SIHFW Rajasthan

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From the Director's Desk

Dear Readers

Greetings from SIHFW, Rajasthan!

The second issue of the second volume carries an article on cancer. World Cancer Day falls on 4 February, 2013. Many cancers can be prevented by avoiding exposure to common risk factors, such as tobacco smoke. A significant proportion of cancers can be cured, by surgery, radiotherapy or chemotherapy, especially if they are detected early.

My message to the readers, through this issue of newsletter is _ Stay at distance from the five leading behavioral and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, alcohol use.

Director

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Health Days in February'13

World Cancer Day 4 Feb
International Development Week 5 Feb
International Day of Zero Tolerance to Female Genital Mutilation 6 Feb
World Day of the Sick 11 Feb
World Rotaract Day 23 Feb
National Science Day 28 Feb
World Sustainable Energy Day 29 Feb

World Cancer Day

Cancer is a leading cause of death worldwide and accounted for 7.6 million deaths (around 13% of all deaths) in worldwide. Each year on 4 February, WHO supports International Union Against Cancer to promote ways to ease the global burden of cancer. Preventing cancer and raising quality of life for cancer patients are recurring themes.

Cancer is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasm. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs. This process is referred to as metastasis. Metastases are the major cause of death from cancer.

Key facts-Global

1. Lung, stomach, liver, colon and breast cancer cause the most cancer deaths each year.
2. Tobacco use is the most important risk factor for cancer causing 22% of global cancer deaths and 71% of global lung cancer deaths.
3. Cancer causing viral infections such as HBV/HCV and HPV are responsible for up to 20% of cancer deaths in low- and middle-income countries.
4. About 70% of all cancer deaths occurred in low- and middle-income countries.
5. Deaths from cancer worldwide are estimated 13.1 million deaths in 2030.
6. More than 30% of cancer could be prevented. In developing countries up to 20% of cancer deaths could be prevented by immunization against the infection of HBV and HPV.
7. Tobacco use is the single most important risk factor for cancer causing 22% of global cancer deaths and 71% of global lung cancer deaths.

India

1. 0.8 million new cases/year
2. 2.4 million prevalent cases
3. Tobacco Related Cancers (TRC) are amenable for primary prevention.
4. 48% cancers in men and 20% in women are due to tobacco.
5. 13% cancers of uterine cervix can be potentially screened and prevented
6. 9% of breast cancers can be detected early and treated effectively

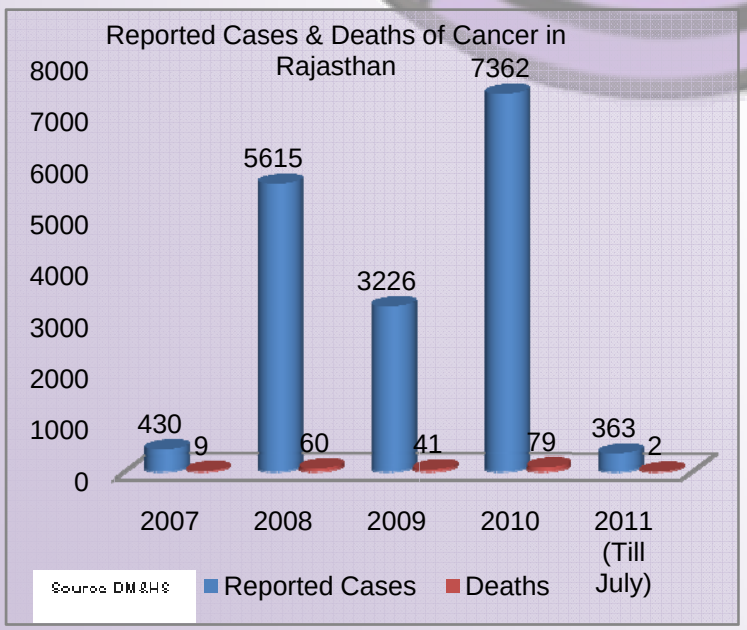
Source: WHO

Common Cancer Sites & Cases in India- 2009

Male-	**Cases**	**Female**	**Cases**
Mouth	**29474**	Cervix	101938
Oro-pharynx	**14366**	Breast	87693
Stomach	**25408**	Ovary	29929
Oesophagus	**23433**	Mouth/Oro-pharynx	14609
Lungs	**43576**	Oesophagus	18083

