



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)

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Before & After Issue

When *WHEC Update's* very first Before & After edition debuted in 2007, it was an instant sensation. Six years later since, we have presented cutting-edge technological and evidence-based advances in Women's Health and Health Development Projects in this. Always – in revealing format. For this special issue, we also collected a wide-ranging insights from leading authors, physicians and researchers in this field, each offering practical – an often surprising – wisdom for a fool-proof managing our patients. Plus, we have assembled a trove of exceptional programs from UN, WHO and UNICEF. From time-to-time, we also revisit our archives. My favorites? Cervical Cancer Prevention Series and End-of-Life Care Series. By the way, if you have a terrific project to improve women's health and status, worldwide – we just might publish it in *WHEC Update* / **WomensHealthSection.com** – and showcase it on WHEC Global Health Line for our worldwide audience. We want the fruits of your labor – or your own – hard work. After all, when you have conquered the challenge of getting a project off the ground, the feeling and the results are sure to be magical. This month we focus on cancer prevention programs; how can we improve them and implement in developing countries.

Fortunately, many of the gynecologic malignancies have a high "cure" rate. This relatively impressive success rate with gynecologic cancers can be attributed in great part to the development of diagnostic techniques that can identify pre-cancerous conditions, the ability to apply highly effective therapeutic modalities that are more restrictive elsewhere in the body, a better understanding of the disease spread patterns, and the development of more sophisticated and effective treatment in cancers that previously had very poor prognoses. This optimism should be realistically transferred to the patient and her family. When the prognosis is discussed, some element of hope should always be introduced within the limits of reality and possibility.

There is convincing evidence that cytologic screening programs are effective in reducing mortality from carcinoma of the cervix. The extent of reduction in mortality achieved is related directly to the proportion of the population that has been screened. Management of only the physical symptoms of cancer is now considered to be inadequate approach to oncologic care. The effect of cancer on the family and patient is profound and touches every area of their lives. A team of professionals is needed to foster effective communication in the patient-physician relationship; to assess the effect of disease and its treatment on the patient's psychosocial and spiritual well-being; and to achieve optimal care of the patient and family.

WomensHealthSection.com is available in 225 countries to you – wherever is your geographic area and whenever you feel inspired – enjoy it. In libraries; @ your healthcare facilities; or on your sofa. And now download app on desktops, laptops, iPad, mobile-devices and tablets. Women's Health and Education Center (WHEC) is dedicated to improving the quality of cancer care locally, nationally, and internationally while enhancing the collaboration between academic medicine and the community physician. WHEC is further committed to disseminating information across the cancer care continuum by publishing clinical practice guidelines and reporting rigorous outcomes data collected and analyzed by experts from the world's leading care centers. We hope our forums provide the guidelines to make everyday practice of women's health easier and stimulate your imagination. It takes efforts of many people to realize a dream. We thank you!

Learn from yesterday. Invest in today. Hope for tomorrow.

Passion for what is possible

Rita Luthra, MD

Your Questions, Our Reply

Does early implementation of palliative care in cancer patients improve patient outcomes? What is Women's Health and Education Center's (WHEC's) Policy on support for early integration of palliative care?

Optimal Cancer Care: Our policy and optimal cancer care requires the integration of palliative care into practice. This concept has also been endorsed by widely respected organizations, such as World Health Organization (WHO), the Institute of Medicine (IOM), and the European Society of Medical Oncology (ESMO). With the aging of the population, the associated increase in the incidence of cancer, and the growing number of patients living with complications of cancer and its treatment, palliative care is more important than ever. Despite strong recommendations and growing clinical data supporting the benefits of concurrent palliative care and cancer care, resistance continues. Effective care of the patient requires that these needs be addressed.

Our group of experts after reviewing the current status of concurrent palliative and oncology care in different countries concluded in our 6 part series on *End-of-Life Care*, available in Gynecologic Oncology and Healthcare Policies and Women's Health Sections of – **WomensHealthSection.com**. These reviews focus on the following key issues in the integration of palliative care into cancer care: development of a standard definition of palliative care and its component parts; models for care delivery; standardization of tools for patient assessment; educational programs designed to meet the needs of health care professionals; and the importance of developing best practices in symptom management using breakthrough pain management as an example.

