



Health Education and Wellness Rotarian Action Group (HEWRAG)

Rotarians Working Together To Improve World Health

Volume 5, Issue 1 – February 2019

www.hewrag.org hewrag@gmail.com facebook.com/HEWRAG

Newsletter Editors and HEWRAG Co-Chairs: Jane Little and Sheila Hurst

Greetings!

As HEWRAG begins its fifth year, we continue to take seriously our commitment to support Rotarians to do "Good in the World." To that end, we are fortunate to have exciting opportunities and great partners. In this issue, you'll read inspiring stories of Rotarians and partners participating in medical missions, building awareness about and helping to prevent cervical cancer and tuberculosis, meeting the challenge of autism, and creating a navigation system for patients receiving cancer treatment.



These also are some of the topics that HEWRAG will feature at the Rotary International Convention in Hamburg. As we have for the past four Rotary Conventions, HEWRAG will host a booth in the House of Friendship, hold our Annual General Meeting, and convene several Special Sessions. In 2019, the topics are Cervical Cancer Prevention, Tuberculosis Awareness and Prevention, and Autism Awareness and Empowerment.



Look for more details in the next Newsletter. We hope to see you in Hamburg!

June	HEWRAG Event	Time/Place
Sat. ~ Weds.	HEWRAG Booth	House of Friendship
Monday, 3	Annual Meeting	14:30 – 16:00 Osaka 2 & 3
Tuesday, 4	Cervical Cancer Prevention Forum	12:30 – 14:00 Shanghai
Tuesday, 4	TB Awareness and Prevention	14:30 – 16:00 Osaka 2 & 3
Tuesday, 4	Autism Awareness and Empowerment	16:30 – 18:00 Osaka 2 & 3

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Keeping with the purpose of Rotarian Action Groups (RAGs) to assist and support Rotarians with large-scale, sustainable projects, we are pleased to share some recent examples of how this Newsletter has helped with that goal.

In December, Rotary Service and Engagement in Evanston republished a Fall 2018 article about HEWRAG's cervical cancer prevention activities in Kenya and Zambia. HEWRAG members have made several trips to both countries to explore opportunities to engage in cervical cancer prevention projects by Rotarians with health officials.

The Cervical Cancer Prevention Initiative (CCPI) January 2019 Newsletter referenced an article from the Fall 2018 HEWRAG Newsletter by Rotarian and HEWRAG member Richard Godfrey about cervical cancer prevention in Guatemala. CCPI is an association of a diverse group of partners, including HEWRAG, who share a commitment to cervical cancer prevention.



The Cervical Cancer Prevention Initiative

During the past four years, HEWRAG has been privileged to publish articles by a number of Rotary leaders including our valued friend and member of the HEWRAG Advisory Board Past Rotary International President Clifford L. Dochterman, who has written several lead articles, and by some Past Rotary International Directors.

In this issue, we are honored to feature as the lead article a compelling story written by Past Rotary International President Rajendra K. Saboo in which he describes special experiences and memories of twenty years of medical missions in Africa.



Special Note:
The January 2019 issue of
The Rotarian Magazine
includes an article about
Rajendra K. Saboo and Usha Saboo:
20 years of 'service beyond borders'
**Former RI president helps send
hundreds of volunteers
around the world to perform 67,000
surgeries, examine 250,000 patients**

With warm regards,

Jane Little and Sheila Hurst

The Health Education and Wellness Rotarian Action Group operates in accordance with Rotary International policy but is not an agency of or controlled by Rotary International.