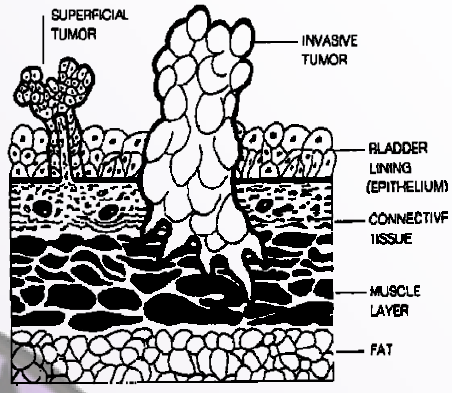
Source: National Health Profile, 2010

Rajasthan



Causes of Cancer

Cancer is the result of cells that uncontrollably grow and do not die. Normal cells in the body follow an orderly path of growth, division, and death. Cancer arises from one single cell. The transformation of a normal cell into a tumour cell is a multistage process, typically a progression from a pre-cancerous lesion to malignant tumours. Use of tobacco, certain diets, alcohol, exposure to ultraviolet (UV) radiation, and to a lesser extent, exposure to cancer causing agents (carcinogens) in the environment and the workplace are some of the potential catalysts of cancer.



Classification of Cancer

Five broad groups are used to classify the cancer.

1. **Carcinomas** - cells that cover internal and external parts of the body such as lung, breast & colon cancer.
2. **Sarcomas**- cells those are located in bone, cartilage, fat, connective tissue, muscle &other supportive tissues.
3. **Lymphomas-**Cancers that begin in the lymph nodes and immune system tissues.
4. **Leukemias**- Begin in the bone marrow and often accumulate in the bloodstream.
5. **Adenomas**- Arise in the thyroid, pituitary, adrenal and other glandular tissues.

How can the burden of cancer be reduced?

Knowledge about the causes of cancer, and interventions to prevent and manage the disease is extensive. Cancer can be reduced and controlled by implementing evidence-based strategies for cancer prevention, early detection and management of patients with cancer. Many cancers have a high chance of cure if detected early and treated adequately.

Prevention Strategies

- **Increase avoidance of the risk factors-** More than 30% of cancer deaths could be prevented by modifying or avoiding key risk factors, including: tobacco use, obesity, unhealthy diet with low fruit and vegetable intake, lack of physical activity, alcohol use, sexually transmitted HPV-infection
- Vaccinate against human papilloma virus (HPV) and hepatitis B virus (HBV).
- Control occupational hazards
- Reduce exposure to sunlight
- Awareness & education programs
- Role and use of media
- Community participation
- Combining with other programs

Early detection

Cancer mortality can be reduced if cases are detected and treated early. Two components of early detection efforts:

Early diagnosis

Awareness of early signs and symptoms (for cancer such as- cervical, breast, colorectal and oral) to diagnosed and treated early before the disease becomes advanced.

Screening

Screening is the systematic application of a test in an asymptomatic population for identify individuals with abnormalities suggestive of a specific cancer or pre-cancer and refer them promptly for diagnosis and treatment. Screening programmes are especially effective for frequent cancer types for which a cost-effective, affordable, acceptable and accessible screening test is available to the majority of the population at risk.

Screening methods are:

- Visual inspection with acetic acid (VIA) for cervical cancer;
- PAP test for cervical cancer;
- Mammography screening for breast cancer.

