

Global Health and *Circulation: Cardiovascular Quality & Outcomes*

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Circulation: Cardiovascular Quality & Outcomes has always been interested in outcomes research from around the world. As the founding editor of *CQO* Harlan Krumholz has aptly put it—the desire to improve outcomes and quality of care for our patients “knows no borders.” Fittingly, this month’s issue of *CQO* is focused exclusively on articles highlighting a diverse set of health-related challenges outside of the United States with a specific focus on disparities.

One might reasonably ask—why should *CQO* care about global health with so many concerns at home? I see several reasons. First, cardiovascular diseases remain the single most common cause of death worldwide, outpacing even cancer, tuberculosis, HIV/AIDS, and malaria. The World Health Organization estimates that nearly 18 million deaths occurred in 2015 as a result of cardiovascular disease with ≈ 7.4 million attributed to coronary heart disease and 6.7 million to stroke.¹ These conditions are a particular threat to developing countries as they often strike individuals during their most productive years by causing premature death and disability. Yet despite its large presence on the global stage, the amount of attention paid to cardiovascular disease (and noncommunicable diseases overall) is suboptimal.² Work published in this journal and by others can continue to draw attention to this problem and help prioritize its importance to policymakers.

Beyond this, I feel it also is essential to publish work from other countries so that we can better understand the many possible solutions before us in this rapidly changing healthcare environment. The struggle to control rising healthcare costs and provide better value for these expended resources is not a challenge unique to the United States or developed countries. For example, we can learn a lot from others as laboratories for innovative health policy, quality of care, and outcomes research, and potentially foster reverse innovation—that is, the translation of low-cost technologies and quality improvement efforts from developing to developed world.³

The opinions expressed in this article are not necessarily those of the American Heart Association.

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Finally, there is the issue of our shared fate when it comes to global health—despite existing borders and proposed walls. This idea of the commons has always been understood for communicable diseases like viral epidemics. But the ongoing growth in international trade and travel has made our collective path as global citizens increasingly clear even for chronic diseases like obesity and diabetes mellitus and environmental concerns like air and water pollution.

Of course, this space is not entirely new for *CQO*. We have been proud to publish several highly visible and rigorous articles in global health over recent years. Dawn Shepard et al⁴ published a novel Data Visualization on the burden of ischemic heart disease worldwide using data from the remarkable Global Burden of Disease project. Sanjay Basu et al⁵ used microsimulation models to demonstrate the profound health and economic implications of national treatment coverage decisions for cardiovascular disease in India across several access and adherence levels. I am particularly proud of *CQO* publishing Amisha Patel et al⁶ case for addition of clopidogrel to the essential medicines list of the World Health Organization in 2015 (where it is now included and I have witnessed its benefits firsthand). In stroke care, Tung et al⁷ showed through an elegant interrupted time series analysis that reimbursement cuts in fee-for-service payments in Taiwan had substantial effects on care processes and outcomes. These examples provide a flavor for the types of work we have published in the past.

However, it is also true that at *CQO* we have not always reached the level of publications in global health that we have desired. In a prior reflection, Harlan highlighted challenges with publishing papers from outside the United States—especially from low-income countries where a culture of research and adequate infrastructure for performing it often lag behind.⁸ In that piece, he reported that 48 (15%) of 312 articles published during the first few years of *CQO* had authors with primary affiliations outside of the United States. Over the last 4 years, those numbers have shifted to 112 (22.1%) of 516. This is an improvement, but most of this international work continues to come from Canada, Western Europe, Australia, and Japan; few low-to-middle income countries are represented (particularly outside of China and India).

This issue is an attempt to highlight our interest in changing this story. The original research articles in this issue touch on several themes and represent diverse regions of the world including Africa, Asia, and Europe. I am particularly proud to see that 5 of the 9 original research articles we published this month have a first author with a primary affiliation at an institution outside of developed countries. Six articles specifically address disparities in their analyses—focusing on important differences in the distribution of risk factors or

outcomes across varying populations. In one article that carefully explored factors associated with retention and long-term adherence with benzathine penicillin G for rheumatic heart disease—a major problem that continues to plague many parts of the world—the setting and senior author for the study was from Uganda—a low-income country.

With these original research articles, *CQO* publishes 4 thought-provoking perspectives. Two of these discuss the dual roles of digital technology to either alleviate or exacerbate the existing gaps in care between developed and developing countries.^{9,10} A third perspective discusses the critical role of health system management in improving outcomes in developing countries—a topic that is rarely discussed but essential to ensuring high-quality care in these resource-constrained settings.¹¹ A final and provocative perspective by Mora et al¹² raises fundamental concerns about the dramatic shifts in climate change expected in coming years and their potential implications on existing inequities in global health.¹²

Assembling a theme issue is never easy, and I wanted to spend a moment to thank the authors, reviewers, editors and editorial staff at *CQO* who helped put together this fantastic work. If you are based in the United States, I hope you will spend some time appreciating the exciting research being done abroad—and even be inspired by it. If you are abroad, I hope you'll continue to send us outstanding manuscripts to evaluate like those represented in this month's issue of *CQO*.

Disclosures

None.

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