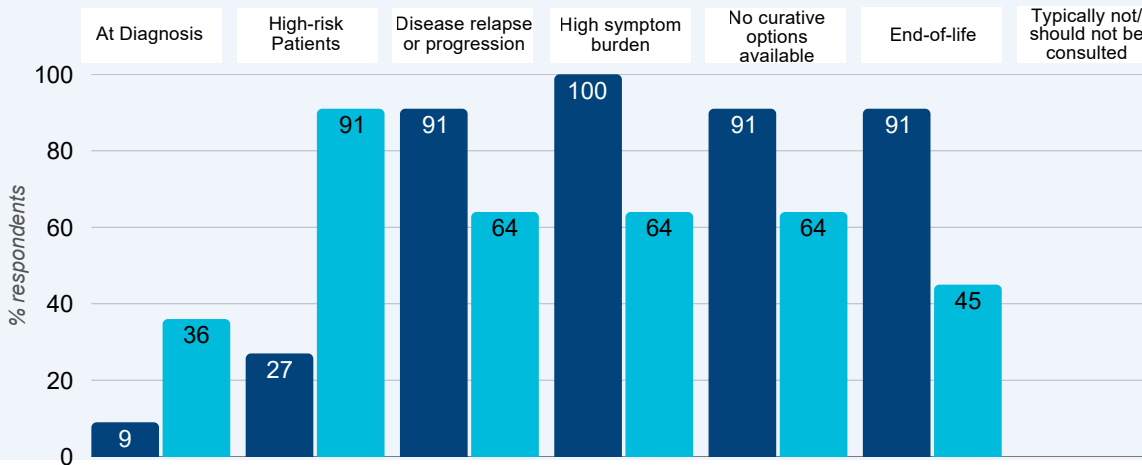
Believe palliative care is **appropriate at any stage of treatment** in a child with high-risk cancer.



Believe **palliative care integration reduces suffering**.



Ideal Timing of Initial Palliative Care Consultation

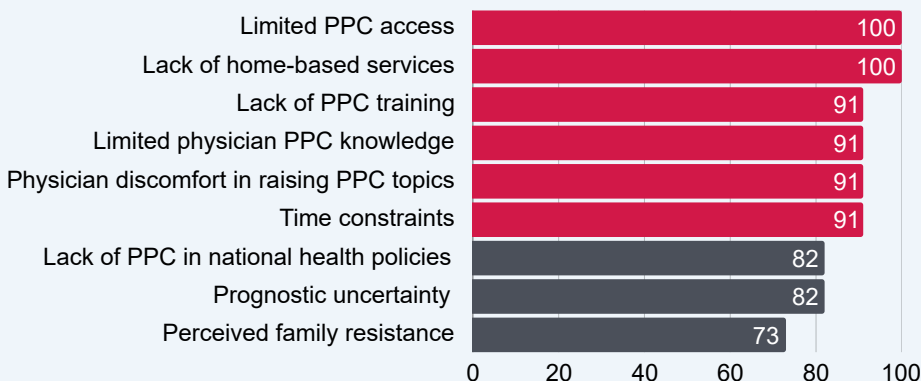


Actual timing of Palliative Care Consultation (Dark Blue)
Ideal timing of Palliative Care Consultation (Light Blue)

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

Physicians in Sri Lanka 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

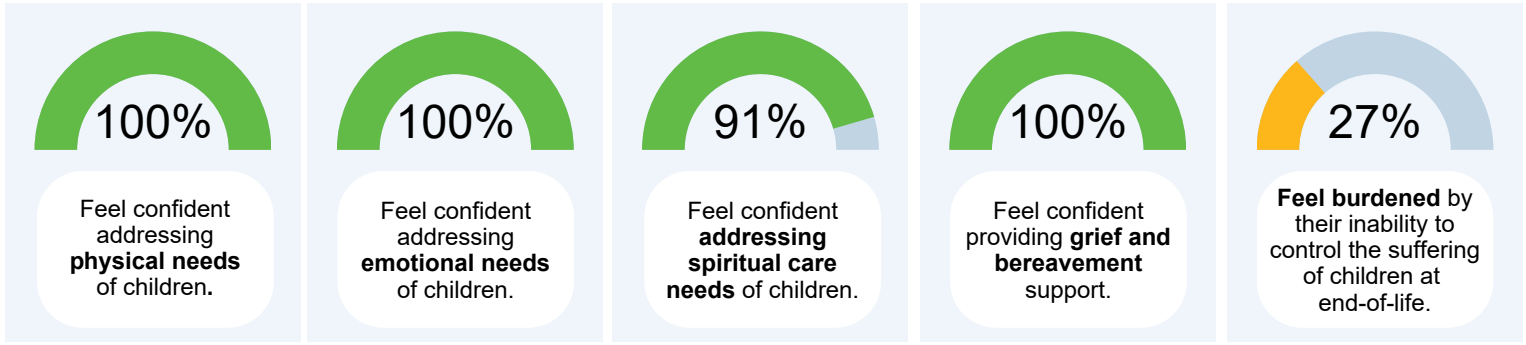


Physicians in Sri Lanka were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery. The most significant barriers reported were:

