MINISTRY of HEALTH & MEDICAL SERVICES

*Shaping Fiji's Health*

# NATIONAL PAEDIATRIC ONCOLOGY POLICY

2015

Ministry of Health and Medical Services
Fiji Islands

## CONTENTS

## 1. POLICY GOAL AND OBJECTIVES

### 1.1. Goal

To provide timely and equitable access to paediatric oncology services leading to improved overall survival and better quality of life for children and adolescents with cancer and their families.

### 1.2. Objectives

1.2.1 Sustainable paediatric oncology service that is evidence-based and harmonized within the broader context of the health care system in Fiji.

1.2.2 Delineate ideal paediatric oncology service provision mechanisms in all areas of cancer i.e. early detection, diagnosis, treatment, rehabilitation and palliative care.

1.2.3 Paediatric oncology established as a distinct clinical unit from adult oncology and this disctintion is given due recognition by the Ministry of Health and Medical Services (MoHMS)

## 2. POLICY STATEMENTS

Paediatric oncology services shall be guided by the vision that "*no child should die from cancer*".

2.1 Paediatric oncology services shall be independently resourced with regard to (but not limited to) budget, staff, premises, training and data management.

2.2 The National Paediatric Oncology Committee (NPOC) shall be recognised as a special committee of the National Oncology Committee (NOC). The NPOC as a special committee of NOC shall be the leading body for paediatric oncology in Fiji, supported by Divisional Paediatric Oncology Committees (DPOCs).

2.3 The MoHMS will allocate resources dedicated to paediatric oncology separate from other clinical disciplines.

2.4 The Paediatric Clinical Services Network (PCSN) and the NPOC shall accept oncology patients aged upto 18 years as being within the scope of paediatrics and will accept them for treatment, unless clinically indicated that adult treatment is more appropriate.

2.5 The MoHMS shall support twinning relationships with international institutions for paediatric oncology, under guidance from the NPOC and provide appropriate Terms of Reference and Memoranda of Understanding.

2.6 Paediatric oncology service delivery will be strictly evidence-based, adhering to established, appropriate clinical protocols.

## 3. BACKGROUND

3.1 It is estimated that 45 new cases of cancer in children under 15 years are diagnosed every year in Fiji but <50% are presenting to the health care system (although this is difficult to measure without a dedicted information collection system). This may be due to lack of recognition of cancer in children and lack of proper infrastructure.

3.2 In the recent past, child cancer survival has been poor (between 0 – 20%) and therefore, like cancer in adults, cancer in children was also seen as incurable. However, survival from common childhood cancers such as leukaemia has more than doubled in the last five years. Much of this improvement is attributed to support from a long-term bilateral commitment with the New Zealand National Child Cancer Network, improving diagnostic workup and planning of appropriate therapy. In addition, training of doctors and nurses has improved local capacity.

3.3 From 2009 the care of children with cancer in Fiji has used a portfolio of Pacific cancer treatment protocols, supported by a direct twinning programme with the Children's Haematology Oncology Centre (CHOC) in Christchurch. This is the culmination of partnership initiated in 2005 by the New Zealand Paediatric Oncology Steering Group to develop child cancer services in the Pacific.

3.4 To maintain and improve on current progress in child cancer services, there is an urgent need to support local leadership through inclusion of child cancer in national policies and strategic health plans.

3.5 Paediatric oncology services relies on a portion of the resources that adult oncology services receives, as allocated by the Oncology Clinical Services Network. Aggregating paediatric and adult oncology assumes that all oncology in Fiji is the same, while paediatrics needs more detailed clinical evaluation and stratification and more intense treatment protocols that mandates close supervision and monitoring in order to see better outcomes.

3.6 In line with strategic plans, it is important to highlight the current gaps in terms of timely surgery, reliance on overseas treatment, availability of anticancer agents and palliative care services amongst others. While

operational changes can help resolve some issues, high-level policy and leadership commitment is also needed.

3.7 Paediatric Oncology focuses on early recognition rather than screening as is the case in adult oncology.

3.8 Child cancer numbers are very small (about 1% of all cancers) and therefore by including child cancer in adult services, child cancer needs can be easily marginalised and not given the priority it deserves especially with regards to service development and funding.

## 4. DEFINITIONS/ACRONYMS

**Paediatric oncology:** the management of child patients (aged upto 18 years) with any malignant condition, including blood conditions.

**Clinical unit:** A clinical discipline which has separate wards and separate staff with distinctly different specialty expertise.