Treatment
Cancer treatment requires a one or more intervention, such as surgery, radiotherapy, and chemotherapy.

Treatment of early detectable cancers
Some of the most common cancer types, such as breast cancer, cervical cancer, oral cancer and colorectal cancer have higher cure rates when detected early and treated according to best practices.

Treatment of other cancers with potential for cure
Some cancer types, even though disseminated, such as leukemias and lymphomas in children, and testicular seminoma, have high cure rates if appropriate treatment is provided.

Palliative care
Palliative care is treatment to relieve, rather than cure, symptoms caused by cancer. Palliative care can help people live more comfortably; it is an urgent humanitarian need for people worldwide with cancer and other chronic fatal diseases. It is particularly needed in places with a high proportion of patients in advanced stages where there is little chance of cure.
Relief from physical, psychosocial and spiritual problems can be achieved in over 90% of advanced cancer patients through palliative care.
Effective public health strategies, comprising of community- and home-based care are essential to provide pain relief and palliative care for patients and their families.

Diagnosis
- Radiological
- Biochemical
- Endoscopy
- Pathological
- Immunological

National Cancer Control Programme
Govt. of India has launched a National Cancer Control Programme in 1975 and revised its strategies in 1984-85 stressing on primary prevention and early detection of cancer. The goals of the programme are primary prevention of tobacco related cancers, secondary prevention of cancer of the uterine cervix, mouth, breast etc.; and tertiary prevention includes extension and strengthening of therapeutic services through regional cancer centres and medical colleges.

National Cancer Registry Programme
Initiated in 1982 by Indian Council of Medical Research (ICMR) to provide information on cancer prevalence and incidence. Data was collected from all cancer registries and all medical colleges for the "Development of an Atlas of Cancer in India"

Milestones

1975-76- National Cancer Control Program was launched with priorities for equipping the premier cancer hospital/institutions

1984-85- Strategy was revised and stress was laid on primary prevention and early detection

1990-91- District Cancer Control Program was started in selected districts

2000-2001- Modified District Cancer Control program initiated

2004- Evaluation of NCCP was done by National Institute of Health & Family Welfare, New Delhi.

2005- The program was further revised after evaluation

2012- National Programme for prevention and control of Cancer, Diabetes and Cardio Vascular Diseases (NPCDCS)

SIHFW in Action

Trainings/workshops organized:

S. No.	Date	Title	Total Participants (Cadre)	Sponsoring Agency
1.	5 Dec 2012-12 Feb 2013 (in process)	Professional Development Course VI batch	17 (MO/SMO)	NIHFW
2.	7 Jan 2013-5 Feb 2013	Integrated Foundation course for Newly recruited MOs	32 (MOs)	RCH
3.	1 Jan -3 Jan, 8 Jan-10 Jan (2 batches)	Routine Immunization	32 (MO, MO/IC)	
4.	10Jan-12 Jan 2013	Training on Dengue for MOs	14 (MO,MO/IC)	DM& HS
5.	11 Jan 2013	Workshop on Quality Assurance	40	UNFPA
6.	13 Jan-17 Jan 2013	Training program for Food Safety Officers	100	FSSI
7.	23 Jan 2013	PCPNDT Training	43 (PCPNDT coordinator, cell members, Dy. CMHOs)	NRHM
8.	29 Jan – 5 Mar 2013	In-service Medical Officers at Bikaner	7 (MOs)	NRHM
9.	1-30 Jan 2013 9 Jan-7 Feb 2013 9 Jan-7 Feb 2013 28 Jan-28 Feb 2013	Health worker with SBA at Barmer Chittorgarh Jhunjunu Bharatpur	18 16 15 15	NRHM
10.	2 Jan-16 Jan 2013 9 Jan- 28Jan 2013 28 Jan-11 Feb 2013	Health Worker without SBA at Hanumangarh Jhunjhunu Bharatpur	30 23 29	NRHM
11.	29 Jan-30 Jan 28 Jan-29 Jan 28 Jan-29 Jan	RI for Health Worker at Ganganagar Jhunjunu Dausa	18 19 30	NRHM
12.	29 Jan- 15 Feb 2013 29 Jan-15 Feb 2013	FBNC at Ajmer Medical College Udaipur Medical College	22 31	NRHM

Monitoring/Field Visits

Integrated Training

Ms. Nishanka Chauhan did monitoring of the Integrated foundation training (BeMOC and PPIUCD sessions) in process at RNT Medical College, Udaipur, during 7-8 January 2013.