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FEATURED ARTICLES

A Drop in the Ocean

Rajendra K. Saboo
Rotary International President 1991-92
Rotary Club of Chandigarh, District 3080, India
Director, Health Education and Wellness Rotarian Action Group

Addressing Women's Cancers – A Global Effort for a Brighter Future

Susan Keese
Rotary Maidenhead & Thames, District 1090, UK
Director, SMK Consultancy Ltd

Awareness is Crucial for Cervical and Breast Cancer Prevention

Dr. Mahfuza Mousumi, MPH
Rotary Club of Sonargaon Dhaka, District 3281, Bangladesh
Program Director, Jhpiego, Johns Hopkins University affiliate

Meeting the Challenge of Autism

Richard Clarke, Past District Governor
Rotary Club of Strathcona-Sunrise, District 5020, British Columbia, Canada

Tuberculosis (TB): A Global Concern

Yash Pal Das
Rotary International Director 2011-2013
Rotary Club of Ambala, District 3080, India
Director, Health Education and Wellness Rotarian Action Group

Reducing Barriers to Cancer Treatment Through Patient Navigation

Kristie McComb
Managing Director of Global Capacity Development and Patient Support
The American Cancer Society

Embrace the HPV Vaccine that Prevents Six Cancers and Will Help Eliminate Cervical Cancer

Meenu Anand, Director, Global Cancer Prevention
Jacqui Drope, Managing Director, Global Cancer Prevention
American Cancer Society Global Cancer Prevention and Early Detection

A Drop in the Ocean

Rajendra K. Saboo
Rotary International President 1991-92
Rotary Club of Chandigarh, District 3080, India
Director, Health Education and Wellness Rotarian Action Group

My wife, Usha, was the one who steered me to think of starting the hands-on service. Earlier in 1998 I was in Pune, India, a large city near Mumbai, where the District Governor Dr. Rajiv Pradhan had organized a Polio corrective surgery project. That is where I met Rotarian Nand Lal Parikh. The story of going to Uganda started unfolding there.

One significant episode happened which put a spark in me not to stop. The very day Usha and I were cleaning the legs of the children preparing them for surgery, Usha suddenly asked, "Raja, do you know what day is today?" I replied, "No, I don't." Immediately Usha said, "Today is 11 August. Happy Birthday." Truly to me this is the way to celebrate the birthday.

When we went to Uganda this time in August 2018 to commemorate 20 years of our journey in medical missions, both Usha and I were older by 20 years, but our spirit probably was the same as when we started in the very first medical mission. This is the spirit that has continued to encourage us every year serving beyond borders and mostly in Africa.

In our first journey my perception was that we were going to give the treatment to the needy African people. How wrong I was. As we started working there, we all, including Usha and doctors, felt that we were not on the giving end, but we were on the receiving end by getting the benefit of the opportunity to serve humanity. We realized that we are part of one human family. A child in pain would cry regardless of his or her country, color, religion, or economic level, and if the child could be comforted, the smile would be spontaneous.



**Usha Saboo taking care of an elderly patient
in Kigali, Rwanda**

Usha became very friendly with a child, and despite the language barrier, somehow they had good communication. The child was asked, "How do you communicate with Mrs. Saboo when you don't know her language?" And the child in her own language said, "Mam smiles in my language."

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Starting with Uganda we continued our journey to Ethiopia, Nigeria, Tanzania, Zambia, Malawi, Swaziland, Cambodia, and so on, and our zeal and enthusiasm, our hunger and passion kept increasing. We involved more and more doctors and also more districts. And soon I started realizing that I was an African not born in Africa. Each of the medical missions was replete with human stories.

In Nigeria in one of our missions, I was working as volunteer in the hospital's operating theatre complex. A 3 year-old girl was to be taken for the surgery. She was howling and resisting leaving her father. Somehow I took her in my lap, and as I patted her back and



Raja Saboo placing a 3-year-old child on the operating table at a hospital in Nigeria.

walked her along the corridor of the complex, she became quiet. As I would try to put her on the operation table, she started crying again. I tried many times, but she simply refused to leave me, and finally after half an hour I told the doctors to give her a sedation injection. Then only I could get her to go through the surgery. I asked myself why this girl became so attached to me or I to her. Perhaps I saw in her my own granddaughter.

Essentially right from the beginning we always made it a condition that our mission would treat the poor people who did not have access to the medical facilities and who would not be able to afford the costs. In most African countries, the government gives some kind of insurance where 70 to 90% of the treatment cost is insured. However, the patients we touched could not even afford 10% of the cost.

