

# Why the burden of illness and health costs increasing globally?

STAR HEALTH DESK

Poor quality health services are holding back progress on improving health in countries at all income levels, according to a new joint report by the OECD, World Health Organisation (WHO) and the World Bank. Today, inaccurate diagnosis, medication errors, inappropriate or unnecessary treatment, inadequate or unsafe clinical facilities or practices, or providers who lack adequate training and expertise prevail in all countries.

The situation is worst in low and middle-income countries where 10% of hospitalised patients can expect to acquire an infection during their stay, as compared to 7% in high income countries. This is despite hospital acquired infections being easily avoided through better hygiene, improved infection control practices and appropriate use of antimicrobials. At the same time, 1 in 10 patients is harmed during medical treatment in high income countries.

These are just some of the highlights from Delivering Quality Health Services — a Global Imperative for Universal Health Coverage. The report also highlights that sickness associated with



poor quality health care imposes additional expenditure on families and health systems.

There has been some progress in improving quality, for example in survival rates for cancer and cardiovascular disease. Even so, the broader economic and social costs of poor quality care, includ-

ing long-term disability, impairment and lost productivity, are estimated to amount to trillions of dollars each year.

"Without quality health services, universal health coverage will remain an empty promise," said OECD Secretary-General Angel Gurría. "The economic and

social benefits are clear and we need to see a much stronger focus on investing in and improving quality to create trust in health services and give everyone access to high-quality, people-centred health services."

"Good health is the foundation of a country's human capital,

and no country can afford low-quality or unsafe healthcare," World Bank Group President Jim Yong Kim said. "Low-quality care disproportionately impacts the poor, which is not only morally reprehensible, it is economically unsustainable for families and entire countries."

The three organisations outline the steps governments, health services and their workers, together with citizens and patients, urgently need to take to improve health care quality. Governments should lead the way with strong national health care quality policies and strategies.

Health systems should focus on competent care and user experience to ensure confidence in the system. Citizens should be empowered and informed to actively engage in health care decisions and in designing new models of care to meet the needs of their local communities. Health care workers should see patients as partners and commit themselves to providing and using data to demonstrate the effectiveness and safety of health care.

The full report is available at <http://www.who.int/servicedeliverysafety/quality-report/en/>

Source: World Health Organisation

## INFERTILITY STIGMA



### #MenToo can be the cause of infertility

STAR HEALTH REPORT

Merck Foundation, the philanthropic arm of Merck KGaA Germany hosted its first ever "Merck Health Media Training to Break the Stigma around Infertility in Africa" at the Intercontinental Hotel in Nairobi during July 9-10. The training programme hosted around 200 journalists representing multi-media, print and online media from 17 African countries.

The media training was provided to top science and health journalists on different issues around infertility and assisted reproduction technique; stigma and taboo prevailing in the society; suffering of women and untold stories.

According to the Foundation, the training programme was part of its community awareness initiative to emphasise the important role media plays to influence the society, to create a cultural shift with the aim to break the stigma around infertility.

"I am very happy to initiate this important training session and the two hashtags on the social media platform, inviting all media representatives to share it on their platforms. #MenToo can be the cause of infertility; #MenToo can suffer the infertility stigma and social pressure. #NoToInfertilityStigma for women and #MenToo is the key message we wish to deliver", explained Dr. Rasha Kelej, CEO of Merck Foundation and President of Merck more than a Mother.

Merck Foundation announced the call for application for "Merck more than a Mother" Media Recognition Award 2018 at the end of the award ceremony and encouraged all African media to be advocate for the campaign and apply for the competition.

## HEALTH bulletin

### Use of surveillance in vaccine decision-making

STAR HEALTH REPORT

Pneumonia and diarrhoea are leading causes of childhood death, accounting for 24% (1.4 million) of global under-five deaths in 2015. A large proportion of pneumonia cases are caused by *Streptococcus pneumoniae* (pneumococcus) and diarrhoea cases by Rotavirus. Pneumococcus, along with other pathogens like *Haemophilus influenzae* type b (Hib) can lead to other clinical diseases such as meningitis and sepsis. Disease caused by pneumococcus, Hib and Rotavirus are vaccine preventable.

Three case studies were conducted to evaluate the importance of the Global Invasive Bacterial Vaccine-Preventable Disease (IB-VPD) Surveillance Network (GISN) and the Global Rotavirus Surveillance Network (GRSN) in vaccine decision-making in Bangladesh, Armenia and the Gambia by Alvira Z. Hasan, Senjuti Saha, Samir K. Saha, Gayane Sahakyan, Svetlana Grigoryan, Jason M. Mwenda, Martin Antonio, Maria D. Knoll, Fatima Serhan, Adam L. Cohen, for the Pneumococcal and rotavirus surveillance case study group. The study has recently been published in the journal 'Vaccine'.

These countries were included in the study because all conduct high quality surveillance as they meet

highest performance criteria as determined by WHO.

Bangladesh is a lower-middle income country in the WHO South East Asian Region. In Bangladesh, there were about 15% deaths due to pneumonia, 15% deaths due to sepsis or meningitis and 6% deaths due diarrhoeal disease among children under five years in 2015. Bangladesh is a Gavi-eligible country and has entered the preparatory transition phase as of 2017.