**Pacific Island Protocols:** Chemotherapy treatment regimens that are evidence-based and specifically for use in paediatric oncology within Pacific Islands.

**WOWS Kids:** Walk On Walk Strong Kids (Fiji); a charitable organisation that assists and supports children suffering from cancer and other life-threatening condition.

**Supportive care:** A holistic approach to support the patient and their family so that he/she is able to get treatment and continuum of care. Factors involved in supportive care may be family support, accommodation, transport, financial support and recreational activities for network-building.

**Palliation for children:** The WHO definition of palliative care appropriate for children and their families is as follows (WHO; 1998a): Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.

### 4.1. Acronyms

| | | |
|---|---|---|
| FNRERC | – | Fiji National Research Ethics Review Committee |
| CHRERC | – | College Health Research Ethics Review Committee (Fiji National University) |
| CWMH | – | Colonial War Memorial Hospital |
| DPOC | – | Divisional Paediatric Oncology Committee |
| HIRA | – | Health Information, Research and Analysis [Unit] |
| MDT | – | Multi-Disciplinary Team |

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| MoHMS | – | Ministry of Health and Medical Services |
| MoU | – | Memorandum of Understanding |
| NPOC | – | National Paediatric Oncology Committee |
| NOC | – | National Oncology Committee |
| PCSN | – | Paediatric Clinical Service Network |
| PIP | – | Pacific Island Protocols |
| WOWS | – | Walk On Walk Strong [Kids Fiji] |

## 5. RELEVANT LEGISLATIONS & AUTHORITIES

5.1 Oncology Policy 2014
5.2 Child Welfare Decree 2010
5.3 National Paediatric Oncology Committee Terms of Reference
5.4 Guidelines for the Utilisation of the Funds Appropriated by Government to Provide Financial Assistance to Fiji Citizens Requiring Medical Treatment Overseas (2008)

## 6. POLICY ELEMENTS

### 6.1. Leadership/governance

6.1.1. The NPOC is to coordinate child cancer services through clinical and supportive care. A detailed description of the NPOC is available in their Terms of Reference. The NPOC is an authoritative committee that informs and reports to the Paediatric Clinical Services Network.

6.1.2. The NPOC will receive proper recognition from MoHMS as a special committee of the NOC, distinct from other paediatric services, which operate in a different clinical and biological environment. There is a need for immediate access to resources for paediatric oncology.

6.1.3. Decisions made by the NPOC which are voted and minuted shall be given special recognition, and will be reported to the PSHMS as such.

6.1.4. The NPOC shall be given special recognition from the NOC with separate leadership and terms of reference, but working in consultation if there are combined interests and/or shared priorities that can improve service delivery. The NPOC will report to the PSHMS separately from the NOC.

6.1.5. Divisional hospitals will form their own Paediatric Oncology committees (DPOCs) which report to the NPOC through respective representatives.

### 6.2. Financing

6.2.1. The NPOC will advocate for adequate budget to maintain quality paediatric oncology services as a special committee of NOC.

6.2.2. The budget for paediatric oncology will be separate from other MoHMS budget lines for oncology i.e. Wellness Oncology budget and other clinical allocations including the general oncology and paediatric financing. Budgetary submissions will be made by NPOC in line with MoHMS budgetary cycle.

### 6.3. Workforce/human resources

6.3.1. The PCSN will identify any potential clinical staff known to them (including paediatricians, nurses and allied health workers), and make recommendations directly to the MoHMS Human Resources Unit to approach them for placement overseas.

6.3.2. Paediatric oncology will be established as a separate unit within paediatric services and allocated sufficient, dedicated medical, nursing and supportive staff. The staff will be properly trained and qualified for their responsibilities

6.3.3. Paediatric oncology clinical staff (doctors and nurses) will be offered refresher training regularly, at the expense of the MoHMS. The type and frequency of training will be managed by the NPOC in consultation with twinning partner and organised by the DPOCs, with support from the Family Health Unit (Child Health Project Officer).

### 6.4. Medical supplies/technologies

6.4.1. The process of procurement will follow the Procurement Regulations (2010) of the Ministry of Finance.

6.4.2 The PCSN, NPOC and FPBSC will collaborate to establish an emergency procurement process for items on the Essential Medicine List.

6.4.3. Choice of such supplies/technologies will be in line with best practice and evidence for best quality of life outcomes, reasonably balanced with cost-effectiveness.