Mr. Ejaz Khan monitored Integrated foundation training at Bikaner Medical College (IV batch) on 8 January 2013. He did monitoring of Health workers training with-out SBA at Churu on 8 January 2013. He also did monitoring of health workers training with and with-out SBA at Jhunjunu on 8 and 9 January 2013.

Training On Social and Behaviour Change Communication at NIHFW

Ms. Archana Saxena participated at 5 days training of Master Trainers for Capacity Building of IEC officers in SBCC. It was held at National Institute of Health and Family Welfare (NIHFW) during 15 to 19 January 2013.

PDC visit to Indore

The team of PDC VI batch participants, with SIHFW co-ordinators Mr Ravi Garg and Ms Nishanka Chauhan visited Indore during 21 to 25 January 2013. Participants visited CHC Sanvar, District Hospital, Dhar, PHC Bicholihapse and Sub Centre Bicholi margana of Indore district of Madhya Pradesh.

The Forthcoming

- Training of Routine Immunization at SIHFW 5-7,12-14,19-21 Feb 2013
- Training for Health workers Without SBA at Tonk and Dausa 4-18 Feb 2013
- Training for Malaria for MOs at SIHFW 4-8 Feb, 18-22 Feb 2013
- Training for Dengue for MOs at SIHFW 11-13 Feb, 25-28 Feb 2013
- Integrated Training for Foundation of Newly recruited MOs 18 Feb -19 March 2013
- Integrated Training of Health workers with SBA at Sikar1 Feb- 1 March 2013

Visitors to the Institution

Visitors from KEM HRC, Pune

Team of 8 representatives from KEM HRC, Pune, Maharashtra visited SIHFW for 3 days during 8 to 11 Jan 2013. Dr Mamta Chauhan of SIHFW gave a brief presentation on SIHFW, the team also visited 108 Emergency services and health facilities of the state. Excerpts from visitors:

V.S. Padbidri, KEMHRC, Pune - A very organization with equally dedicated staff, wish you all the best.

Dr VS Patwardhan, Consultant RCH/NRHM- excellent institution, ambience, services are very good, dedication, coordination, liaison are highly appreciated, will be happy to work in collaboration.

Celebration of Birthday

Birthday of Ms Aditi Sharma was celebrated on 19 January 2013 at SIHFW.

Feedback

- Hostel room facilities rated as excellent by almost all participants.
- Session of Dr Mamta Chauhan and Mr Pradeep Chaudhary were appreciated the most.
- Management by SIHFW staff is very good.
- Co-operation of SIHFW staff is good.
- Trainers are good and important things are learnt from this training.

Health in News

Global

"New Phase" in the fight against neglected tropical diseases

WHO reports unprecedented progress against 17 neglected tropical diseases*, thanks to a new global strategy, a regular supply of quality assured, cost-effective medicines and support from global partners. The report *Sustaining the drive to overcome the global impact of neglected tropical diseases* reveals new momentum has shifted the world closer to the elimination of many of these conditions that take their greatest toll amongst the poor. The publication charts progress in controlling, eliminating and eradicating these diseases. Two are targeted for global eradication, dracunculiasis (guinea worm disease) in 2015 and yaws in 2020. The report outlines six targets set for the elimination of five diseases in 2015 and a further 10 targets for nine diseases for 2020, either globally or in selected geographical areas.

