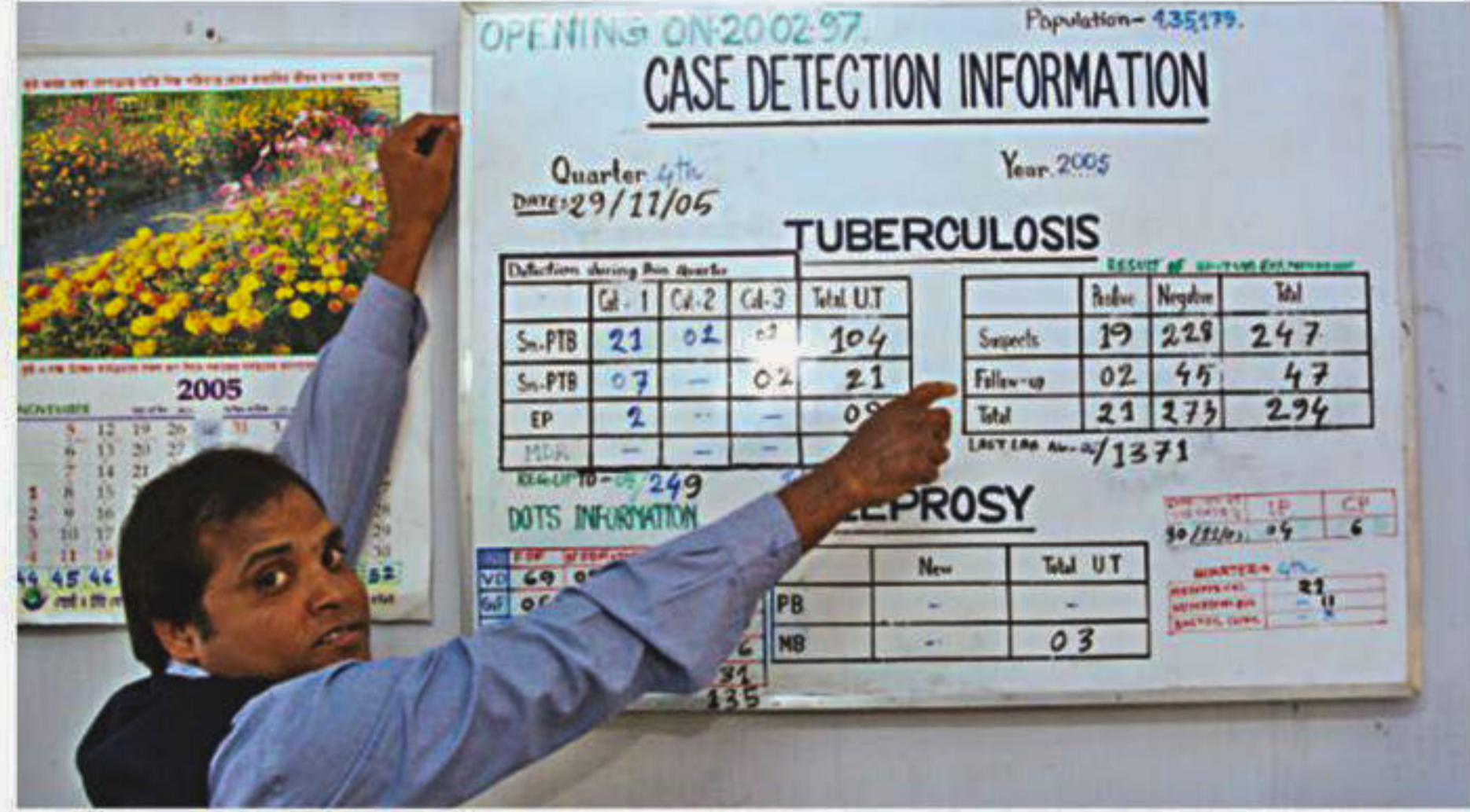


How better data is changing health systems

STAR HEALTH DESK REPORT

The Health Data Collaborative will strengthen countries' capacity to collect, analyze and use reliable health data, thereby reducing administrative burden. Less than a decade ago, visiting a clinic in Bangladesh meant a patient's data went into 1 of 33 separate systems, none of them interlinked. Data from private and public clinics in urban and rural areas were fragmented in a chaotic patchwork, resulting in heavy paperwork for health workers and less time for patient care. Things began to change in 2009. With support from WHO, the government of Germany, and other partners, a more modern approach was introduced that integrates all data into one coherent health information system. The benefits are both local, allowing health workers to follow pregnant women and children, and national, enabling more efficient and effective planning as well as rapid response to spikes in disease through the use of real-time data. Today, more than 13,000 health facilities across Bangladesh report data electronically, and about 40,000 health workers use the system. **Good data is essential for planning and decision making** "The weaknesses in our health data made good planning and decision-making extremely difficult," said Professor Abul Kalam Azad, Additional Director-General and Director of Management Information System in Bangladesh's



A health worker in Bangladesh showing tuberculosis case detection information on a whiteboard.