Our work in these countries goes beyond the treatment of the needy people and training of the local doctors. In many places we offered the treatment to children suffering from cardiac congenital conditions. With the government and local Rotary paying for the travel fare, we in Chandigarh, India would take care of the surgery, hospitalization, medication, board, and lodging for the patients and their guardians.

In our recent medical mission to Masaka, Uganda there was a boy 5 or 6 years old who had been caught in fire at age 1. His face was distorted; one eye had almost lost vision, and the other had lost muscle power. Our plastic surgeon Dr. V.D.Singh did a two-hour surgery to correct some parts of his face including bringing vision to one eye. Our ophthalmology surgeon Dr. S.P.S. Grewal felt that the other eye could also be rectified.

Could the child have a near-normal face with vision in both eyes? Yes, judged our surgeons, and they will put forth their best efforts. The child and the mother will arrive in our city through Rotary in Uganda.

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Musika with Raja and Dr. Singh after surgery. The child was treated partially in Masaka, Uganda. He and his mother will be going to Chandigarh for further surgeries.

These surgeons will undertake multiple surgeries giving the child a new quality of life. This is the power of Rotary and some of the collateral benefits from medical missions.

The medical faculty members of our missions have been Rotarians and some non-Rotarians. Practically all were non-retired practicing doctors. They would willingly sacrifice their time and donate their professional skills to serve humanity.

The funding is done by The Rotary Foundation (through a Matching Grant

in the beginning) with a Global Grant and Vocational Training Teams for these doctors. All the volunteers pay their own travel and hotel expenses.

During this Rotary year we have completed two missions, and four are already in the implementation mode. Hopefully we will be able to get ten medical missions from India to Africa and one to Mongolia. Usha and I will be part of three medical missions outside India; one already has been completed in Uganda.

I know that many Rotary-initiated medical missions go from the USA to Central and South America. Likewise, from Europe many come to Africa. So also from Korea, Japan, Australia, and New Zealand. Rotarians reaching out with healing hands for medical and health activities to far and near needy places deserve our salutation as they truly illustrate Rotary's motto of "Service Above Self."

What we are doing may be a drop in the ocean, but as Mother Teresa said, "Without this drop, the ocean would be incomplete."



Addressing Women's Cancers – A Global Effort for a Brighter Future

Susan Keese

Rotary Maidenhead & Thames, District 1090, UK

Director, SMK Consultancy Ltd

Breast cancer is the most common cancer in women worldwide, contributing to 25.4% of the total number of new cases diagnosed in 2018 (GLOBOCAN 2018). Significant advancements in breast cancer diagnosis and treatment have reduced mortality rates, however it must continue to be a priority.

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In addition to breast cancer, there are five gynecological cancers that can affect women: cervical, ovarian, uterine (womb or endometrial), vaginal, and vulval. Cervical, ovarian, and uterine are in the top 10 female cancers.

Awareness of these cancers and their symptoms is lower; they are often embarrassing for women to talk about. As a result, they can often be missed or overlooked, leading to late diagnosis and delayed treatment. If left undetected they can have a devastating effect on a woman and her family. Early diagnosis and treatment save lives. More awareness, advocacy, and research are needed to prevent women from suffering.

We are in a unique position with cervical cancer - elimination is now within sight. It is the fourth most common cancer in women worldwide and second leading cause of cancer death in women in 42 countries; however it's also one of the most preventable. Nearly all cases are caused by a common sexually transmitted infection called Human Papilloma Virus (HPV). HPV is linked to other cancers including: vulval, vaginal, anal (50% in men), penile, and head/neck.

We now have the tools available to reduce the incidence of HPV-attributable cancers and the possibility to eliminate cervical cancer for future generations. Deaths can be avoided by ensuring universal access to HPV vaccination for *all* girls globally and

screening and treatment of pre-cancerous lesions of *all* women over 30, utilizing the best available technologies.

“If we don’t act, deaths from cervical cancer will rise by almost 50% by 2030

The most vulnerable women in our world are dying unnecessarily.

This cannot be fair or just.