Palliative care is an essential component of excellent cancer care. All patients and families deserve patient-specific information about their illness, its treatment, and natural history. All patients should expect cutting-edge cancer treatment in the context of their personal goals, with attention to their physical, psychological, social, spiritual, and practical concerns. This type of care is best provided by an interdisciplinary team focused on the relief of suffering in all of its dimensions.

In different parts of the world, the term *palliative care* refers to care at the end-of-life only, and in others, to patient-and family-centered care across the trajectory of illness, regardless of prognosis. The differences in definition are primarily ones of timing (when in the course of illness the care is provided) as opposed to differences in the components of excellent palliative care. The term *supportive care*, rather than *palliative care*, has been suggested as an alternative name because it might be less distressful to patients, families, and health care professionals. We continue to work to educate the public about the benefits of this care, no matter what the label is.

Integration of palliative care can help achieve the paradigm shift from a disease-focused approach to patient-centered care. It is an essential component of optimal cancer care. Data from various randomized studies show that early administration of supportive or palliative care – given in the context of standard oncologic care – to patients with newly diagnosed advanced cancer is effective for improving the quality and cost for patients and their families, whatever the treatment outcome.

Please visit our *End-of-Life Care Series* for the details; and join the efforts to advance the standard of cancer care.

2013 ANNUAL MINISTERIAL REVIEW (AMR)

Science, technology and innovation (STI) and culture for sustainable development and the MDGs

It was indeed an honor to get invited and participate in this High-level Segment of Economic and Social Council (ECOSOC) forum, which was held in Geneva, Switzerland, at Palais des Nations last week. And

presenting / Oral Statements about our initiative in maternal and child health (**WomensHealthSection.com**) on request from the office of the President of the ECOSOC, was high-point for me. Special thanks to Mr. Andrei Abramov, Chief of NGO Branch and his entire staff for making it happen and the support. It was broadcasted on UN TV and on UN web-cast and can be accessed from the links below.

It was a very productive meeting with high-level participants and many NGOs are interested in collaborating with our initiatives in Women's Health.

[http://www.unog.ch/unog/website/news_media.nsf/\(httpNewsByYear_en\)/7921A021FFAAF457C1257B9E0050BC73?OpenDocument](http://www.unog.ch/unog/website/news_media.nsf/(httpNewsByYear_en)/7921A021FFAAF457C1257B9E0050BC73?OpenDocument)

It was a pleasure to meet with Professor Marleen Temmerman, ([WHO | Professor Marleen Temmerman](#)) Director of the Department of Reproductive Health and Research and the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (HRP), her staff and associates at World Health Organization (WHO) on July 4th at 1 pm and discussed various areas of collaboration. Many talented writers and editors from WHO have shown interest in our initiative (**WomensHealthSection.com**) and we all look forward to collaborate with everyone. We will incorporate many WHO Guidelines in our upcoming Clinical Reviews.

I also met with Ambassador Betty E. King, U.S. Ambassador to the United Nations in Geneva and presented our initiative. She seems to be very interested in this initiative in maternal and child health. We all at WHEC plan to work with Ambassador Betty E. King and her colleagues.

<http://geneva.usmission.gov/2012/09/12/amb-king-bio/>

Overview

1-4 July: AMR: Science, technology and innovation (STI) and culture for sustainable development and the MDGs

In 2013, the Annual Ministerial Review of ECOSOC has put a spotlight on the role of science, technology and innovation, and the potential of culture – and related national and international policies – in promoting sustainable development and achieving the Millennium Development Goals (MDGs). Indeed, science, technology and innovation can play a critical role in each and every MDG. A set of regional preparatory meetings were being organized to prepare for the session.

<http://www.un.org/en/ecosoc/substantive2013/index.shtml>

I will treasure this experience. Conversation continues.....