Ministry of Health and Family Welfare. Health system can operate without good information. But around the world today, many countries don't count who is born, who dies, and other important details about people's health. Health data is often fragmented and piecemeal. More than two-thirds of the world's population lives in countries that do not produce reliable statistics on mortality by age, sex, and cause of death – one of the most important health indicators for understanding a country's health priorities. Only half of countries reported cause of death data to WHO in 2014, and more than 100 countries worldwide don't have reliable systems for registering births and deaths.

The UN Sustainable Development Goals set an ambitious agenda for a fairer, safer and healthier world, with 17 goals and 169 targets. It's clear that achieving the goals will require reliable data, in order to properly understand the scale of the work to be done, and to make good decisions about how to allocate resources for the most efficient and effective results. Attaining these goals will require investments at the domestic and international levels in robust health information and statistical systems. "Many developing countries are faced with numerous data demands from donors. We can collectively do better through better coordination and align-

ment among donors, in order to ease the administrative burden on countries and strengthen their capacity to collect, analyze and use reliable health data," said Ties Boerma, director of information, evidence and research at WHO. **Common investment plans to strengthen health information systems** The Health Data Collaborative aims to do just that. Launched on 9 March 2016, the Collaborative is an informal partnership involving WHO and other development agencies, countries, donors and academics. Its objective is to strengthen country capacity for health data by getting an array of global partners to work together to support country needs, instead of adding to their workload. The Health Data Collaborative, with a list of 100 core health indicators, aims that by 2024, 60 low income and lower-middle income countries, and supporting donors, will be using common investment plans to strengthen health information systems, and that countries will transition away from international assistance for these systems by 2030. Bangladesh is one of the first countries to receive support from the Health Data Collaborative for its overarching monitoring and evaluation strategy. The country has shown how technology can be harnessed to improve the way data are collected and used. In April the country is hosting a Health Data Collaborative meeting to share experiences with other nations. Source: World Health Organization (WHO)

HAVE A NICE DAY Stop spitting please



Spitting, like smoking, is a common practice which is blamed for some dangerous diseases. People spit on the streets for many reasons, not just because they need to; but eventually this sickening habit can make people's life infectious. It is one of the most unhygienic human habits that spread airborne diseases like tuberculosis (TB). And it has been found by researchers that TB bacteria stay alive in the patient's spit for a long time. Apart from TB, the most common harmful bacteria in a sputum culture are those that can cause bronchitis or pneumonia. Recently, experts in London have warned that a re-emergence of spitting on the street, which was discouraged during the 1880s, could be contributing to the spread of TB. But in countries like Bangladesh, India and China, which have high rates of tuberculosis, spitting is a dangerous problem. Even people spit sometimes without any reason, not even for clearing the throat and getting rid of excess saliva. According to public health experts, TB can be spread when a person with infected lungs coughs, spits and hawks up phlegm from the throat creating droplet suspension in the air which can be breathed in by other persons, leading them to acquire the infection. Our citizens should start to follow a hygienic practise regarding spitting here and there. Sometimes during our unavoidable need we should try our best to cover our mouth while coughing and not spitting openly in public. Like anti-smoking campaign, an anti-spitting movement will be a benefit for preventing many diseases.

HEALTH bulletin



Vietnam twins found to have different fathers in rare case

A pair of Vietnamese fraternal twins have been confirmed to have different fathers, a local genetic association reported to the BBC. The twins had their DNA tested after their family noticed they looked different, said local reports. The occurrence, known as heteropaternal superfecundation, is rare with few publicly known about. 'Superfecundation' refers to the fertilization of multiple eggs from separate acts of intercourse, and 'heteropaternal' means they are fertilised by more than one father. It happens when a woman's eggs are fertilized by two men within a short period of time. Professor Le Dinh Luong, president of the Hanoi-based Vietnam Genetic Association which did the DNA testing, said the results were "100% correct" in what he called "an extremely rare case". "There are only less than 10 known cases of twins with different fathers in the world. There might be other cases but the parents and/or the twins were not aware of it or didn't want to announce it," he told. He declined to give further details citing client confidentiality, but added that local reports stating the twins' location, names and time frame were inaccurate. Vietnamese news outlets began reporting on the case earlier this month, saying that relatives had noticed that one of the twins looked markedly different from its sibling and parents.

Male menopause: Myth or reality?