## 6.5. Health information systems (HIS)

6.5.1 The MoHMS Health Information, Research and Analysis Unit and an NPOC working group, in collaboration with NZ National Child Cancer Network, shall establish a Fijian National Child Cancer Registry and reporting form, to keep information from paediatric oncology cases separated from general (adult) oncology.

6.5.2 Data collection and management will be coordinated by DPOCs (with advice from HIRA), and reports will be delivered to HIRA and the NPOC.

## 6.6. Service delivery

6.6.1. In the long term, Colonial War Memorial Hospital will be the lead clinical site for paediatric oncology in Fiji. Labasa and Lautoka divisional hospitals will provide shared care and referral of new cases to Colonial War Memorial Hospital (CWMH) for investigation and initial phase of treatment (surgery and intensive phase of chemotherapy).

6.6.2. A consultant paediatrician with special interest in oncology will oversee the general operation of the unit ensuring all patient care is provided in an efficient and timely manner. Clinical treatment guidelines will be followed and there will be consultation with twinning partners in an established Paediatric Oncology Centre.

6.6.3. Paediatric registrars will rotate through the oncology units on a 6 monthly basis and will work under the guidance and direction of the consultant paediatricians as in 6.6.1.

6.6.4. There shall be a Paediatric Multi-disciplinary Team (MDT) for assessment of clinical cases. The MDT will include representatives from pathology, radiology, paediatric surgery, paediatric oncology (including nursing and pharmacy).

6.6.5. Paediatric oncology units at divisional hospitals will be given sufficient, dedicated clinical space separate from general oncology and other adult medical specialities.

6.6.6. Clinical staff who suspect that a child is subject to harm or is at risk of harm by the actions or neglect of others will alert the treating medical practitioner and hospital medical superintendent immediately.

6.6.6.1. The NPOC regards restraint from having surgery or regular chemotherapy (that was previously agreed to) as subjecting a child to harm through neglect.

6.6.6.2. The treating paediatrician will determine the action to be taken on a case-by-case basis, considering the welfare of the patient as paramount. Pursuing a Care and Treatment Order (as per the Child Welfare Decree 2010) will only be seen as a last resort for patients with good prognosis.

6.6.7. If all efforts are taken to persuade the patient, parents and guardians that medical treatment is required and they continue to decline treatment, the clinicians must respect their wishes. If other opportunities for addressing the issue become available, the medical practitioner shall present this to the patient, parents and/or guardians.

6.6.8. All efforts will be taken to maintain an agreeable, conciliatory relationship with patients and families.

6.6.9. In cases of disagreement between family, patients and clinicians, supportive care organisations external to MoHMS will continue to support both the child/patient and the family. Organisations shall change their approach to remain separate to clinical care decisions, but facilitate a reconciliatory atmosphere with the patient as the primary concern.

6.6.10. It must be made clear to parents and primary carer of the child that the oncology team remains committed to provide good quality palliative care for the child and that treatment refusal by parents and primary carer does not mean end of care for the child.

6.6.11. Paediatric oncology will be given equal support from other palliative care services such as from general oncology and other medical disciplines.

6.6.11.1. The WHO guidelines on the pharmacological treatment of persisting pain in children with medical illness (2012) shall be the cornerstone of paediatric palliative care.

6.6.11.2. The NOC will pursue stakeholder involvement in the delivery of palliative services to those requiring this service, except where specific to child cancer cases, in which case the treating physician will be responsible.

6.6.11.3. A community nursing service is to be developed, to work with children who are on treatment or requiring palliation while they remain in their home community.

6.6.12. DPOCs will ensure that patients and their families/guardians have access to adequate accommodation and other supportive care at each divisional hospital for the duration of the child's treatment.

6.6.12.1. The DPOCs will coordinate with supportive care non-government organisation/civil society organisations to access resources to provide these services.

6.6.13. The Overseas Medical Treatment Committee of the MoHMS will make decisions on which patients can receive support for treatment overseas, as recommended by collective decision made by treating clincians in collaboration with Paediatric Oncologists in the twinning center.

6.6.13.1. Financial support will adhere to the "*Guidelines for the Utilisation of the Funds Appropriated by Government to Provide Financial Assistance to Fiji Citizens Requiring Medical Treatment Overseas (2008)*".

6.6.14 Chemotherapy treatment regimens will adhere to the Pacific Island Protocols (PIPs) as closely as possible. An exception is where the local oncology team, in collaboaration with twinning partners, identify a need to individualise the treatment regimen.