***Now is the time for global elimination ...
But to succeed, we must
expand our partnership
to include anyone and everyone
who can help us reach our goal.”***

Dr. Tedros Adhanom Ghebreyesus
Director-General, World Health Organization
Press Release, 19 May 2018

Political will, human and financial resources, and a commitment from the greater international community are required to ensure a comprehensive approach and equitable access to services.

Calls from the UN Secretary General in 2016 and WHO’s Director-General in 2018 elevated this as a global public health priority.

How can Rotarians help?

Through its international network, broad reach, skills, and experience, Rotarians can help by raising awareness of women’s cancers and their symptoms and by supporting others involved in the mission to eliminate cervical cancer, especially for the most vulnerable women in the world who are dying unnecessarily.

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In addition to technical/clinical assistance, advocacy, education, and awareness are crucial if communities are to embrace new programs. An annual campaign for HPV Awareness Day is on 4th March 2019. It was launched in 2018 by the International Papilloma Virus Society (IPVS).



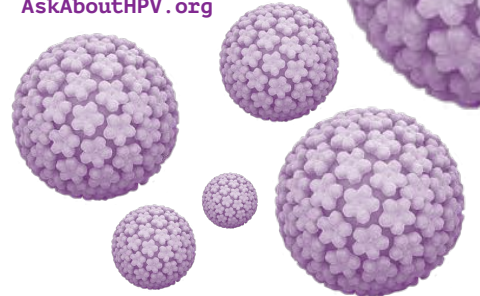
<https://ipvsoc.org>

For more information or with questions, please write to susan.keese@gmail.com

Juicy gossip spreads to hundreds of people.

DON'T LET HPV HARM YOU AND YOUR LOVED ONES.

AskAboutHPV.org



HAVE YOU HEARD OF HPV?

HPV affects everyone, yet many people have never heard of it. The bad news: some HPV infections can lead to life-threatening cancers. The good news: together we can stop HPV.



Awareness is Crucial for Cervical and Breast Cancer Prevention

Dr. Mahfuza Mousumi, MPH

Rotary Club of Sonargaon Dhaka, District 3281, Bangladesh
Program Director, Jhpiego, Johns Hopkins University affiliate

Globally, cervical and breast cancer are the most commonly occurring cancers in women. Cervical cancer is the fourth and breast cancer is the second most common cancer overall. According to American Institute of Cancer Research 2018 report, there were more than 5 million new cervical cancer cases and more than 2 million new breast cancer cases in 2018. Overall cancer cervical cancer is the fourth and breast cancer is the second most common cancer among all other cancers irrespective of gender, including men and women.

Cervical cancer and breast cancer are increasingly spreading in the world including Bangladesh. Though there is a lack of credible updated data on this, one study indicates that about 50 women are affected by cervical cancer every day in Bangladesh. About 18,000 women are affected yearly, and unfortunately many of them result in untimely death.

The prevalence of cervical and breast cancer is increasing both in rural and urban slum areas. Many socio-cultural and health related problems are responsible for both cervical and breast cancer. Early marriage, early pregnancy, poor knowledge of hygiene and practices of the women, negligence by the husband and family for medical care,

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and stigma are some of the main causes of cervical and breast cancer. On the other hand, these may be prevented and cured if identified early and if treatment starts in a timely manner.



Rotary Club of Sonargaon Dhaka with BSMMU organized a seminar for creating awareness of cervical and breast cancer prevention among civil society members.

Banga Bandhu Sheikh Mujib Medical University (BSMMU) and other government and NGO clinics to conduct screening camps in different locations. These camps are being organized in the slum and hard to reach, poor communities for creating community awareness of these two devastating conditions. Women are screened for early detection of cervical and breast cancer by a medical team.

The Rotary Club of Sonargaon Dhaka (RCSD) has been engaged and committed to raise awareness among women who are economically and socially disadvantaged. Our club has been working to raise awareness and to prevent cervical and breast cancer since 2010.

