

U.S. investment in the Global Fund and Global Health

STAR HEALTH DESK

In 2002, the United States joined with countries across the world to create the Global Fund, a 21st century public-private partnership designed to accelerate the end of AIDS, tuberculosis (TB) and malaria as epidemics. The Global Fund has helped achieve extraordinary progress in the fight against these deadly diseases.

Global health programming has expanded significantly over the last two decades, with the U.S. playing a leadership role. The impact of global health investments has been startling. A remarkable progress has brought us to a tipping point in efforts to end AIDS, TB and malaria as epidemics for good, but there is a real possibility of backsliding without steady investment to reach the finish line. Now is the time to invest to end these epidemics for good, or risk losing the crucial gains made to date.

The Global Fund represents a new kind of funding approach that is transparent, results-oriented, and builds country ownership for the future. As the world's largest public health financier, the Global Fund has zero tolerance for corruption or fraud. Transparency and accountability are an integral part of Global Fund operations, from the grant-making and procurement processes to the comprehensive financial data provided on the partnership's website.

Delivering innovations in technology and programming by supporting the development of new technologies, the Global Fund is helping to change the way



global health programs work. The eMpower mobile app, for example, was developed as part of a collaboration among the Global Fund, IBM and HIV organizations to assist community outreach workers. By replacing paper reports with the app, the Global Fund has been able to speed up patient reporting for more than 1 million people in treatment and prevention programs. Due to the early success of the app, IBM and the Global

fund are looking to identify other uses for it in the future.

The Global Fund is working closely with the private sector to bring corporate best practices to global health systems, streamlining processes to increase access to crucial medicines and supplies. For example, the Global Fund recently shared details on its successful partnership with the Coca-Cola Company. The Global Fund is partnering with Coca-

Cola, USAID and the Bill and Melinda Gates Foundation on Project Last Mile. This project helps African governments connect the dots among logistical challenges, from supply chain management to proper refrigeration and storage of essential medicines. After all, if people can easily access a bottle of Coke, shouldn't they be able to access lifesaving medicines as well? Previously, medicines were only making it to 500 health facilities. Now, nearly 20 million people — nearly half the population of Tanzania — have access to those facilities. This public-private partnership shows just how many lives can be changed for the better with increased access to medicines.

The health gains associated with global health investments translate into profound economic returns in the form of averted future medical costs, enhanced productivity, and improved outcomes for children and future generations. Malaria-free countries have five times greater economic growth than countries with malaria, and every dollar invested in malaria control yields \$40 in economic returns (\$60 in sub-Saharan Africa). Every dollar spent on TB generates \$30 through improved health and increased productivity.

The Global Fund is a proven, innovative and dynamic mechanism to drive the fight against AIDS, TB and malaria forward. By saving the lives of millions of men, women and children every year, the Global Fund partnership is one of the best strategic investments we can make in American security and prosperity.

INFLUENZA

Who should get the flu shot?



Seasonal influenza (or "flu") is most often caused by type A or B influenza viruses. Symptoms include sudden onset of fever, cough (usually dry), headache, muscle and joint pain, sore throat and a runny nose. The cough can be severe and can last 2 or more weeks.

The best way to avoid getting the flu is to get the flu vaccine every year, before influenza season begins, although getting vaccinated at any time during the influenza season can still help prevent flu infections.

Getting the flu shot is especially important for those most at risk: pregnant women, children younger than 5 years, people older than 65 years, people with chronic medical conditions, such as HIV/AIDS, asthma, heart and lung diseases and diabetes, and people with increased risk of exposure to influenza, which includes health care workers.

Influenza viruses evolve constantly. Twice a year WHO (World Health Organisation) makes recommendations to update the vaccine compositions in an effort to match the most common virus types circulating in humans at that time.

HEALTH bulletin



Smokers who know personal risk more likely to quit

Offering smokers a taster session at an NHS (National Health Service) Stop Smoking Service and explaining their personal risk of developing smoking-related diseases doubles their likelihood of attending a stop smoking course, according to a study in The Lancet.

NHS Stop Smoking Services combine specialist support with prescribed medication, and are an effective way of helping people to stop smoking. However, attendance is low and only around one in 20 (less than 5%) smokers use the service each year.

In the trial, smokers were either given a routine referral letter or a new personalised letter explaining their individual risk of smoking-related diseases and offering them a stop smoking taster session.

The personalised letter included the person's individual risk of serious illness if they continued to smoke, rating them as being at high, very high or extremely high risk compared to people who used or never smoked. It also included information about how much their risk would reduce if they quit smoking immediately.

Overall smokers found the taster sessions helpful and interesting. Two-thirds of participants found the letter useful and very few found it antagonistic, depressing or anxiety-inducing, suggesting that using risk information while offering support was an appropriate way to target smokers.