United Nations At A Glance

Bhutan and the United Nations

2751 [XXVI] Admission of Bhutan to membership in the United Nations
The General Assembly,

Having received the recommendation of the Security Council of 10 February 1971 that Bhutan should be admitted to membership in the United Nations, Having considered the application for membership of Bhutan

Decides to admit Bhutan to membership in the United Nations

The Permanent Mission of the Kingdom of Bhutan to the United Nations in New York is one of the two posts (along with the mission in Geneva) that represent Bhutan's interests in the United Nations system.

The Mission provides the focus of Bhutan's participation in the regular and special sessions of the General Assembly. As a small and developing country Bhutan is firmly committed to the UN system, and has particular interest in having effective mechanisms for multilateral cooperation that complement our bilateral and regional relationships. The importance of the UN and its myriad systems to Bhutan can be seen in fundamental areas of international peace and security, the development of international legal instruments and norms, and development assistance. It is found in the work of UN programs and technical agencies, which deal with issues such as the provision of humanitarian assistance, assistance to vulnerable groups such as women and children, and protection of the environment, and sustainable development.

A most important foreign policy initiative taken by the Royal Government in the modern history of Bhutan was in moving away from a policy of self-imposed isolation. The country gradually opened its doors to the outside world by joining the Universal Postal Union [UPU] in 1961, and became a member of the United Nations [UN] in 1971. Being a small country virtually unknown to the rest of the world, the entry of Bhutan into the UN reaffirmed the nation's sovereign independent status. It also laid the foundations for cooperation with the UN and its specialized agencies.

Bhutan became a member of the Economic & Social Commission for Asia & Pacific (ESCAP) in 1972. In 1973, Bhutan joined the Non-Aligned Movement (NAM). Membership in the NAM ensured the "national independence, sovereignty, territorial integrity and security of non-aligned countries" in their "struggle against imperialism, colonialism, neo-colonialism, apartheid, racism and all forms of foreign aggression, occupation, domination, interference as well as against bloc politics."

As a principle of state policy, the Royal Government of Bhutan [RGoB] strives to promote goodwill and cooperation with nations, foster respect for international law and treaty obligations, and encourage settlement of international disputes by peaceful means in order to promote international peace and security. Bhutan has always attached great importance to the purposes and principles of the UN and regards its UN policy within the context of Gross National Happiness [GNH] as an integral part of foreign policy. Bhutan fully subscribes to the charter of the United Nations and accordingly has increased both scope and content of international relations. As a member state of the UN, Bhutan plays an active role as a responsible member of the international community. The RGoB continues to develop and maintain friendly relations with all countries in the region and beyond.

Bhutan's Permanent Missions to the UN in New York and Geneva are the channels through which Bhutan's foreign policy objectives vis-à-vis the UN and its subsidiary bodies and specialized agencies are implemented

<http://www.un.int/wcm/content/site/bhutan>

Collaboration with World Health Organization (WHO)

Comprehensive cervical cancer prevention and control: a healthier future for girls and women

WHO guidance note

This WHO Guidance Note advocates for a comprehensive approach to cervical cancer prevention and control and is aimed at senior policy makers and program managers. It describes the need to deliver effective interventions across the female life course from childhood through to adulthood. These include community education, social mobilization, HPV vaccination, screening, treatment and palliative care. It outlines the complementary strategies for comprehensive cervical cancer prevention and control, and highlights collaboration across national health programs (particularly immunization, reproductive health, cancer control and adolescent health), organizations and partners.

COLLABORATION WITH PARTNERS

- Address cervical cancer prevention and control in a comprehensive manner that also promotes the sexual and reproductive health of girls and women over the life course and together with a package of other key health interventions.
- Support countries to:
 1. Develop National Cervical Cancer Prevention and Control strategic plans;
 2. Undergo a decision-making process to determine if introducing HPV vaccination is programmatically feasible, financially sustainable, and cost-effective, and to determine which screening and treatment algorithms will be the most appropriate and cost-effective;
 3. Conduct HPV vaccine demonstration projects to determine best delivery strategy and estimate cost;
 4. Make better use of sexual and reproductive health and HIV services to initiate or increase coverage of cervical cancer screening;
 5. Develop culturally specific communication campaigns, social mobilization and education efforts to raise awareness of cervical cancer, risk factors and methods of prevention;
- Ensure coordination between immunization, health education and cancer control programmes as well as other relevant public health programmes, with collaboration between the public and private sector as appropriate.
- Generate support and advocacy for new financing mechanisms and resource mobilization for cervical cancer prevention and control.