"With this new phase in the control of these diseases, we are moving ahead towards achieving universal health coverage with essential interventions," says Dr Margaret Chan, Director-General of WHO. "The challenge now is to strengthen capacity of national disease programmes in endemic countries and streamline supply chains to get the drugs to the people who need them, when they need them."
Donation of medicines and funding through an alignment of international partners have helped fast-track actions and initiatives that are now having a measurable impact in affected countries with considerable scale-up of preventive chemotherapy interventions. This involves the widespread delivery of safe, single-dose, quality-assured medicines as preventive treatment against five helminthiases and trachoma (chlamydial infection).

In 2010 alone, 711 million people received treatment for at least one of the four diseases (lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiases) targeted for preventive chemotherapy, which involves the widespread delivery of safe, single-dose, quality-assured medicines as preventive treatment.

Over the next five years, WHO projects that treatment for schistosomiasis (bilharzia) will reach 235 million people. This will be achieved by increasing availability of medicines by using donated medicines and improved distribution at country level.

"The prospects for success have never been so strong," adds Dr Chan. "Many millions of people are being freed from the misery and disability that have kept populations mired in poverty, generation after generation, for centuries." Other highlights of the report include:

- Eradication of guinea worm is in sight. WHO reports a reduction in reported cases of dracunculiasis (guinea-worm disease) with only 521 cases between January and September 2012 compared with 1006 confirmed cases for the same period in 2011 and of human African trypanosomiasis (sleeping sickness) to less than 7000 in 2011 from a high of 30 000 annual cases at the turn of the century.
- Rabies has been eliminated in several countries, with WHO eyeing regional elimination of this preventable disease by 2020. A new strategy which involves the early detection and use of antibiotics to treat Buruli ulcer has drastically reduced suffering and disability from this chronic and debilitating skin condition.
- An evaluation of WHO's new strategy, which aims at eradicating yaws by 2020 using a new oral antibiotic treatment designed to replace those developed in the 1950s (which mainly centered on delivering injections of benzathine benzylpenicillin).
- Threats posed by dengue: in 2012, dengue ranked as the fastest spreading vector-borne viral disease, with an epidemic potential in the world, registering a 30-fold increase in disease incidence over the past 50 years. The world needs to change its reactive approach and implement sustainable preventive measures.

While it defines the concept of elimination and eradication, the report also analyzes some challenges that remain at country level. It emphasizes the need for national disease control programmes to improve coordination and integration. It highlights the need to strengthen human resources and to work with other sectors such as education, agriculture and veterinary public health in disease control programmes. Source: www.who/news release, 16.01.13

Protocol to Eliminate Illicit Trade in Tobacco Products opened for signature

The Protocol to Eliminate Illicit Trade in Tobacco Products, adopted by the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC) in November, was opened for signature by the Parties in a ceremony at WHO Headquarters. The new international treaty is aimed at combating illegal trade in tobacco products through control of the supply chain and international cooperation. As a key measure, Parties commit to establishing a global tracking and tracing system to reduce and eventually eradicate illicit trade.

Illicit trade in tobacco products, a global problem, increases the accessibility and affordability of tobacco products thus undermining tobacco control policies and severely burdening health systems. In addition, illicit trade leads to significant revenue losses for governments. The elimination of all forms of illicit trade including smuggling and illegal manufacturing is therefore an essential component of tobacco control.

"The protocol gives the world a unique legal instrument for countering and eventually eliminating a sophisticated international criminal activity that costs a lot, especially for health," said WHO Director-General Dr Margaret Chan on the occasion of the signing ceremony. It will help to protect people across the globe from the health risks of tobacco. The tobacco epidemic is one of the biggest public health threats the world has ever faced. It kills nearly six million people a year. Approximately one person dies every six seconds due to tobacco and this accounts for one in 10 adult deaths.

