

## Introducing *The Lancet Global Health*

I am delighted to introduce the inaugural issue of *The Lancet Global Health*. It is very likely that you are reading this online, this being an online-only journal, although we have also printed this first issue in order to showcase the journal to readers of *The Lancet*. What is certain is that, in accessing this article, and all the other articles in this journal, you will have met with no registration barrier or paywall, for this is also an open-access journal—the first *Lancet* journal so-designated. All the articles remain the property of the authors, and reuse by others is permitted under a variety of Creative Commons licences, from the most restrictive to the most liberal, according to authors' own preferences.

The journal's gestation began with a call for papers back in March, and the subsequent influx of high-quality submissions—from Pakistan, South Africa, Australia, Egypt, Nigeria, Canada, India, Italy, Laos, the USA, China, the UK, Uganda, the Netherlands, Kenya, Switzerland, and Malawi—has been wonderful to see. More papers from South America would be welcome.

This month's issue contains a delightfully diverse selection of that research, together with Comments and Correspondence. The first two research papers complement the recent *Lancet* Series on maternal and child nutrition. Gretchen Stevens and colleagues' systematic analysis shows how the prevalence of anaemia in women and children has changed since the mid-1990s, with a slow decline overall but little improvement in some regions such as south Asia and central and west Africa. The findings provide a good baseline from which to work towards WHO's global target to reduce anaemia in women by 50% by 2025. Continuing the global estimates theme, Anne C C Lee and colleagues put a figure (32.4 million, or 27% of all livebirths) to the burden of intrauterine growth restriction in 138 low-income and middle-income countries. They go on to unpick the relative contribution of intrauterine growth restriction and preterm birth (being born either "too small or too soon") to the prevalence of low birthweight (defined as <2500 g). Regional differences are striking: whereas 65% of low-birthweight babies in south Asia are born at term and growth-restricted, the figure is only 43% in sub-Saharan Africa, where the majority of low birthweight is attributable to preterm birth. Lee and colleagues remind us that, although these numbers might be hard to reduce,

plenty of low-cost care options exist for babies born too small or too soon (or both).

The third article in the issue represents a truly impressive analysis with immediate practical relevance in low-income and middle-income countries. Nathan Congon and colleagues from across ten countries in Asia, Africa, and Latin America aimed to ascertain whether early (3-day) follow-up after cataract surgery was as accurate as standard 40-day follow-up in assessing the quality of surgery—a vital outcome measure in the evaluation of scaled-up cataract surgery programmes in high-burden areas. They found that it was. Early follow-up—ie, at hospital discharge—is vastly more convenient for patients who may have to travel long distances to the hospital (and half of whom never return for the 40-day follow up) and is likely to be much more cost-effective for hospitals in terms of averting the need to chase up non-returners.

The final research paper, from Laos, is an excellent example of a locally relevant paper with the sort of well designed, rigorous methodology that can (and should) be adapted to other settings worldwide. Mayfong Mayxay and colleagues aimed to uncover the main causes of non-malarial fever in the country and to try to suggest the best empirical treatment for such patients in the absence of any current recommendations. In identifying leptospirosis and scrub typhus as important treatable causes, the authors suggest that "Empirical treatment with doxycycline... could be an appropriate strategy for rural health workers in Laos". This practical finding, based on as solid an evidence base as is probably possible in such a challenging environment, is exactly the sort of work *The Lancet Global Health* is looking to support in the years ahead.

I encourage you to read all the Articles and their contextualising Comments, Richard Feachem and colleagues' rousing unlinked Comment on malaria elimination, and the Correspondence letters on drug availability and public health in Pakistan. Do also visit our accompanying blog, which this week features a guest post by Sweden's Global Health Ambassador Anders Nordström. I hope you enjoy this first issue and will use the site's online commenting feature to let us know what you think.

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Editor, *The Lancet Global Health*



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