Cancer is a catastrophic disease that has become common among the global population according to the World Health Organization (WHO). It brings family, social, employment, spiritual and practical concerns. As it is costly disease, impoverishes the family patient especially if they do not count on support networks. According to the PAHO[1], the advances in available treatments have increased the survival rates by around 80 percent in developed countries. However, these rates are lower in families with low resources. In low-wages countries, the five-year survival rates do not exceed 30 percent[2] in children with cancer.

Considering the percentage of children who will not survive, it is important to implement palliative care programs to get children to live under the best possible conditions until their last day. Thus, during the 67th Session of the UN General Assembly, the United Nation member states were encouraged to create, reinforce an apply palliative care policies and to support the families that take care of children through multi-sector alliances. Besides, they should include palliative care training in the health professionals’ educational program.

The WHO[3] defines palliative cares as the complete care of body, mind and spirit of the kids as well as giving support to their family. These cares start when the kid is diagnosed and they continue during the entire process. FundaciónNuestrosHijos (FNH) a private non-profit organization has been closely working with the MINSAL (Ministry of Health), governmental institution of Chile and with its palliative care program. FNH follows the WHO requirements: embraces the kid and his family, gives them emotional, spiritual, social and economic support. It lends them medical equipment; gives them medicine, special food, acompañiment, psychosocial assistance, occupational therapy, kinesiology and training. FNH pays attention not only to the patient needs but also to the kid’s family needs.

To complement palliative cares provided by the Childhood Cancer Chilean Government program, FNH established a public-private alliance that ensures the comprehensive supply of palliative care defined by WHO to children with cancer who come from Santiago Metropolitan Region and from O’Higgins Region.

This way, we consider that this treatment for childhood cancer model should be followed in South America by collaborative working with Public Health Service and civil society supported by private enterprises, since it is not possible to find answers to complicated problems independently[4-5]. In Chile, the relapse-free survival rate is 75%, similar to developed nations according to the MINSAL population based registers. This public-private alliance model helps to reduce social and economic impact in families with children suffering from cancer through a multidisciplinary support as well.

Fondo Chile, a Chilean government initiative -through the Chilean International Cooperation Development Agency and the United National Development Programme (UNDP Chile), allows to strengthen civil society organizations and to share its experience with other countries that could require it. FNH obtained funds to develop a project that will benefit children with cancer in the following countries: Peru, Bolivia, Paraguay and Colombia. FNH will provide theoretical and practical tools about palliative care to pediatric oncology teams of six local oncology units to improve the quality of the lives of children and to decrease economic and emotional impact in families. Secondly, we hope this project contributes to the creation of public policies that address this matter.

This project has three development stages: it starts with the human capital training, for this reason it was necessary the palliative care training of 11 professionals (doctors and nurses) from the six oncology units that participated in palliative care classes provided by the main public health specialists of Chile. The main topics in classes were: medical issues, treatment, drug use, psychosocial aspects, alternative therapies and the mourning process. This training was sponsored by the Ministry of Health and certified by the University of Chile. It considered clinical internship in oncology units of public hospitals, in a private clinic and the possibility of making home visits to patient in palliative cares. The second stage includes the human capital training in each country (all local oncology team), and implementation of a palliative care and pain relief program in each locality. The third stage includes the involvement of civil society and advocacy activities that could transform this program into a national public policy. Moreover, the parents on each Center will be trained as a strategy of empowerment.
in their children’ care and emotional support during this difficult process. Additionally, a parent Manual will be created, among others initiatives.

Chile is a developing country with developed country results regarding childhood cancer survival. Among the factors that favor these results, there is an effective public policy, the action of civil society and parent group organizations. These organizations, as FNH, complement the actions of public sector in where 80% of children with cancer of the country are treated. This successful collaborative strategy is the one we would like to replicate beyond our borders to improve the quality of life of children with cancer.

References