"The adoption of the Protocol is the result of close cooperation between multiple sectors of government", said Dr Haik Nikogosian, Head of the Secretariat of the WHO FCTC. "It also shows how a unified stand on a public health subject can benefit important government objectives on health and beyond, such as protecting revenues and countering criminal activities."

Representatives of 12 Parties – China, France, Gabon, Libya, Myanmar, Nicaragua, Panama, Republic of Korea, South Africa, Syrian Arab Republic, Turkey and Uruguay – representing all six WHO regions, signed the Protocol during the ceremony. After the initial two days in Geneva, the Protocol will remain open for signature at the United Nations Headquarters in New York until 9 January 2014 and will enter into force 90 days after the 40th Party has ratified it.

The Protocol to Eliminate Illicit Trade in Tobacco Products was adopted at the fifth session of the Conference of the Parties (COP) to the WHO FCTC on 12 November 2012 in Seoul, Republic of Korea. It is the first protocol to the WHO FCTC and an international treaty in itself. The COP is the central organ and governing body of the Convention and comprises 176 Parties as of today. The WHO FCTC was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. It

has since become one of the most rapidly and widely embraced treaties in United Nations history. Source: www.who/news release, 10.01.13

India

Indian scientist paves way for TB cure

Sh Bikul Das, an Indian researcher at Stanford University has discovered why it is difficult to completely eliminate the TB bacteria even after rigorous treatment. He has been researching the subject for the past 15 years.

In a published study, Das points out that TB bacteria hide in a group of stem cells inside the bone marrow beyond the reach of antibiotics and the body's own immune system. These reappear one the coast is clear and do a lot of damage. A professor of microbiology with Gauhati Medical College and co-author of the study, calls it a landmark find, he added "we never knew where the TB bacteria invade and hide in stem cells in the bone marrow; it would be possible to hunt them down and kill them in future. The present medicines don't help much in this respect."

TB kills 1.9 million people across the globe annually. At present, the most popular treatment for the disease in India is the DOTS regimen, which takes six months to ameliorate the symptoms. But, it fails to completely wipe it out. In this research, das and his team studied the Idu-Mishimi community of Arunachal Pradesh that has a very high occurrence of TB. The team not only found genetic material from bacteria inside the stem cells, they were also able to isolate active bacteria from the cells from the cells from TB patients who had undergone extensive treatment. They say the findings indicate that other infectious agents may also employ similar tactics. Source: TOI, 31.1.13

Rajasthan

It's raining pills in Rajasthan

Twenty three crore paracetamol tablets have been given out from government hospitals ever since the CM launched the free medicine scheme in the state in October 2011.
Apart from paracetamol, nearly 10 crore tablets of citrizine (anti-allergic) and 7.64 pills of diclopara been distributed free in the past 16 months.

Paracetamol tablets have become part of almost every prescription in the state. From gynecologists, ENT specialists, general physicians, surgeons to pediatricians, everyone is prescribing paracetamol. Principal Secretary Health, Sh Deepak Upreti admitted that the figure of paracetamol tablets distributed under the CMs free medicine scheme is high. In October 2011, the state government had launched CM's free medicine scheme with 400 generic medicines and paracetamol was one of the drugs. An official said that often people think that paracetamol is only used for treatment of fever but it is also given an analgesic to relieve pain, the government had also been giving another analgesic- diclofenac-for pain but paracetamol is the safest medicine. Since, diclofenac can lead to gastrointestinal (GI) side effects, doctors prefer to prescribe paracetamol.

There is a huge difference between the cost of popular analgesic-antipyretic drugs available in the market and what the Rajasthan Medical Services Corporation procures through tendering process. An RMSC official said that each 10 tablets of paracetamol cost Rs 1.87, while the popular branded tablets for the same purpose is available at more than Rs 20, so a patient getting 10 tablets of paracetamol is saving Rs 20. We have purchased generic drugs worth Rs 237 crore. Source: TOI, 31.01.13

We solicit your feedback:

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