Medical schools should ensure and improve global health education

As global health educators and researchers from the Netherlands, we read the assessment by Amelia Seifalian and colleagues[1] of the status of global health education in the UK with interest and recognition. Although nearly all of the universities in the Netherlands offer global health-themed education activities, such as global health courses and clinical and scientific internships abroad (including training before the overseas internship and peer coaching sessions while abroad),[2] we believe the value of this education is often underappreciated. This under-appreciation is reflected by the extra-curricular nature of these activities, the varying degrees of preparation before overseas placements, and the inequitable international exchange opportunities due to financial barriers.

We believe that medical schools, not students, should bear the primary responsibility to offer global health learning opportunities in which students gain competencies necessary to work in a multicultural, globalised society, and should equip future doctors with the ability to adapt to and work in different contexts.[3] We consider the provision of clinical or research internships a crucial strategy to this end, if embedded within sustainable partnerships to reduce commercialisation, prevent medical tourism, and create reciprocity of benefits, rather than a unidirectional benefit solely for the student from a high-income country going on exchange to a low-income country.[4] We call upon the Dutch Government to respond to the value of global health education and safeguard this career pathway by supporting the Global Health and Tropical Medicine postgraduate specialisation programme, which is currently threatened by an insufficiency of governmental funding.[5]

JLB reports board membership of the Netherlands Society of Tropical Medicine and International Health. The Netherlands Society of Tropical Medicine and International Health is responsible for overseeing the quality of the postgraduate training course Global Health and Tropical Medicine.

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1 Seifalian A, Osborne A, Gurung B, et al. Improving foundations for future global health practitioners. *Lancet* 2019; **393:** 641–42.
2 Van der Velden K, Klipstein-Grobusch K, Bijlmakers L. Global health training and education at universities in the Netherlands. *Bull Netherlands Soc Trop Med Int Health* 2017; **55:** 11–13.
3 Johnson O, Bailey S Lou, Willott C, et al. Global health learning outcomes for medical students in the UK. *Lancet* 2012; **379:** 2033–35.
4 Van de Kamp J. Behind the smiles: relationships and power dynamics between short-term westerners and Cameroonian health workers in a hospital in rural Cameroon. 2017. https://pure.uva.nl/ws/files/18060551/Thesis.pdf (accessed Feb 27, 2019).
5 Ilse Kleine. Minister Bruins steunt opleiding tropenarts niet. Medisch Contact. 2018. https://www.medischcontact.nl/nieuws/laatste-nieuws/artikel/minister-bruins-steunt-opleiding-tropenarts-niet.htm (accessed Feb 28, 2019).

UN high-level meeting: time to act on universal health coverage

We are restless for change. UHC2030 is a multi-stakeholder platform that aims to strengthen the global movement for universal health coverage (UHC), and we are calling for urgent action. As stakeholders from governments, civil society, the private sector, development partners, academia, and the media, we are pushing for all countries to implement UHC as fast as possible.

When all 193 member states of the UN agreed on the Sustainable Development Goals (SDGs) in 2015, they set out an ambitious agenda for a safer, fairer, and healthier world by 2030. UHC is a target of SDG 3, but UHC is not only about health; it has far-reaching effects across economies and societies in general.[1]

On Sept 23, 2019, a UN high-level meeting will take place, with the theme of UHC: Moving Together to Build a Healthier World. This meeting is the last chance before 2023, the midpoint of the SDGs, to mobilise the highest political support to bring the health agenda under the umbrella of UHC, and to sustain harmonised health investments.

The UN High-Level Meeting must be truly transformative, as called for by civil society.[2] UHC2030 has developed a set of key asks (panel) from the UHC movement[3] through a broad consultative process. We propose an agenda for the UN High-Level Meeting political declaration, with milestones for achieving UHC by 2030. Across these recommendations, we urge political leaders to recommit to gender equality, redress gender power dynamics, and uphold women's and girls' rights, all of which are foundational principles for UHC.

UHC2030 and the global movement for UHC call on heads of state to lead, legislate, invest in, and collaborate with all of society.

***Panel:* Key asks from the universal health coverage movement**

- Ask 1: ensure political leadership beyond health; commit to achieve universal health coverage for healthy lives and wellbeing for all at all stages, as a social contract
- Ask 2: leave no one behind; pursue equity in access to quality health services with financial protection
- Ask 3: regulate and legislate; create a strong, enabling regulatory and legal environment responsive to people's needs
- Ask 4: uphold quality of care; build quality health systems that people and communities trust
- Ask 5: invest more, invest better; sustain public financing and harmonise health investments
- Ask 6: move together; establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world

IK and GG are co-chairs of UHC2030. We declare no competing interests.

