Management of cerebral palsy in low- and middle-income countries

Author(s): Edward Kija, Tracy Tushabe Namata, Robert Sebunya

Abstract:

Cerebral Palsy (CP) is the most common cause of childhood disability globally with a higher prevalence in low and middle-income countries (LMIC). Hypoxic-ischemic encephalopathy (HIE) caused by preventable perinatal insults is still the leading cause of CP in LMIC. Spastic quadriplegic CP is the most common subtype in LMIC accounting for 70-80 % of cases. Lack of awareness compounded by stigma delays initiation of intervention leading to a poorer outcome and reduced quality of. The comprehensive management of children with CP requires an interdisciplinary team of experts. Such expertise is often lacking in LMIC. When available, its distribution is largely skewed towards urban areas. Although there is a higher burden of comorbidities, screening and diagnosis of the related conditions are inadequate, leading to poor management. Surgical interventions such as intrathecal baclofen, selective dorsal rhizotomy for spasticity and gastrostomy tube insertion for children with severe gastroesophageal reflux disease is often limited by costs and shortage number of trained personnel. Evidence-based local guidelines are essential for managing children with CP, guiding government investments to improve the quality of life for entire families. Concerted efforts in healthcare system reforms, policymakers, community engagement and awareness to enhance early diagnosis and appropriate referral, management through locally generated evidence-based interventions are required in LMIC to improve care among of children with CP and their families.

Date of Publication: October 9, 2025

Publisher: ScienceDirect, Elsevier Ltd.

Journal Title: Seminars in Pediatric Neurology, Vol. 55, Oct 2025

Journal ISSN: 1558-0776

URL: https://doi.org/10.1016/j.spen.2025.101202

DOI: doi.org/10.1016/j.spen.2025.101202

Item Type: Article

Language: English

Keywords: *Cerebral palsy, Resource limited settings, Multidisciplinary interventions, Child neurology*