RCSD has developed a technical collaboration with state of the art national institute



RCSD officers and medical team starting the camp in an urban slum



Women lining up for cervical cancer screening at the camp



Women registering for cervical and breast cancer screening at the camp

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In 2018, RCSD organized three camps in three different locations and screened 374 women and detected 6 cervical and 8 breast cancer suspected cases. Suspected cases are being referred to BSMMU hospital for confirmation and required treatment. RCSD is also providing financial support to continue the treatment for cervical and breast cancer detected patients, especially those who are poor. Besides, RCSD is also playing a role for creating general awareness among civil society and involving them for raising community awareness at large.



RCSD members with the medical team and community women involved in the awareness program

We believe that raising mass awareness through engaging civil society on cervical and breast cancer will help in early detection of cases and enable timely treatment. Thus we can reduce the incidence of cervical and breast cancer cases and save millions of lives every year.

We invite all Rotary Clubs and Rotarians to partner with the Rotary Club of Sonargaon Dhaka so that together we can make a bigger impact on prevention of cervical and breast cancer in remote villages in Bangladesh who are living in danger due to lack of information and services.

For more detailed information, please contact Dr. Mahfuza Mousumi at mmousumi13@gmail.com



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Meeting the Challenge of Autism

Richard Clarke, Past District Governor

Rotary Club of Strathcona-Sunrise, District 5020, British Columbia, Canada

Autism can be isolating and overwhelming, but Lithuanian Rotarians are working to help families by collaborating and supporting an innovative program to create awareness, provide education, diagnosis and treatment of autism.

Autism was not recognized as a health concern during the Soviet era. Since regaining its independence, Lithuania has recognized autism, but the country has a large task of creating awareness of autism, helping families to understand the condition, diagnosing children with autism, and developing and delivering treatment programs.

The Adite Rotary Club in Klaipeda, Lithuania has been working to support just such a program which is based out of the Lithuanian Sea Museum located in their community. An autism program is part of the therapeutic programming offered by the Dolphin Therapy Centre that organizes individual and group activities for dolphin communication for people with physical and mental disabilities and with neurological illnesses with psycho-emotional trauma. This program helps people feel better, improves cognitive, socialization, and, for some, physical dexterity skills.



Heading for the tank and meeting the Dolphins

Autism treatment facilities were purposely built into the new dolphin performance complex. These include shallow pools where the therapists can work with the medical and social professionals to engage with the dolphins. Dolphin trainers – biologists and vets – are responsible for the welfare of dolphins participating in DAT programs. Please note that dolphin communication is a supplement, not an alternative to other treatment methodologies. This program allows for family to have a holistic view of their child. Physical therapists, sensory specialists, TEACCH structured teaching specialists, and social workers are involved in individualized counseling. *(continued on the next page)*

One of the programs offered by the Therapy Centre, when children have been identified as being autistic, is to bring the entire family to the Centre for a two week program of further diagnosis and treatment for the child with autism, educational programming for the parents, and an active program for the siblings.



Push-ups are part of the program at the Therapy Centre

The cost of the programming itself is supported by the Lithuanian Department of Health Services, but out-of-town families must bear the cost of accommodation, meals, etc. The Centre is able to cover those costs for about 10 families per annum. In 2018-2021 Lithuanian Sea Museum started research on dolphin-assisted therapy as a health biotechnology innovation, and about 200 people are planned to be accepted free of charge during these years. The Adite Rotary Club is working with other Rotary Clubs to cover the costs of another 10 families annually. The cost is approximately \$1,000 USD per family.



Rotarians host an Autism Winter Camp

In addition, the Adite Club is working with other Lithuanian Rotary Clubs that are collaborating with local social service agencies to identify families in their communities who require such assistance.

Information about The Dolphin Assisted Therapy Centre in the Lithuanian Sea Museum is online at <https://muziejus.lt/en/paslaugos/dolphin-assisted-therapy-centre>

If your club is interested in supporting this program, or if you seek additional information, please contact me at 137clarke@gmail.com, or perhaps we can meet at the Hamburg Convention.



Tuberculosis (TB): A Global Concern

Yash Pal Das

Rotary International Director 2011-2013

Rotary Club of Ambala, District 3080, India

Director, Health Education and Wellness Rotarian Action Group

Tuberculosis is a global disease found in every country in the world. It is the leading infectious cause of death worldwide.