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1 WHO. Together on the road to universal health coverage: a call to action. 2017. https://www.who.int/universal_health_coverage/road-to-uhc/en (accessed July 30, 2019).
2 Wright S, Mbejane R. The 2019 UN high-level meeting on universal health coverage. *Lancet* 2019; **393:** 1931.
3 UHC2030. Moving together to build a healthier world: key asks from the UHC movement. 2019. https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/UN_HLM/UHC_Key_Asks_final.pdf (accessed July 30, 2019).

Compensating for a shortage of corneal donors after Brexit

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Corneal transplantation is one of the most common and successful transplant procedures worldwide.[1] Although it is predominantly done to improve or preserve sight, the procedure can also be done to preserve the eye or for pain relief to improve a patient's quality of life.

Because fewer eyes are donated than are needed for transplantation, the UK has an estimated shortage of 1500 corneas per year.[1] The number of corneas retrieved and transplanted per population in the UK is less than in the USA and in other European countries, such as Germany and Italy (table). This trend is not only observed for corneas; the consent rate for all types of organ donation in the UK is one of the lowest in Europe.[2] Consequently, corneal tissue needs to be imported to the UK to compensate for this deficit. Corneas imported from countries within the EU can be directly imported to a transplant centre. By contrast, corneas from non-EU countries first need to be imported to an eye bank that is licensed by the Human Tissue Authority before they can be taken to a transplant centre.

No clear explanation has been found for the low donor rates and number of corneal transplants done in the UK as compared with in Italy, Germany, and the USA. An opt-out system of organ donation is due to be introduced in England in April, 2020, which might help to reduce the shortage of donors. However, the effectiveness of an opt-out system that was introduced in Wales in 2015 is not yet clear.

The shortage of eye donors is likely to be exacerbated by Brexit, because leaving the EU could affect the importation of donor tissue from outside the UK. In addition, if a no-deal Brexit becomes a reality, the EU Organ Donation Directives and EU Tissue and Cells Directives would no longer apply in the UK, and the deficit in corneal graft availability could increase further.

	Population (million)	Number of eyes donated per million	Number of corneal transplants per million
Italy			
2016	60·7	133	99
2015	60·8	126	93
2014	60·8	124	87
Germany			
2016	82·5	120	89
2015	82·2	107	83
2014	81·2	93	71
UK			
2016	65·6	87	76
2015	65·1	86	71
2014	64·6	84	74
USA			
2016	325·7	419	255
2015	321·0	402	243
2014	318·6	395	235

Table: **Rates of eye donation and corneal transplantation by country and year**[2-5]

We declare no competing interests.

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1 Gaum L, Reynolds I, Jones MN, Clarkson AJ, Gillian HL, Kaye SB. Tissue and corneal donation and transplantation in the UK. *Br J Anaesth* 2012; **108:** 43–47.
2 NHS Blood and Transplant. Organ donation and transplantation: activity report 2016/17. Watford: NHS Blood and Transplant, 2017.
3 Flockerzi E, Maier P, Bohringer D, et al. Trends in corneal transplantation from 2001 to 2016 in Germany: a report of the DOG-section cornea and its keratoplasty registry. *Am J Ophthalmol* 2018; **188:** 91–98.
4 Eye Bank Association of America. 2016 eye banking statistical report. Washington, DC: Eye Bank Association of America, 2016.
5 Eurocet. Data: tissue donation and transplant activity. http://old.iss.it/ecet/index.php?lang=2&id=92&tipo=12 (accessed April 26, 2019).

UK alcohol policy: the Brexit effect

We were very interested to read Ian Gilmore and Roger Williams' Comment.[1] Between 2017 and 2019, we have been researching alcohol policy (along with other health areas) for a project funded by the Economic and Social Research Council about health law outside the EU, and the immediate, intermediate, and long-term impacts.

We agree about the absence of a coherent UK alcohol policy. A key factor not yet mentioned in this discussion is the potential impact of Brexit. Unlike tobacco control, there is little international or EU regulation of alcohol. Governance on the scale of the WHO's Framework Convention on Tobacco Control (2005), or the EU Tobacco Products Directive (2014), which have both done so much to improve public health worldwide, does not exist in alcohol policy. Brexit