

for more in-depth analysis of both previous and future data.

The study by Santema and colleagues is a thoughtful and thorough investigation that draws attention to the potential need for different sex-based dose targets in HFrEF. The study simultaneously highlights the need for greater attention to sex-based differences in clinical pharmacotherapy.

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Gambling harm: a global problem requiring global solutions



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Addicted to Gambling, an episode of the BBC's *Panorama* programme broadcast on Aug 12, 2019, highlighted the profound harms that can be associated with gambling and the impact these have on individuals, families, and society. According to data published in England, problem gamblers are much more likely to think about taking their lives and to attempt suicide than those who do not have a gambling problem.¹ Other publications have highlighted the importance of a public health approach to gambling^{2,3} and research from different jurisdictions shows a similar picture. Swedish data suggested a 15-times increase in mortality among people with gambling disorder.⁴ Research from Victoria, Australia, conservatively estimated that around 2% of deaths by suicide were related to gambling.⁵

The harms from gambling can be extensive and go beyond the individual gambler to impact society as a whole through financial and interpersonal problems, criminal activity, and abuse and neglect of partners and children, with associated costs to health and social care.⁶ These harms are related to social inequalities, with negative impacts particularly on disadvantaged groups, and linked to a range of mental and physical health problems.⁷

Reducing the harms of gambling requires population-level prevention and regulatory measures, but, to date, the UK government has failed to develop a strategy to address this.³ The result of this failure, as the *Panorama* programme showed, is the spread of harms throughout the population and what is needed is an agile policy response that can anticipate and react to rapidly changing markets, technologies, and products.

It is not only the UK situation that is concerning. Gambling harms might be exported globally as European operators seek new markets, many of them in low-income or developing countries. Sub-Saharan Africa, with over half of nations considered some of the poorest in the world, has been described as the next big market for gambling.⁸

In countries such as Kenya, Nigeria, Ghana, Malawi, and Uganda, overseas operators and affiliates—including large corporate brands such as Bet365 and BetWay—are using their international platforms and systems to invest in gambling in Africa and attract new customers. Many of these customers have low incomes and are young and male—key risk factors for gambling harm. Earlier in 2019, Kenyan interior minister Dr Fred Matiang'i warned that increasing gambling in the country was leading to

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addiction and suicide,⁹ with over 500 000 youths falling into debt through their betting.¹⁰

Why is sub-Saharan Africa so attractive to European gambling operators, despite widespread poverty in the region? There are several reasons. First, financial and communications infrastructure required for widespread mobile gambling already exists, along with cultural familiarity with the methods to use it. In much of the continent, mobile phones are more common than access to electricity.¹¹ Network coverage is high and mobile money systems, such as the M-pesa system, mean that people are used to sending cash directly from phones.

Additionally, sports fandom, especially football, is big business in Africa. Football and gambling have an increasingly symbiotic relationship, with gambling filling the advertising and sponsorship gaps left by prohibition of tobacco and alcohol. Football sponsorship and billboard advertising mean that many people are also already familiar with big European betting brands. For many in the industry, Africa is viewed as an untapped market for gambling.⁸

Furthermore, as in many jurisdictions, regulation in Africa lags behind technological change and many African nations have outdated gambling regulations that do not cover online gambling or political environments in which regulation of markets in the interest of public health is not a priority.¹² These conditions create weak regulatory regimes that corporations can exploit as opportunities for profit. Notably, there is no requirement for companies that operate in Britain and adhere to British regulatory standards for safer gambling to apply these same standards elsewhere. This situation is of particular concern and means that British-based and European companies that operate in this way risk exporting problems and exploiting new and vulnerable markets.

This trend has precedent. When European and North American governments introduced tobacco control policies, the industry shifted its focus to less regulated markets in Africa, China, and Latin America. This “exporting [of] an epidemic”¹³ resulted in a shift of the harms of smoking towards people with low incomes, living in low-income countries. So-called Big Food has a similar strategy, with the spread of western-style ultra-processed foods and fast food chains matched by rising obesity in the Global South. This trajectory is an

aspect of the more general political economy of harmful commodity industries.¹⁴

There are parallels with the expansion of gambling corporations throughout sub-Saharan Africa. Although governments in the Global North are increasingly talking of gambling as a public health issue, the industry is looking to markets in the Global South as sources of new profit. To protect the populations of both areas, governments need to produce effective legislation and regulation to prevent the spread of gambling-related harms. But gambling first must be recognised as a global issue. The gambling industry is part of a global system, with multinational corporations operating worldwide. WHO has acknowledged gambling as a potential issue contributing to poor global health, but, as yet, the kinds of actions and recommendations needed from them to address gambling as a global health issue are not forthcoming.¹⁵ Although it is positive that gambling and its impact on public health is being considered domestically, we cannot and should not be blind to global trends and systems. Any gains in improving the protection of the public in the UK cannot be at the expense of populations elsewhere. A coherent strategy for addressing gambling as a global cause of health inequality is needed. Achieving this goal will require regulators and governments to work together and for companies to put the health of people above profit.

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The Global Fund's Sixth Replenishment Conference: a challenge for France, a challenge for global health

For the Global Fund's Sixth Replenishment Conference see <https://www.globalfundsixthreplenishment.org/en/>

By hosting the Sixth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Lyon, France, on Oct 9–10, 2019, President Emmanuel Macron reaffirms France's longstanding contribution to the fight against these three diseases.

France was among the first countries to have supported the creation of the Global Fund in 2001. France has had a seat on the Governing Board since 2002. Two French nationals have been Vice Chairs of the Board, and Michel Kazatchkine was Executive Director from 2007 to 2012. The financial contribution

of France is the second largest historical amount provided to the Global Fund after that from the USA. France's 5% Initiative that started in 2011 has been an effective bilateral mechanism to mobilise support and technical expertise in francophone countries eligible for Global Fund grants.¹ From a political perspective, French Presidents and Governments have regarded the Global Fund as a linchpin for their development assistance for health, allowing global health to remain a priority for France over almost two decades.

Although global health has not always been a core priority for President Macron on the international stage—whether during his first official visit to Africa (Ouagadougou, Burkina Faso), in 2017, or during the 2019 G7 Summit in Biarritz, France—the Global Fund's Sixth Replenishment Conference is an opportunity for France to retain and strengthen its influence in global health.

The Global Fund has been supported by unprecedented financial mobilisation for health—US\$41.6 billion since its inception. It has had a leading role in the progress achieved in the fight against AIDS, tuberculosis, and malaria, with 32 million lives saved through the Global Fund partnership by the end of 2018.² The Global Fund has transformed the approach to international development assistance, creating a new ecosystem for global health based on



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