Polypharmacy and patients' quality of life

AMIT SARKER

The simultaneous use of multiple medications by a single patient for one or more conditions is called polypharmacy. Polypharmacy increases the risk of adverse drug events due to use of many or unnecessary medicines at dosages or frequencies higher than therapeutically essential. Additional drugs are prescribed when adverse reactions misinterpreted as a medical condition. Drug use increases with age, because older people have higher rates of chronic illness. They are more likely to be taking multiple drugs to treat the diseases. Not only age but also other factors such as hospitalisation, severity of illnesses, number of physicians seen and number of pharmacies used are associated with the uses of multiple medications by a single patient.

Problems associated with polypharmacy
Generally, the functions of some vital body organs are decreased in aged people and these organs may be affected when people are taking multiple drugs. They not only affect the body but also cause drug toxicity and interaction between the different drugs. For example some medications can cause renal dysfunction and others may cause liver disease or upsetstomach.

Reasons for polypharmacy

- Patient faces multiple diseases and contact with



- different physicians for their medical problems
- Poor communication between the patient and physician
- Use of repeated prescriptions

Managing the polypharmacy

- Physicians should be careful during prescribing drugs. They should avoid prescribing for minor and non-specific diseases.
- Physicians should monitor the adverse effects, drug-drug interaction, dose and dosage regimen while patient is taking multiple medications.
- Physicians should ask the patient to bring in all their prescribed and non-prescribed medications or previous prescriptions while consulting.
- Physicians and pharmacists can advise the patient to lead a healthy life to avoid some critical diseases like diabetes and cardiac diseases. Also counsel the patients how healthy lifestyle reduces the need of unnecessary medications.

- If patient wants to change the medication regimen s/he should discuss with health care providers.
- Pharmacist/nurse should verify that the patient understands about taking the drug properly.

When a patient is discharged from the hospital polypharmacy occur due to poor communication with health care providers. Patients should contact with his/her health care providers for their own benefits and improve the quality of life. Physicians, pharmacists and nurses can play a vital role for prevention of and managing the polypharmacy.

If the adverse reactions and side-effects are controlled, older people would get enough benefit from today's medicines. By monitoring the patients and regular medication reviews, polypharmacy can be managed. Ultimately drugs related adverse reactions and side-effects can be controlled.

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Seminar on 'Rational Use of Blood' held in Dhaka

Bangladesh Thalassemia Foundation organised a seminar on the 'Rational Use of Blood' at Sagor Runi Auditorium in Dhaka Reporter's Unity recently. The purpose of the seminar was to increase awareness among medical professionals, patients, blood donors and common people on the unnecessary and irrational use of blood that is prevalent in our country.

Dr. Md. Abdur Rahim, Secretary General of Bangladesh Thalassemia Foundation said, "Though blood supply is insufficient all over the country, there are many instances where blood is used without any proper indication, blood that could potentially be used to save more lives."

In the keynote speech, Prof. Dr. Manzur Morshed, an eminent hematologist and advisor to Bangladesh Thalassemia Foundation, said blood transfusion should be used with much caution as it has many harmful side effects. He said, "We should decide to give blood to a patient, only when we are certain that the benefit will outweigh the harm".

Contrary to popular belief, Dr. Morshed urged that blood transfusion from close relatives should be avoided. He illustrated few real-life cases where giving blood from close relatives resulted in death due to transfusion-associated graft versus host disease, a fatal complication of blood transfusion.



World Leprosy Day 29.1.17

What is leprosy?

Leprosy is an infectious disease of the skin and nerves which, if not diagnosed and treated quickly, can result in debilitating disabilities. The effects of leprosy are exacerbated by the negative stigma surrounding the disease.

In 2015 over 210,000 people were diagnosed and it is estimated that millions more go undiagnosed.

Today, it is not just the disease that is forgotten, but the people too.

Signs and symptoms

A person with leprosy may have symptoms across a spectrum ranging from a form of leprosy where:

- There are many symmetrical lumps (nodules, papules and macules) on both sides of the body
- Involvement of the lining of the nose causing crusting and difficulty in breathing
- Bleeding and inflammation of the eye (keratitis and iritis).

To a form of leprosy where:

- There are a few skin lesions with loss of feeling that are clearly marked (loss of pigment or reddish colour)
- There is symmetrical thickening of the nerves of the arms, legs and face on both sides of the body with loss of feeling.

Complications of leprosy include permanent deformity and disability, especially of the hands, feet and face; most of which can be prevented by early treatment. Special reconstructive surgery can correct many deformities that develop.

Prevention

- Exclude people with leprosy from childcare, preschool, school and work until approval to return has been given by an infectious diseases physician, dermatologist, or a SA Health Communicable Disease Control Branch doctor
- Control is best achieved by the rapid elimination of infectivity in people with leprosy using multi-drug therapy
- Because close and prolonged contact is required for transmission, travellers to areas where leprosy is present have a very low risk of contracting the disease.