6.6.15 This policy shall not overrule best professional practice of a medical practitioner, and their responsibilities towards the patient. Practitioners will always follow the principles of non-maleficence, beneficence and justice in delivering medical care as a priority to the statements of the policy.

## 6.7. Partnerships

6.7.1. Each twinning relationship will be formalised with a Memorandum of Understanding (MoU) delineating minimum roles and responsibilities.

6.7.2 The NPOC will represent paediatric oncology services when dealing with local or international charitable organisations, and MoUs will be considered when establishing ongoing partnerships.

6.7.3 Supportive care organisations external to MoHMS such as WOWS Kids and Fiji Cancer Society are expected to abide by the parameters of this policy at all times. These organisations will work in

collaboration with NPOC to provide supportive service needs identified by DPOC .

## 7. IMPLEMENTATION

7.1. All patients receiving palliative care will have an assessment care plan with subsequent reviews which will be conducted under the management of the paediatric oncology units including integrated care.

7.2. For advanced cases following PIPs, clinical management will proceed to a multi-disciplinary team who will discuss treatment issues in weekly teleconference with twinning partners and make appropriate treatment recommendations. Progress will be regularly reported to the DPOCs. Following this, clinical management may proceed to overseas treatment.

7.2.1 Clinicians will liaise with twinning partners for the best treatment options available for the patients with due consideration to funding sources.

7.2.2 If a child and family/guardian(s) are to be sent overseas for diagnostic testing or surgery, they must be informed before travelling of the possibility that they may remain overseas for further treatment if recommended.

### 7.3. Planning

7.3.1 Paediatric oncology services will coordinate strategic planning with the Family Health Unit's Child Health Strategic Plan. Developing the paediatric oncology component of this plan will be overseen by the NPOC in consultation with DPOCs and endorsed by Paediatric CSN .

7.3.2 The outcomes of strategic plans will ultimately inform further policy creation, expansion of services, independence and sustainability.

7.3.3 The NPOC is ultimately responsible for overseeing that the strategic plans are fulfilled in a timely manner. The NPOC will create guidelines to support this.

7.3.4 The DPOCs are responsible for implementing the strategic plans and actions plans, under the guidance of the NPOC.

7.3.4.1 The DPOCs will develop standard operating procedures for their respective clinics, which shall be approved by the NPOC to maintain compatibility between divisions.

7.3.4.2 DPOC's shall report back to the NPOC on successes or challenges in implementation.

7.3.5 The NPOC will develop a paediatric oncology community outreach nursing service. This service will provide the link between families and divisional Paediatric Oncology Teams. The NPOC will explore all possible opportunities to up-skill existing personnel, including Community Health Workers, to deliver this service.

7.3.6 A dedicated transport will be provided for the community outreach nurse through MOHMS in collaboration with partners.

### 7.4 Research

7.4.1 Researchers should initially contact the NPOC for discussion about potential research topics and procedures in paediatric oncology, in case they can be improved within the clinical environment.

7.4.2 Similarly, the Fiji National Research and Ethics Review Committee (FNRERC) or College Health Research Ethics Review Committee (CHRERC, at Fiji National University) will discuss research proposals with the paediatric CSN.

7.4.3 Any type of paediatric oncology research will then be submitted through FNRERC or the CHRERC, assessed and implemented as per the FNRERC protocols.

## 8. EFFECTIVE DATE:

This policy is effective from the date of signed endorsement in section 11.0 below.

## 9. REVIEW DATE:

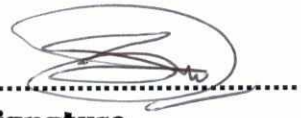
This policy should be assessed in accordance with all guidelines and will be reviewed every 5 years or as and when deemed necessary by the NPOC and MoHMS.

**Date of next review:** April 2020

## 10. KEY SEARCH WORDS

Paediatric oncology, National Paediatric Oncology Committee, NPOC, Divisional Paediatric Oncology Committee, DPOC, Oncology, Twinning, Treatment Protocols, WOWS Kids, Fiji Cancer Society, Child Welfare, Care and Treatment Order, Adolescent Oncology, Paediatric Clinical Services Network,

**11.0 APPROVED BY:**



25/11/15

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**Signature** **Date**

**Dr. Meciusela Tuicakau**

**Acting Permanent Secretary for Health and Medical Services**

24/11/2015

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**Signature** **Date**

**Mr. Jone Usamate**

**Honourable Minister for Health and Medical Services**