Elimination of TB deserves to be considered as it is amongst the world's largest killer of infectious diseases. In the past decade an average of 2.5 to 3.2 million cases were notified every year **globally**. For every reported/notified case of TB there are about 10 unreported cases.

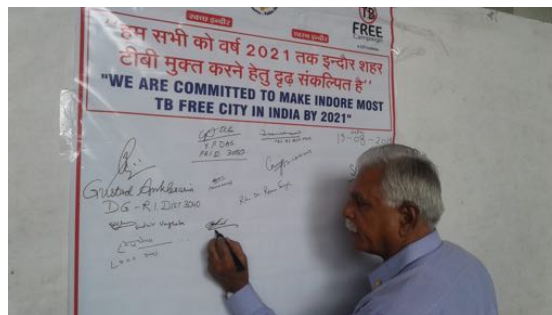


TB affects the most vulnerable in the community

As per the data available from the World Health Organization in 2017, an estimated 10 million new cases of TB were notified, and 1.6 million people died from this disease, which amounts to just over 4384 persons that die each day because of TB or **3 persons every minute**. It is responsible for economic devastation and continuing a cycle of poverty and illness that entraps families, communities, and even entire countries. Among the most vulnerable are women, children, and those with HIV/AIDS.

In 2017, 87% of new TB cases occurred in the 30 high TB burden countries. Eight countries accounted for two thirds of the new TB cases: **India, China, Indonesia, Philippines, Pakistan, Nigeria, Bangladesh and South Africa**. India harbours **25% of the global incidence of TB**.

The Rotary India National TB Control & Awareness Committee with the help of a Global Grant has made a small beginning by creating awareness and sensitising Rotary Clubs in India about the magnitude of the problem and the need to dovetail their efforts with the Government Health Authorities to achieve the goal of a TB FREE INDIA by 2025.



Rotarians of the Rotary Club of Indore commit themselves to a TB Free City

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Rotarians in Delhi spreading awareness about TB

It has been 25 years since tuberculosis (TB) was declared a global emergency by the World Health Organization, and since then at least 10 declarations have stressed the burden of TB and the need to develop new products to prevent, diagnose, and cure TB. Despite this, progress in the fight against the disease, now the world's deadliest infection, has been shamefully slow, with tens of millions of lives lost and hundreds of millions of patients and families suffering needlessly.

This only goes to show the magnitude of the problem and the inadequacies of the TB control program over the past several years. Surely this calls for an urgent revitalisation of the tuberculosis control program throughout the world. Rotary, with its vast experience of the PolioPlus program over the last three decades and having realised the potential of its 1.2 million members, can certainly take up the challenge once it has achieved global Polio eradication.

Elimination of TB requires POLITICAL WILL and investment. The global eradication of Polio is in sight and will happen in the next few years. Rotary has realised its potential to take up challenges in the sphere of health and undoubtedly will be considering what corporate program it should consider after the eradication of Polio.



The mobile TB Van by the Rotary Club of Madras Central, District 3230

With comments and queries, please write to yashpaldas@yahoo.com



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Reducing Barriers to Cancer Treatment Through Patient Navigation

Kristie McComb

Managing Director of Global Capacity Development and Patient Support
The American Cancer Society

Cancer patients in low-and middle-income countries (LMIC) confront several barriers to accessing care and treatment in a timely manner which contributes significantly to poor health outcomes. Kenya, one of the key countries where the American Cancer Society Global Cancer Control program is working, is no exception to this rule. Cancer is the 3rd leading cause of death in Kenya. There are approximately 48,000 new cases of cancer each year and 33,000 cancer deaths annually. Cervical cancer has the second highest rate of incidence behind breast cancer in Kenya.