DR GOLAM NABI
Aging-related hormone changes in men, sometimes called male menopause are different from those in women. Hormone changes are a natural part of aging. Unlike the more dramatic reproductive hormone plunge that occurs in women during menopause, sex hormone changes in men occur gradually. Here is what to expect and what you can do about it. **Debunking the myth of male menopause** The term 'male menopause' is sometimes used to describe decreasing testosterone levels or a reduction in the bioavailability of testosterone related to aging. In women ovulation ends and hormone production falls during a relatively short period of time. In men, hormone production and testosterone bioavailability decline over a period of many years and the consequences are not necessarily clear. So what is the best way to refer to so called male menopause? Many doctors use the term 'andropause' to describe aging-related hormone changes in men. Other terms include testosterone deficiency syndrome, androgen deficiency and late onset male hypogonadism. Testosterone levels vary greatly among men. In general, older men tend to have lower testosterone levels than younger men. Testosterone levels gradually decline throughout adulthood - about 1 percent a year after the age of 30 on an average. **Recognizing low testosterone levels** A blood test is the only way to diagnose a low testosterone level. Some men can have a lower than

normal testosterone level without any signs or symptoms. For others low testosterone might cause: **Change in sexual function:** This might include erectile dysfunction, reduced sexual desire, fewer spontaneous erections such as during sleep and, infertility. **Changes in sleep pattern:** Sometimes low testosterone cause sleep disturbances such as insomnia or increased sleepiness. **Physical changes:** Various physi-



cal changes are possible like obesity, reduced muscle bulk, decreased bone density, swollen or tender breasts (gynecomastia) and loss of body hair etc. **Emotional change:** It might contribute to a decrease in motivation or self-confidence. You might feel sad or depressed, forgetfulness and difficulties in taking decision. **What to do** If you are experiencing signs and symptoms that might be the result of a low testosterone level, consult your doctor. He can evaluate possi-

ble causes for the way you feel and explain treatment options. You cannot boost your natural testosterone production, but these steps might help: **Be honest with your doctor:** Work with your doctor to identify and treat any health issues that might be causing or contributing to your signs and symptoms - from medication side effects to erectile dysfunction and other sexual issues. **Make healthy lifestyle choices:** Eat a healthy diet and include physical activity in your daily routine. Healthy lifestyle choices will help you maintain your strength. It can improve your mood and promote better sleep. **Seek help if you feel down:** Depression can cause men to suppress their feelings and become more aggressive or irritable. Men also might try to self-medicate by abusing alcohol or other substances. **Be wary of herbal supplements:** Herbal supplements have not been proved safe and effective for aging-related low testosterone. Some supplements might even be dangerous. **Treating aging-related low testosterone with testosterone replacement therapy is controversial.** For some men testosterone therapy relieves bothersome signs and symptoms of testosterone deficiency. Testosterone replacement therapy might increase the risk of heart attack, prostate cancer or other health problems. If you feel whether testosterone treatments might be right for you, talk to your doctor to find the pros and cons. **The writer is an Assistant Professor of Medicine at Z H Sikder Women's Medical College & Hospital, Dhaka.**



Treatment for the victims of sexual and gender-based violence

Hundreds more women and girls accessed medical treatment in 2015 after experiencing sexual and gender-based violence in Kamrangirchar, Dhaka. New patient data collected by the international medical organisation Médecins Sans Frontières/Doctors Without Borders (MSF) shows clinics run by MSF in different areas of Kamrangirchar treated almost double the amount of victims of sexual and gender-based violence in 2015 compared to the previous year, with 1,154 patients compared to 684 in 2014. MSF's clinics for women in Kamrangirchar, established in 2013, are the only health facilities in the area offering free and confidential medical services and counselling for victims of sexual and gender-based violence, to provide community based services that are easily accessible. Médecins Sans Frontières is a medical organization founded in 1971 that today works in more than 70 countries. MSF has been working in Bangladesh since 1992. MSF's clinics in the Kamrangirchar provide a range of services focusing on sexual and gender-based violence, adolescent reproductive health and occupational health for factory workers. MSF also runs a clinic in Kutupalong, Cox's Bazar, providing health and maternal care to Rohingya refugees and the local Bangladeshi population.



Moniliasis (Candidiasis) is a fungal infection due to any type of Candida (a type of yeast)

Affected Areas It is usually a very localized infection of the skin or mucosal membranes, including the oral cavity, the pharynx, the gastrointestinal tract, the rectum, anus, the urinary bladder, the fingernails or toenails, and the genitalia (vagina, penis, etc.)



Symptoms & Comp

A candida infection of the skin appears as a clearly defined patch of red, itchy skin, often leaking fluid. Oral thrush causes curd-like white patches inside the mouth, on the tongue and palate and around the lips. It may also cause cracked, red, moist areas of skin at the corners of the mouth. It may affect on fingernails. It often strikes people whose hands are in water a lot. Sometimes it presents as a painful, red, swollen area around the fingernail. In worse cases, the fingernail may separate, revealing a discoloured white or yellow nail bed. A vaginal yeast infection may well result in a slow leakage of a thick, white, cheese-like substance. The vagina may itch or burn, especially during urination. Pain or discomfort during intercourse is common. Yeast infections of the penis are rare but may cause the tip to be red, swollen, and painful.



Prevention Ideas

- wear loose cotton wears
- eat live yogurt, especially if you have been prescribed antibiotics or have other factors which increase your risk for yeast infections
- cut down on sugar and alcohol (yeast's favourite foods)
- don't ask for antibiotics if you've got a cold or the flu. Flu is caused by viruses, so taking antibiotics won't help and they might provoke candidiasis