Details: http://apps.who.int/iris/bitstream/10665/78128/3/9789241505147_eng.pdf

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 91, Number 7, July, 465-544

Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research) *Expert Series on Health Economics:*

International organizations and the future of education assistance

Education began to be included as a component of foreign assistance in the early 1960s as it is a principal ingredient of development. A number of multilateral and bilateral agencies were established around this time to implement various types of aid programmes; however, their effectiveness is constantly being questioned and challenged due to a variety of problems. This paper reviews the past and current activities of bilateral, multilateral organizations and private donors in education aid, examines their effectiveness, discusses major problems in implementing educational programmes and suggests ways to improve aid in education.

Education has been found to have two categories of influences. In terms of monetary influences, the higher an individual's level of education, the less likely they will be unemployed or in poverty, and the more likely they will have better advantages in terms of income and income security. Moreover, what is true of individuals is also true of communities and nations. In terms of non-monetary influences, education has been found to affect personal health and nutrition practices, childrearing and participation in voluntary activities. It also influences the efficiency of public communications and the degree to which adults seek new knowledge and skills over a lifetime

The potential of education aid remains significant over time. It is less controversial than many sectors—industry, tourism, agriculture, banking—where the separation between private and government responsibilities is less clear. Research results on the importance of human capital investments, though challenge and perhaps non-linear, remain significant and constant. Investments in education continue to elicit significant monetary and non-monetary rewards both for the individual and for the wider community.

The individual benefits from comparative advantages in the labor market, in adaptability in times of economic transition and in spin-offs in terms of household efficiencies, beneficial health practices and intergeneration savings. The community benefits from greater productivity, increased political participation and social cohesion.

However, the problems of education aid are non-trivial. In general they parallel problems of development aid generally. Corruption, overdependence on aid, lack of institution-building and faddish ideologies is known in other sectors as well. The key to appreciating the past half century of education assistance is perhaps to acknowledge that what commenced as a novel idea is today taken to be the norm: human capital, in the form of educated populations, is a sine qua non of development. Basic education has become largely universal, while gender equity in education access is close to being realized. Furthermore, attention has shifted from providing access to education to providing quality of education. Policymakers now must turn their sights on what the next half-century of education aid can realistically accomplish in an imperfect institutional environment in which there are significant and legitimate demands for the allocation of scarce resources towards domestic needs. In addition it is reasonable to expect commitment towards the reallocation of local priorities. The era of newly independent nations is over; what lies ahead of us is a new era in which all nations will have similar expectations for maintaining the health and education of their own populations.

Publisher: UN-WIDER; Series: WIDER Working Papers; Authors: Stephen P. Heyneman and Bommi Lee; Sponsors: UNU-WIDER gratefully acknowledges specific programme contributions from the governments of Denmark (Ministry of Foreign Affairs, Danida) and Sweden (Swedish International Development Cooperation Agency—Sida) for ReCom. UNU-WIDER also gratefully acknowledges core financial support to its work programme from the governments of Denmark, Finland, Sweden, and the United Kingdom.

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

United Nations Girls' Education Initiative (UNGEI)

*The Effort to Advance the Global Strategy
(Continued)*

Bhutan

Bhutan has experienced solid economic growth in recent decades, and the Government is devoting significant portions of the national budget to health and education. But positive macroeconomic trends have not transformed living conditions in the countryside. Poverty is concentrated in rural areas and in the eastern regions, causing many people to migrate to the cities in search of jobs and better social services.

Significant disparities in enrolment and other education indicators exist between urban and rural areas, and between different income groups. Challenges include enhancing the access and quality of primary education to children in rural and remote areas.

