To commemorate the centennial anniversary of Florence Nightingale’s death, 2010 has been declared the International Year of the Nurse. Remembering Nightingale, the founder of modern nursing, inspired a grassroots movement, a local and global initiative promoted by nurses and concerned citizens committed to health. The Nightingale Initiative for Global Health ([NIGH], 2009) aims to increase global awareness of health and empower nurses to work toward a healthy world by 2020 (www.nightingaledeclaration.net). Within the eight main goals of the NIGH are two specific goals with relevance to oncology nurses and the Oncology Nursing Society (ONS).

- Combat communicable and noncommunicable diseases worldwide.
- Build partnerships for development.

With the growing interest in global health, nurses are working more with international partners to promote health and reduce disparities in health care locally, nationally, and internationally. Additionally, recent catastrophic events, such as the January 2010 earthquake in Haiti, have increased interest and participation in service trips to developing countries to provide needed services and education. Responsiveness to natural disasters also has increased awareness of global conditions and healthcare disparities, highlighting a timely opportunity to broaden healthcare initiatives for other global health issues, including cancer care.

### Cancer Burden Is Higher in Developing Countries

Although interventions to prevent, detect, treat, and control cancer are evolving rapidly in the United States, comprehensive cancer care lags far behind in developing countries. In such settings, the priorities for resource allocation often include important programs such as the control of communicable diseases (e.g., malaria, tuberculosis) and the promotion of sanitation and clean water. As infectious diseases are controlled better, degenerative and age-related conditions (e.g., cancer, heart disease) are becoming the most common causes of death in developing countries.

In settings with limited resources, healthcare systems often are underdeveloped and lack the funding, infrastructure, and governmental support to promote early detection and treatment of cancer. Unfortunately, the burden of cancer in developing countries often is higher than in more developed countries. For example, the incidence of invasive cervical cancer in developing countries is four times higher than in North America and Western Europe (WHO/ICO Information Centre on HPV and Cervical Cancer, 2007). Additionally, cervical cancer in less developed countries accounts for 85% of the global burden of the disease (GLOBOCAN, 2008). Even more devastating, invasive cervical cancer is the most common cause of premature death in women in such countries (Yang, Bray, Parkin, Sellors, & Zhang, 2004).

Human papillomavirus (HPV) is present in 90%–95% of cervical cancer cases (Bosch et al., 1995). Yet the vaccination for HPV to prevent the development of cervical dysplasia and invasive cancer (Merck and GlaxoSmithKline) is very expensive, costing about $360 wholesale for the recommended three doses (Medscape, 2007). The current pricing structure makes it unaffordable for women in developing countries who carry a disproportionate burden of the disease.

Breast cancer provides another example of the changing health priorities in developing countries. The incidence of breast cancer is rising in the developing world (Coughlin & Ekwue, 2009; Igene, 2008), and most women present with advanced disease, when treatment is less likely to be curative (Jones, 1999). Also, fewer resources such as chemotherapy are available.
Comprehensive cancer care lags far behind in developing countries where priorities for resource allocation often include the promotion of sanitation and clean water.

and radiotherapy are available in such settings (Anderson et al., 2006). In later stages of disease, more palliative care services often are necessary but are not available to women and their families.

More than 70% of stomach cancers occur in developing countries and are the second leading cause of cancer death (after lung cancer) worldwide (GLOBOCAN, 2008). Stomach cancer occurs twice as often in men and has a high incidence in Latin America, Asia, and Western Europe. Several factors have been highlighted as possible causes, including genetic susceptibility and *Helicobacter pylori* infection (Morgan et al., 2006). Because of the high mortality with gastric cancer, preventive treatment of reflux and *H. pylori* and possibly screening endoscopy are necessary to prevent and detect cancers earlier, especially in populations that are at high risk for the diseases (Morgan et al., 2006). Additionally, patients at the end of life need supportive and palliative care services.

**Global Initiatives and Partnerships**

As the examples of breast, cervical, and stomach cancers demonstrate, developing countries have a disproportionate burden of certain diseases. To focus the energies of cancer care in developing countries, oncology nurses have the opportunity to participate in global partnerships to address inequalities and decrease the burden of cancer. The ONS 2009–2013 research agenda (2009) specifies global health issues as a theme across research initiatives. The goals of ONS’s international affairs (ONS, 2010) are the following.

- Expand visibility of ONS outside the United States.
- Partner with international organizations.
- Distribute ONS content and programming to new markets.
- Serve the international nursing community.
- Build capacity among nurses worldwide.
- Learn from colleagues outside the United States.

ONS is involved in global cancer care through programs and partnerships in countries around the world. Previous activities have included developing collaborations to foster educational, political, and research activities with international organizations in oncology nursing such as the Canadian ONS, International Society of Nurses Against Cancer (ISNCC), and European ONS, as well as cancer consortiums including the Middle East Cancer Consortium (MECC) and International Union Against Cancer (UICC). ONS also has held preconference programs with UICC and ISNCC and has partnered with the Canadian ONS and European ONS and ISNCC to deliver intercultural topics at conferences and meetings. ONS has conducted four programs in the Middle East with MECC, on topics of pain control, symptom management, palliative care, and leadership.

Future goals for ONS include leadership training as part of a 2011 conference in Chile and training programs for oncology nurses in Saudi Arabia and Jordan. ONS is working to use the talents and expertise of its members to expand the reach of its programs and improve cancer care globally. For resources, see Figure 1.

Several other organizations are addressing cancer care in the global community through service and educational trips. In 2009, the American Society of Clinical Oncology partnered with Health Volunteers Overseas to create the International Cancer Corps to provide opportunities for healthcare providers to support cancer care in developing countries. Through partnerships in under-resourced areas, physicians, nurses, and other healthcare providers are being recruited for one- to four-week service trips to work with international healthcare providers in educational and clinical settings.

**Conclusion**

To work with organizations involved in global cancer care and control, oncology nurses need to expand their knowledge about global health and disparities in cancer care (see Figure 2). Additionally, understanding the cultural needs of people in low-resource environments requires a new view of health care. Thinking beyond an American or Western healthcare system is necessary to develop multiple strategies that incorporate cultural awareness, respect for people in their own environments, and creativity. The development of initiatives that exploit existing programs and partnerships will be most efficient in beginning to address the unequal burden of cancer in developing countries and the global inequities in oncology care. In keeping with the NIGH, oncology nurses can become citizens of the world and the global healthcare community. Through partnerships with the global cancer community, oncology nurses can demonstrate their commitment to health locally and globally.

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**Oncology Nursing Society (ONS) International Affairs**

For information and resources, visit www.ons.org/international or e-mail ONS Member Relations Manager Kate Shaughnessy, BA, CVA, at kshaughnessy@ons.org or international@ons.org.

**Union for International Cancer Control (UICC)**

**World Cancer Declaration**
- Read the declaration at www.uicc.org/declaration/world-cancer-declaration-call-action-global-cancer-community.
- Sign the declaration at www.uicc.org/declaration/sign-world-cancer-declaration.

**World Health Organization (WHO)**

**International Agency for Research on Cancer (IARC)**

www.iarc.fr

**World Oncology Network**

www.worldoncology.net

Figure 1. Additional Resources
The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

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References


Do You Have an Interesting Topic to Share?

Professional Issues provides readers with brief summaries of nonclinical issues relevant to oncology nursing. Length should be no more than 1,000–1,500 words, exclusive of tables, figures, insets, and references. If interested, contact Associate Editor Lisa Kennedy Sheldon, PhD, APRN-BC, AOCNP®, at l.kennedysheld@comcast.net.