

Women's lives matter... unfortunately more in some places than others an international perspective on investing for health

Four priority areas for action are identified in a recent report by the Committee on Global Health and the Future of the USA, Board on Global Health, Health and Medicine Division, National Academies of Sciences, Engineering, and Medicine (National Academies, 2017). These are to achieve global health security, maintain a sustained response to the continuous threats of communicable diseases, save and improve the lives of women and children and promote cardiovascular health and prevent cancer. This 2017 National Academies report is worthwhile reading. Specific recommendations under these four areas are fully in alignment with governance topics that we have featured and will continue to feature in the *International Journal of Health Governance*. "The landscape of global health is vast, and with new and sometimes disparate priorities across the health sector, considering each issue or disease in its own silo can be counterproductive" (National Academies, 2017). Sustained return on investment for mutual security and benefit requires an international and interdisciplinary perspective among governance leadership.

It may become more difficult to properly inform action on those priority areas if words like vulnerable, entitlement, diversity, transgender, fetus, evidence-based and science-based are all banned from use in any American official document being prepared for next year's federal budget (Sun and Eilperin, 2017a, b; Kaplan and McNeil, 2017; Branswell, 2017). Prohibition guidance like that recalls a previous era in Canada when its Harper administration silenced their government scientists (Learn, 2017; Maron, 2017), a muzzle removed as soon as his political party was decisively voted out of power. From my years working in a state government agency, I can remember annual orientation sessions prior to bill review assignments during legislative season, which included advice to avoid pejorative phrases like "naïve expectation" or "well-intentioned but [...]" to avoid jargon where plain language would suffice, and to comment objectively on strength of evidence rather than, just say, evidence-based. However, where precision of language was needed we never were advised to avoid scientifically correct wording in favor of politically oriented wording, and we never were encouraged to allow a community belief to overshadow scientifically documented fact. Good public policy benefits from being informed by institutional memory, and that memory is lost when bad governance drives out dedicated senior-level public service professionals.

Shortly after this journal's theme issue on maternity care was published in the first quarter of 2017, it was reported that the USA has the highest, and uniquely increasing, rate of maternal deaths among countries of the developed world (Martin and Montagne, 2017). The majority of these deaths are preventable, as evidenced by declining maternal mortality rates in some regions of America and sharp differences between states like California (where programs have achieved low rates) vs Texas (Texas having the highest rates in the developed world) (Novack, 2017). Although there is more than one root cause and several changes would be required to address the problem in places like Texas, addressing the lack of adequate universal access to health care is one of that state's own commission's recommendations. America, a country founded on a principal of separation between church and state, has in past years been divided in opinion on abortion but generally has been generous about funding reproductive health services for women in impoverished countries. This impacts maternal mortality (Haddad and Nour, 2009). However, America is today being criticized by other developed nations because the political power of America's religious right



has now reached a point of curtailing, nationally and internationally, federal funding for women's health programs that provide or even counsel about abortion (Agence France-Presse, 2017; Anonymous, 2017; York, 2017). America remains the only developed country where large numbers of its people do not receive adequate care because they cannot afford it, despite America paying the most per capita for care. This situation may be worsened by the recent US tax law revisions, which likely will reduce health insurance coverage by removing individual penalties for not purchasing insurance. Apart from ideological arguments about whether health care is or is not a basic human right of citizens, about what it should or should not include, the best policy decisions are those informed by sharing and fully understanding the outcome experiences all around our changing world.

Women have diverse political views, but women's rights are fundamentally human rights. As special envoy for the UN High Commission for Refugees, Angelina Jolie has worked to end rape as a weapon of war and at the 2017 peacekeeping summit called upon senior officials "to muster the political will to crack down on sexual violence" (Devlin, 2017). Iceland recently became the first nation to deal universally with the issue of pay inequality (Tarr, 2018). *Time Magazine's* Person of the Year recognition of "The Silence Breakers" (<http://time.com/time-person-of-the-year-2017-silence-breakers/>) and impact of the #MeToo movement have raised the profile of these human rights. Through social media, blogs, dedicated non-stop news channels and expanding international travel, people in one country are becoming aware of changes in other countries more rapidly than ever. Information and misinformation propagate through the internet. Whether this leads to divisiveness and civil unrest, or to better outcomes through collective effort, depends upon the ability of good governance to stay informed, act responsibly and share knowledge. The *International Journal of Health Governance* strives to be a valued vehicle for that sharing.

To help ensure that our journal maintains currency with international developments and perspectives, the co-editors maintain contact with a cadre of Editorial Advisory Board members and Regional Editors. With this issue, we are pleased to introduce our newly appointed Regional Editor for Europe and Regional Editor for Latin America, Irina Ibraghimova in Croatia, and Moacyr Roberto Cuce Nobre in Brazil. We also will continue to expand the Editorial Advisory Board in 2018 to have representation from as many parts of the world and as many of the world's inter-related population health perspectives as possible.

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