Bhutan has made significant progress towards meeting the third Millennium Development Goal (promote gender equality and empower women) target, by ensuring gender equity in education. The percentage of girls to boys at primary and lower secondary education levels is now almost at par. The ratio widens, however, at the middle and higher secondary levels. This poses a serious challenge towards achieving gender parity at all levels by 2015. The barriers to enrolment of girls into education, particularly at the higher levels, are broadly identified as family responsibilities, traditional stereotyping of gender roles and individual household impediments.

Barriers to girls' education

- Major barriers to girls' education include:
- Many rural children have been left behind by migrating parents or have been sent by themselves into urban areas for education;
- Basic education is free but not compulsory. Many schools in the south were closed due to political unrest in the 1990s and have yet to reopen;
- Prevalent traditional views devalue education for girls;
- There is a high turnover rate among teachers and other instructors.

UNGEI in action

UNGEI has not been formally launched, but girls' education activities are ongoing.

Key initiatives for girls' education

- Early Childhood Care and Education practices to be carried out in some Non-Formal Education (NFE) learning centers;
- Child-Friendly Schools (CFS) self-assessments and implementation of the CFS concept in some schools;
- Construction of community primary schools;
- Improving the content and quality of training for instructors;
- Strengthening capacity of the Ministry of Education at the central level, as well as at the district level.

[Bhutan: School shortage forces pupils to leave home](#)

[Young Champions advocate EFA through Art and Quizzes](#)

To be continued.....

Top Two-Articles Accessed in June 2013

1. Postpartum Hemorrhage; <http://www.womenshealthsection.com/content/obs/obs008.php3>
WHEC Publications. Special thanks to our writers/editors for compiling the review and checklist to prevent maternal deaths. We thank collaboration with World Health Organization (WHO) for the global initiative.
2. Cervical Cancer Prevention: Managing Low-Grade Cervical Neoplasia;
<http://www.womenshealthsection.com/content/gyno/gyno020.php3>
WHEC Publications. Special thanks to Dr. Robert J. Walat, Clinical Laboratory Director, Ikonisys Inc. New Haven, CT (USA) for very valuable suggestions, expert opinions and assistance with the series on Cervical Cancer Prevention.

From Editor's Desk

The United Nations Academic Impact

Academic institutions have an invaluable role to play in strengthening the work of the United Nations. From research laboratories to seminar rooms, from lecture halls to informal gatherings in cafeterias, the search for innovative solutions to global challenges often begins on campus. Moreover, the principles that characterize scholarly enterprise—equal opportunity, mutual understanding and open inquiry—are also at the heart of the UN's global mission of peace, development, and human rights. The academic world and the world Organization are already good, close partners, but there is great scope to go further still. That

potential, as well as ten universal principles encompassing human rights, dialogue, sustainability and much else, underpin a new initiative: the United Nations Academic Impact.

Much has been written and said about corporate social responsibility. Today we are also seeing the emergence of a stronger culture of “intellectual social responsibility.” That is the spirit the UN Academic Impact seeks to embrace and encourage. We hope to help educate young people about the complex, transnational issues of our time, and cultivate a global mindset and a keener sense of global citizenship. We would like to empower students and faculty to take their learning beyond the classroom—and to their friends, families, and communities. We want to bring the ideas and proposals generated by institutions of higher learning into the global arena, including the UN system. We want, in short, the UN Academic Impact to promote a “movement of minds” to engender change.

The United Nations continues to open its doors to new partners, and we are especially excited about how the scholarship and engagement of the academic community can benefit our work for human well-being. I welcome the more than 400 institutions in more than 80 countries that have joined the initiative and have shown such enthusiasm about supporting United Nations objectives. I look forward to the contributions this scholarly partnership can make in our efforts to build a more peaceful, prosperous, and just world for all.

[Preparing the Next Generation to Join the Conference Table](#)

Words of Wisdom

Determine that the thing can and shall be done, and then we shall find a way.

– Abraham Lincoln, 16th President of the United States (1809-1865)
Speech to Congress, June 20, 1848

*Monthly newsletter of WHEC designed to keep you informed on
the latest UN and NGO activities*

<http://www.womenshealthsection.com/>