In 2015, the American Cancer Society (ACS) partnered with Kenyatta National Hospital (KNH) to conduct a patient needs assessment and identify the challenges patients face accessing cancer care services at KNH. This study was the first of its kind looking at the whole patient experience as they go through their treatment journey. Key challenges included a lack of information about their disease and the proposed treatment plan; fear of the disease; difficulty accessing different hospital services (labs, departments, etc.) within KNH; transportation from home to KNH and around Nairobi; a lack of accommodation during treatment; being hungry or thirsty throughout the day while waiting to be seen; long wait times in general; and getting lost while trying to move around the hospital.



Clinical Navigator Encounter with Patient. During the patient's first encounter, the clinical navigator can assess the patient's immediate needs and then refer them to appropriate relief services such as rehabilitation, hospice, psychosocial, etc.



Navigator with Patient. The clinical navigator consults with the cancer patient on their diagnosis, treatment plan, and expected side effects. During this one-on-one encounter, the clinical navigator assesses psycho-social and economic challenges the patient may face in completing their treatment.

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Clinical Navigator provides Cancer Ed using CEMPC. The clinical navigator provides basic cancer information to newly-diagnosed patients using cancer educational materials for Kenyan cancer patients and their caregivers co-developed by ACS and local government and civil society stakeholders.

Patient navigation, a best practice approach developed in the early 1990s in the United States to address disparities in cancer care, is a process that guides patients through and around barriers in the complex cancer care system to help ensure timely diagnosis and treatment. Patient navigation can eliminate barriers to access to cancer diagnosis and treatment services, increase patient awareness of available resources, facilitate better communication between providers and patients, and enhance decision-making among patients.

patients are well-informed of their disease, able to navigate the hospital system, linked to needed support services, and can better adhere to their treatment plan. KNH employs 4 clinical navigators to provide basic cancer information and explain the patient's diagnosis and treatment plan, 1 lay navigator to provide psychosocial support and link patients to additional resources, and 5 patient access representatives (PARs) to physically guide patients through the large and complex hospital campus while ensuring their safety and security.

KNH, with financial and technical assistance from ACS, developed and launched a comprehensive patient navigation program that ensures cancer

The PARs also make reminder phone calls to ensure that patients don't miss appointments as well as follow up calls to find out why patients have missed appointments and to try to determine what's getting in the way to following their treatment plan. Only in its second year of implementation, KNH has already supported more than 3,000 cancer patients with navigation services and is rapidly becoming a model for patient-centered cancer care in sub-Saharan Africa.



Patient Access Representatives (PARs) are available physically to guide patients to far away departments located on the hospital groups when assistance is needed.

For more information, please write to kristie.mccomb@cancer.org, and visit www.cancer.org/global.



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Embrace the HPV Vaccine that Prevents Six Cancers and Will Help Eliminate Cervical Cancer

Meenu Anand, Director, Global Cancer Prevention
Jacqui Drope, Managing Director, Global Cancer Prevention
American Cancer Society Global Cancer Prevention and Early Detection

Dr. John Donnelly, President, Rotary Club of Orinda, District 5160, California, wisely stated in his Fall 2018 HEWRAG Newsletter article, *Stopping Cervical Cancer with a Vaccine*, “The discovery that **cervical cancer is caused by a virus** (the human papilloma virus or HPV) and the development of effective vaccines has changed public health approaches to cervical cancer forever.”

The HPV vaccine presents a unique and extraordinary opportunity to help prevent six cancers including cervical cancer. Yet, in most regions of the world today, more women die from cervical cancer than from pregnancy-related complications. Though HPV vaccines have been in use since 2006, many health providers hesitate to recommend it routinely and confidently, parents hesitate to demand it for their children, community influencers hesitate to advocate for its access and uptake, and policy makers hesitate to include it in their national immunization schedule as a mandatory vaccine. This unfounded hesitation has left our daughters unprotected, particularly in low and medium resource countries.

To create a world where 569,847 families will not have to hear the words “You have cervical cancer” every year, the American Cancer Society (ACS) Global Cancer Prevention program has adopted an innovative social and behavioral change communications approach to challenge the status quo of unfounded hesitation at all levels of society to embrace the HPV vaccine, starting with physicians and parents in India.