The country will next enter the accelerated transition phase and in 5 years should reach fully self-financing status and lose Gavi support. Bangladesh has received Gavi support for the introduction of the pentavalent vaccine (which contains Hib, diphtheria, pertussis, tetanus and Hepatitis B) (in 2009) and PCV (in 2015) among other vaccines. The country has already applied for Gavi support for the rotavirus vaccine and is expected to introduce the vaccine in 2018.

Asia has major gaps in knowledge of the burden of Hib and pneumococcal disease and Hib vaccine and PCV impact data. However, Bangladesh is an exception in the region. Surveillance was used to show the dramatic impact of Hib vaccine, which was introduced in the country in 2009.

A study using data from 2 surveillance hospitals in Dhaka showed

reduction in confirmed Hib meningitis cases from 92 to 12 cases per 100,000 within 1 year of vaccine introduction. This study suggested that the Hib vaccine prevented about 14,000 cases of Hib meningitis among infants in the country one year after Hib introduction.

Bangladesh has also used surveillance data to inform decisions regarding selection of the most appropriate pneumococcal vaccines. Bangladesh's Gavi application for PCV10 cited results from surveillance data, which showed high invasive pneumococcal disease (IPD) burden in young age groups and that a large proportion of disease was caused by the serotypes in PCV10.

Sentinel surveillance for pneumococcus and rotavirus, although a challenging activity to sustain, is critical in informing vaccine introduction decisions, monitoring vaccine impact, assessing cost-effectiveness of vaccine introduction, measuring shifts in disease, and monitoring resurgence of disease.

Written documentation of the processes and use of surveillance in vaccine decision-making can help inform policy-makers in new vaccine introduction and monitoring immunisation programmes and effectiveness of the vaccines introduced.



### Alcohol intake tied to elevated blood pressure

Alcohol intake appears to have detrimental effects on blood pressure, particularly among men, according to two reports in the Journal of the American Heart Association.

In the first, a meta-analysis comprising over 360,000 adults and 90,000 new cases of hypertension, researchers observe that men who averaged 1-2 drinks daily had increased risk for hypertension relative to non-drinkers (relative risk, 1.2), with risk increasing as alcohol intake increased. Among women, hypertension risk began to increase at 3 or more drinks per day.

The second study included 4,700 adults aged 18-45 who answered survey questions about binge-drinking. Roughly 25% of men and 12% of women reported binge-drinking more than 12 times in the past year, and 29% of men and 25% of women reported doing so 1-12 times.

After multivariable adjustment, men who binge-drink had higher systolic BP than non-binge-drinkers, and those who binge-drank more than 12 times/year had higher systolic BP than those who binge-drank less (122 vs. 119 mm Hg). This association was not observed among women.



### Multivitamins don't appear to boost cardiovascular health

Taking a daily multivitamin is not associated with lower risk for adverse cardiovascular outcomes, according to a meta-analysis in Circulation: Cardiovascular Quality and Outcomes.

Researchers examined use of multivitamin supplements (containing at least three vitamins and minerals) and cardiovascular outcomes using data from 18 randomised trials and prospective cohort studies of 2 million adults.

During a mean follow-up of 12 years, multivitamin use was not associated with risk for death from cardiovascular disease, stroke, or coronary heart disease, or with risk for incident stroke. There was a 12% reduced risk for incident coronary heart disease, but the association was significant only in observational studies.



## Top 10 General Considerations in Rabies Post-Exposure Prophylaxis (PEP)

Rabies is a deadly virus spread to people from the saliva of infected animals. The rabies virus is usually transmitted through a bite. Once a person begins showing signs and symptoms of rabies, the disease is nearly always fatal. For this reason, anyone who may have a risk of contracting rabies should receive rabies vaccines for protection.

1. Wounds must be immediately washed/flushed for 15 minutes and disinfected.
2. Rabies PEP should be instituted immediately. PEP consists of a course of potent, effective rabies vaccine that meets WHO recommendations and administration of rabies immunoglobulin.
3. PEP must be applied using vaccine regimens and administration routes that have been proven to be safe and effective.
4. PEP does not have contraindications if purified rabies immunoglobulin and vaccine are used. Pregnancy and infancy are not contraindications to PEP.
5. If rabies immunoglobulin is not available on first visit, use can be delayed by up to 7 days from the date of the first vaccine dose.
6. Initiation of PEP should not await the results of laboratory diagnosis or be delayed by dog observation when rabies is suspected.
7. When suspect rabid animal contacts (excluding bats) occur in areas free of carnivore-mediated rabies and where there is adequate surveillance in place, PEP may not be required. The decision must be based on expert risk assessment.
8. Patients presenting for rabies PEP even months after having been bitten should be treated as if the contact had recently occurred.
9. PEP should be administered even if the suspect animal is not available for testing or observation. However, vaccine and immunoglobulin administration may be discontinued if the animal involved: is a vaccinated dog (cat or ferret) that following observation for 10 days, remains healthy or is humanely killed and declared negative for rabies by a WHO prescribed laboratory test.
10. In areas enzootic for (canine and wildlife) rabies, PEP should be instituted immediately unless adequate laboratory surveillance and data indicates that the species involved is not a vector of rabies.



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