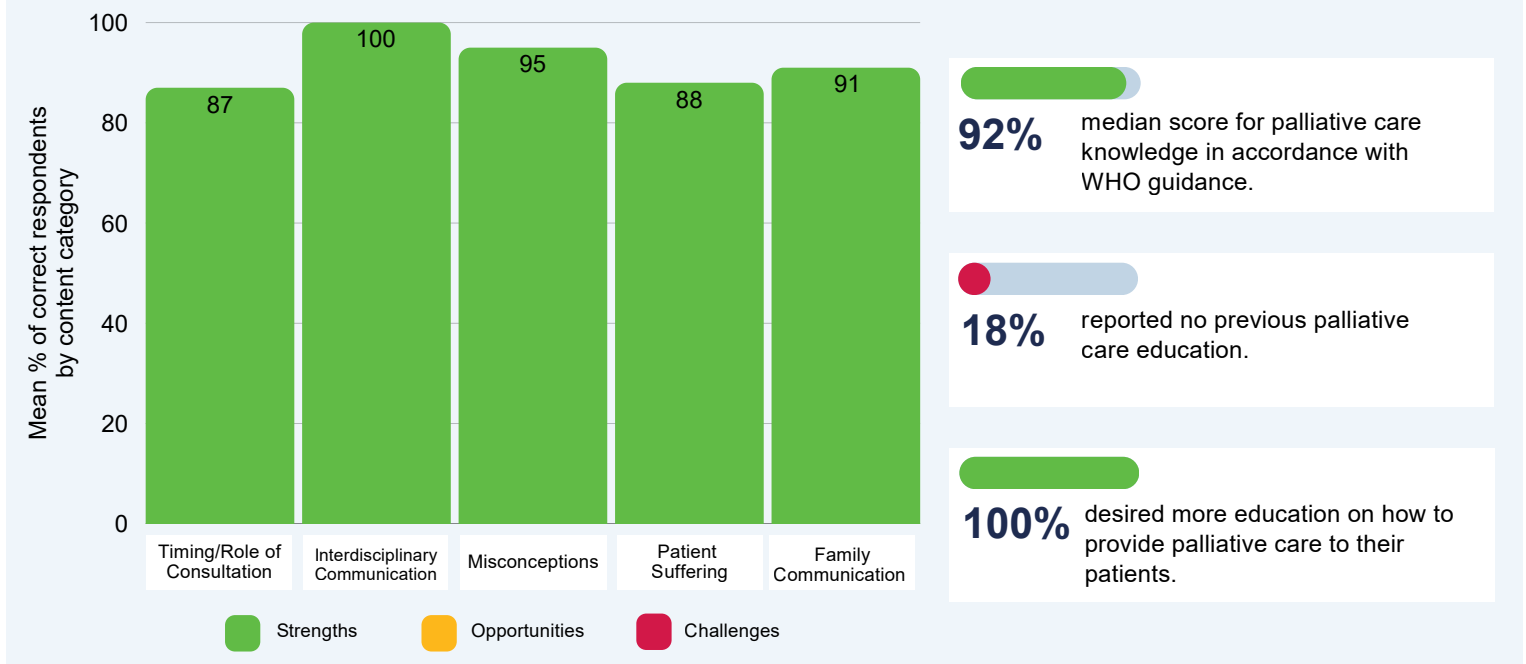
#1-2 Barriers: Limited access to PPC specialists or services; lack of home-based services.

#3-6 Barriers: Lack of PPC training in the country, limited physician PPC knowledge, physician discomfort in raising PPC topics, and time constraints.

Physician Confidence in Delivering Palliative Care



Physician Understanding of Pediatric Palliative Care



Strengths



Strong alignment with WHO guidance (92%).



Some access to pediatric palliative care consultation (36%).



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

Recommended Next Steps for Sri Lanka



Conduct research to characterize pediatric palliative care burden and identify gaps in services, knowledge, and community acceptance.



Embed palliative care principles into multidisciplinary clinical training and expand train-the-trainer programs to sustain national implementation.



Improve timely access to pediatric palliative care specialists and services in clinical and community settings.



Elevate parent voices in national oncology steering committees and integrate palliative care into Sri Lanka's childhood cancer control pathway.



Regional Implementation of ADAPT in Sri Lanka

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.

Salek M*, Cuviello A*, Handayani S.A, Blair S, Chandra A, Job G, Erlich BS, Chong LA, Bagai P, Buang SNH, Drake R, Gunasekera S, Khaing AA, Kim MS, Mlis R, Mynak ML, Ngoc LB, Lay Dos Santos MM, Sari TT, Sharma KS, Sorrosa R, Souvalansy B, Sriponsawan P, Yotani N, Zaki MA, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Physician perceptions toward palliative care integration in childhood cancer care in Asia Pacific. JCO Global Oncology. 2026.

Cuviello A*, Salek M*, Handayani S.A, Blair S, Chandra A, Job G, Erlich BS, Chandra L, Drake R, Gunasekera S, Kakazu M, Kang SH, do R. Leão LM, Mahajan A, Miranda MC, Moe T, Mynak ML, Nguyen HTK, Rasheed E, Sipai S, Souvalansy B, Sriponsawan P, Tan TSZ, Teh KH, Yotani N, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Barriers to palliative care integration for children with cancer across Asia Pacific. JCO Global Oncology. 2026.

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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