

A Multiorganization Approach to Improving Palliative Care in Honduras

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Since 2011, oncology nurses and physicians in the United States have been volunteering in Honduras with the International Cancer Corps (ICC), organized by the American Society of Clinical Oncology (ASCO), in partnership with Health Volunteers Overseas (HVO). In this article, the authors will summarize the work of the ASCO/HVO ICC teams that developed educational programs with local partners to improve cancer and palliative care in Honduras.

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Cancer is a leading cause of morbidity and mortality worldwide, with an estimated 14.1 million new cases and 8.2 million deaths in 2012 (International Agency for Research on Cancer, 2012). In 2010, the number of cancer cases was projected to double in the next 20–40 years because of population growth in low- and middle-income countries (LMICs) and the aging of populations worldwide (Thun, DeLancey, Center, Jemal, & Ward, 2010). Poverty and stigma in LMICs may limit access to and uptake of screening tests and delay early detection and treatment, leading to diagnoses at later stages and poorer prognoses (Thun et al., 2010). In addition, infectious etiologies such as the human papillomavirus and the development of cervical cancer are increasing the incidence of cancers particularly in resource-challenged settings (De Lima et al., 2013; Thun et al., 2010).

LMICs face a heavier cancer burden because of later stages of diagnosis, scarcity of diagnostic and treatment resources, and lack of trained oncology providers. In 2011, the World Health Organization (WHO), the United Nations, and the Union for International Cancer Control held the first high-level meeting to discuss the growing burden of noncommunicable diseases, including cancer, in LMICs (United Nations General Assembly, 2011). This meeting called for global partnerships between

countries and organizations to enhance cancer care, with a goal of reducing cancer mortality by 25% by 2025.

Regardless of the purpose of global programs, their principles should include collaboration, curiosity, compassion, courage, creativity, and capacity building (Quill & Abernethy, 2013). In general, the greatest impediment to improving health care in LMICs is the inability to train and sustain an adequate workforce (Hongo & McPake, 2004). The global shortage of professionally trained healthcare personnel, including nurses, and the projected increase in cancer diagnoses require developing strategies to train and educate professionals to respond to this crisis, particularly the palliative care needs of the population (Syed et al., 2012). Global partnerships need collaboration and creativity to increase training and build in-country capacities to provide palliative care services in LMICs.

In the United States, the Institute of Medicine (2014) has recommended international partnerships for improving cancer care in LMICs through twinning or other relationships. The American Society of Clinical Oncology (ASCO)/Health Volunteers Overseas (HVO) International Cancer Corps (ICC) is one partnership between oncology clinicians in the United States and in resource-challenged countries that works to improve care for