In partnership with the Cancer Foundation of India and the Center for Social and Behaviour Change at Ashoka University and advisors Prof. “Vish” Vishwanath (Harvard TH Chan School of Public Health), Dr. Rengaswamy Sakaranayanan (IARC), and Prof. Maqsood Siddiqi (CFI Founder), the Global Cancer Prevention team launched an exciting initiative to increase coverage of HPV vaccine through social and behavior change communication (SBCC) interventions.



Mothers protect their daughters from cervical cancer

This initiative will design and test interventions aimed at boosting strong physician recommendations for HPV vaccine and increasing demand from parents/families. It will result in the development of an evidence-based, cost-effective communications package for use in one state in India to start, and additional states to follow.

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What can Rotarians do to help?

The HPV vaccine, despite its track record for safety and effectiveness for more than a decade, remains surrounded by myths, misperceptions, and misinformation. Rotarians can catalyze community action to effectively address these unfounded hesitations and play a part in normalizing the HPV vaccine as cancer prevention with physicians, parents and families, community influencers, and policy makers.



Foundation of India, Ashoka University, and the American Cancer Society collaborate to boost physician recommendations for HPV vaccine

As Dr. John Donnelly suggested, “Educate fellow Rotarians and your community about the importance of HPV vaccination around the world.” Reach out to your local cancer organizations and work together to ensure that cervical cancer prevention is a priority within your community. The American Cancer Society and its US and global networks are here to join hands with Rotarians to achieve our shared goal to protect our daughters from cervical cancer.

More information is available at <https://www.cancer.org/healthy/hpv-vaccine.html>



Protect a girl, protect a family



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- Morrison Heth, Past District Governor, District 5450 (Colorado, USA)
- Dr. Emman Ude AKPEH, Past District Governor, District 9142 (Nigeria)
- Dr. James P. Green, District 5110 (Oregon, USA)
- Al Jubitz, Rotarian Action Group for Peace, District 5100 (Oregon, USA)
- Josie Norfolk, Past President, Rotary Club of Melkbos, District 9350 (South Africa)
- James H. Goddard, Rotary Club of Denver, District 5450 (Colorado, USA)
- Michael Mead, Past President, Rotary Club of Balgowlah, District 9285 (Australia)
- Bruce Mills, Past President, Rotary Club of Logan, District 9630 (Australia)
- Dr. Rita Kalra, Past President, Rotary Club of Midtown Chandigarh, District 3080, (India)
- Dr. Sanjay Kalra, Rotary Club of Midtown Chandigarh, District 3080, (India)
- Chinelo Ude Akpeh, Rotary Club of Onitsha East, District 9142 (Nigeria)



Health Education and Wellness
Rotarian Action Group

February 2019



The goal of the Health Education and Wellness Rotarian Action Group is to promote good health and wellness through healthy lifestyle choices and disease prevention.

The emphasis is on building awareness, promoting education, and providing information to help achieve and maintain good health and to utilize effective prevention in an integrated way.

One of the first 10 Rotarian Action Groups formed was World Health Fairs (WHFRAG), which has been reorganized and expanded and was renamed in 2014 as the Health Education and Wellness Rotarian Action Group (HEWRAG).

You are encouraged to share this Newsletter with your friends and family, other Rotarians, Rotaractors, Interactors, colleagues, business associates, and those you think might find it interesting and/or beneficial.

All issues are online at hewrag.org/publications.

Comments and suggestions about HEWRAG and this Newsletter are welcome. With questions or for more information, please write to hewrag@gmail.com.

Readers are invited to submit an article about Health Education and/or Wellness projects and programs for consideration in a future issue. General guidelines:

- an article of up to 400 words (500 words maximum) and
- 2 or 3 high-resolution .jpg images (each a minimum of 1 MB to a maximum of 3 MB) with captions.

The next issue of this Newsletter will be published in May 2019.
To submit an article about Health Education and/or Wellness for consideration in the May issue, please write to hewrag@gmail.com by April 10, 2019.

To request adding someone to the mailing list, please send contact information including Rotary affiliation and e-mail address to hewrag@gmail.com.

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