

Calling all authors

Like it or not, over the past several decades the rise of multinational corporations has fueled globalization. Liberal democratic governments, recognizing globalization's inherent potential to lift living standards in all countries, responded with trade agreements that unfortunately did not commonly address the issues of purchasing power parity or differing health and safety standards. The focus on removing trade barriers resulted in a proliferation of lower-cost goods but also produced the displacement of manufacturing jobs from higher income countries while failing to prevent exploitation of labor in low-income countries. Concurrently, and no less importantly, increasing automation has been steadily diminishing the number of resource extraction and manufacturing labor jobs. Massive dislocation of war refugees further stressed the tolerance of western democracies. Legitimate pain and anger of those left behind economically, stoked by the feelings of being ignored or even disrespected by their mainstream political leaders, started boiling over in populist movements last year.

This raises the question of how our journal can best be of service to decision makers in a world in which economic and social stresses, including deterioration in the determinants of health, are resulting in political upheavals. Compounding this is a need to better appreciate what cognitive psychology identifies as irrational biases inherent in the politics of evidence that threaten meaningful evidence-informed public policy debate to balance the "[...]obvious tensions between a desire to achieve the best possible social goals from a body of evidence and respect for a democratic decision-making process" (Parkhurst, 2017). Proliferation of disinformation ("fake news") and cybersecurity breaches add further heat to the fire. It remains to be seen whether populist, protectionist leaders now rising to political power will be able to deliver effective solutions; whether civil societies will embrace minorities; and how long those who voted for change will be patient if progress they were promised is not quickly evident. Good journalism has never been more important, so we are calling on all authors to share factual information in ways that can influence perception, shape opinion, inform policy and benefit health of the world and all its citizens.

To identify topics that will be timely, topical, important and informative for our readers, we rely upon advice of our regional editors and Editorial Advisory Board members around the world (collectively, the Editorial Board). While we welcome all manuscripts that fit within this journal's policy and governance focus, we particularly want to encourage submissions related to topics identified by our Editorial Board. Near the end of 2016, the Editorial Board identified the following as priority topics for 2017:

- (1) credentialing/revalidation – the issue of ensuring that health professionals maintain their expertise as part of periodic licensure and/or privileges renewal;
- (2) handling adverse events – highlighting solutions (like communication and resolution programs) rather than just recognition that the problem of poor handling in such events continues;
- (3) impact of recent political events (e.g. Brexit, America's presidential election, 19th National Congress in China, Director-General of WHO ending her term, etc.) and consideration of best strategies for bringing health issues to the forefront in the midst of these changes;
- (4) leadership-followerhip across different areas of governance;



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- (5) key performance indices – examining proposed indices of well-being as a balance to those that concentrate solely on gross domestic product, and avoiding mismanagement of KPIs in order to attain excellence;
 - (6) patient engagement;
 - (7) non-payment for adverse events – does it really have prevention impact; and
 - (8) staffing ratios.

Manuscripts that stimulate new thinking are more likely to receive priority for publication than reports from quality audits in single institutions that check conformance with already widely accepted norms. Manuscripts reporting nation-wide results, coupled with historical perspective, are more likely to receive priority; however, pilot projects and small or early studies, especially in sectors from which relatively little has been published, that offer generalizable insights about new approaches and stimulate further research also are important to us. The authors of highly technical papers more appropriate to publication in methodology-focused journals also are encouraged to consider submitting a subsequent “viewpoint” category manuscript that explains to our audience the value and importance of their findings along with guidance from lessons learned in their implementation.

We are happy to receive correspondence from the potential authors who would like advice on whether what they propose would be suitable for publication in the *International Journal of Health Governance*. We also appreciate correspondence from subscribers who would like to suggest additional topics they feel we should cover.

David Birnbaum and Michael Decker

Reference

Parkhurst, J. (2017), *The Politics of Evidence: From Evidence-Based Policy to the Good Governance of Evidence*, Routledge, Abingdon.