

PICK4Kids–VEDA STAR AWARDS 2026

EQUITY IN PRECISION MEDICINE AWARD

Ensuring that no child is left behind

Endorsed by the Pediatric Hematology Oncology (PHO) Chapter of IAP | Supported by Veda Star Foundation

PURPOSE

The Equity in Precision Medicine Award recognises initiatives that identify and meaningfully address disparities in access to precision oncology for children with cancer. It asks which children are still unable to benefit and why, then supports a purposeful intervention to close that gap. The focus is actual inclusion of a defined underserved population, not simply wider availability of a service.

Core principle: IDENTIFY THE GAP → REMOVE THE BARRIER → REACH → INCLUDE

WHAT THE AWARD WILL RECOGNISE

Criterion	What will be recognised	Indicative evidence / outcomes
1. Clearly defined equity gap	A specific disadvantaged population and a measurable barrier to precision-oncology care.	Geographic, socioeconomic, referral, infrastructure, specialist-expertise or other systemic disparity with baseline evidence.
2. Closing the gap	A purposeful intervention designed specifically to overcome the identified inequity.	Navigation, referral networks, decentralized access, financial-access mechanisms, outreach or linkage to specialist/molecular expertise.
3. Demonstrable patient impact	Evidence or measurable outcomes showing underserved children actually gain appropriate precision diagnosis, interpretation and/or treatment.	Number/proportion newly accessing care, reduced delays, successful referrals, treatment changes or improved continuity.
4. Inclusiveness & reach	Ability to reach populations conventional pathways have failed to serve adequately.	New districts/states/centres, socioeconomic groups, rural/remote populations or measurable reduction in disparity.
5. Sustainability & replicability	A model that continues beyond one-time assistance and can be adapted elsewhere.	Institutional integration, durable referral/support pathway, partnerships and a replicable scale-up plan.

ELIGIBILITY CRITERIA

- Every application must include at least one current PHO Chapter member in good standing with a substantive role in identifying the equity gap, designing/implementing the intervention and/or evaluating impact.
- Eligible collaborators may include healthcare institutions, patient-support organisations, foundations, civil-society organisations, public-health/government partners, philanthropic partners, professional groups and other relevant stakeholders.
- A non-PHO partner may initiate a proposal only after identifying and establishing meaningful collaboration with an eligible PHO member before submission.
- The application must define a specific underserved population and a specific barrier; a general statement that access is poor is insufficient.
- The proposed intervention must be designed to overcome that barrier and include measurable patient/population-level equity outcomes.
- The model should be sustainable beyond one-time assistance and have potential for replication or institutional integration.
- Projects involving patients or patient data require appropriate institutional and Ethics Committee approvals where applicable.

WILL NOT BE CONSIDERED: Routine charity; isolated financial assistance to individual patients; one-time sponsorship of molecular testing; existing commercial diagnostic services; awareness activities without demonstrated or measurable access change; conference/educational sponsorship; or projects unable to define and measure a specific equity gap.

APPLICATION FORM

A. Applicant and collaboration information

Project title (maximum 25 words)	
PHO Principal Applicant / project lead	Name, designation, institution, email/mobile, PHO membership number.
Partner organisation(s)	Name, type of organisation, contact person and role.
Other collaborators	Name, institution/organisation and role.
Target geography / population	Define the population intended to benefit.
Proposed project duration	Normally 12–18 months.

B. Equity summary

Executive summary (maximum 300 words)	Equity gap; target population; intervention; expected measurable impact.
Equity gap statement (maximum 200 words)	Complete: "The children currently being left behind are... because..."
Proposed solution (maximum 250 words)	How will the intervention specifically remove the identified barrier?

C. Detailed proposal

1. Define and evidence the equity gap (max 500 words)	Population, geography/context, barrier and available baseline evidence.
2. Why existing pathways fail this population (max 400 words)	Describe where and why children are lost, delayed or excluded.
3. Intervention design (max 1,000 words)	Navigation/referral/access pathway; partners; workflow; responsibilities; implementation details.
4. Precision-oncology relevance (max 400 words)	How will the intervention connect children to appropriate molecular diagnosis, expert interpretation and/or precision treatment?
5. Patient/population impact measures (max 500 words)	Define numerator/denominator where possible; access, delays, referrals, treatment changes, continuity and disparity measures.
6. Inclusiveness and reach (max 300 words)	How will the project reach populations conventional pathways do not?
7. Sustainability and replicability (max 400 words)	Institutional integration, durable partnerships, continuation and replication elsewhere.
8. Roles of PHO and collaborators (max 300 words)	Describe substantive responsibilities of each partner.
9. What will this ₹5-lakh Award enable? (max 250 words)	State the concrete equity milestone enabled by the Award.

D. Timeline and milestones

Months 0–3	
Months 4–6	
Months 7–9	

Months 10–12	
Months 13–18, if applicable	

BUDGET FORM

Maximum Award Grant requested: ₹5,00,000. The budget should be directly linked to the proposed objectives and must not duplicate funding already available for the same activity.

Budget head	Amount requested (₹)	Other funding / co-funding (₹)	Justification	Linked objective / activity
Patient navigation / coordination				
Referral pathway implementation				
Outreach to defined underserved centres/populations				
Access-related sample / patient logistics				
Virtual MDT / specialist linkage directly related to project				
Data collection / equity measurement				
Project personnel / field coordination				
Training for participating centres				
Evaluation / statistical analysis				
Dissemination / replication materials				
Other (specify)				
TOTAL	₹			

Budget justification

For each major item, state: what will be purchased or supported; why it is necessary; unit cost × quantity where applicable; and how it contributes to a specific project objective. Declare all existing or anticipated co-funding.

DOCUMENTS TO BE SUBMITTED

- Completed category-specific application form.
- Completed budget form and budget justification.
- Principal Applicant CV (maximum 3 pages).
- CV of principal collaborator / PHO clinical collaborator where applicable (maximum 2 pages).
- Institutional support / permission letter, as applicable.
- Ethics Committee approval, or declaration that approval will be obtained before commencement of patient/sample/data-related work, where applicable.
- Declaration of existing funding, competing interests and any relevant industry relationship.
- Letter(s) of commitment from key partner organisation(s), where relevant.
- Brief baseline data or documentation supporting the defined equity gap, where available.
- Check complete checklist from the checklist document

DECLARATION

Principal Applicant name	
PHO member name & membership number	
Institution	
Applicant signature / date	
PHO collaborator signature / date	

By signing, the applicants confirm that the information provided is accurate, the proposed collaboration is substantive, required approvals will be obtained, and the same or substantially identical project has not been submitted as an unchanged proposal to another STAR Award category.