

## The Global Fund under Peter Sands



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Within the space of a few short weeks, the reputation of Peter Sands, incoming Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, has gone from respected to reckless according to some critics. In an Offline column last November, *The Lancet's* Editor offered an unreserved welcome to Sands, praising his "credibility" and "refreshing new vision". Sands had assiduously built a compelling argument for governments to take the economic costs of infectious diseases more seriously. His background as the former CEO of Standard Chartered strengthened his case still further. But then Heineken hit the headlines.

Before Sands had even taken up his appointment, he was being implicated in the decision by the Global Fund to enter into partnership with, among others, the alcohol beverage manufacturer, Heineken. Photographs of Sands shaking hands with company executives caused dismay among global health advocates. An open letter from a group of civil society organisations, led by Katie Dain (Executive Director of the NCD Alliance and a member of WHO's Independent Global High-Level Commission

on NCDs), pointed out that such an alliance "redirects attention from the costs of harmful use of alcohol and positions Heineken to governments, the public, and the global community as a legitimate partner in implementing sustainable development solutions".

Peter Sands' response has been robust. He accepts that the broader global health community is sceptical of the value of partnerships with businesses such as Heineken. He is willing to listen to critics. But he is also unapologetic about engaging with the private sector. Partnerships with business will be his signature raison d'être.

Sands is pursuing a strategy of constructive disruption at the Global Fund. A shake-up is welcome. The Global Fund needs new energy and thinking. But alienating large parts of the global health community, with whom the Global Fund should be forging productive alliances, is an error. Sands needs to take a remedial course on global health diplomacy and balance his passion for the private sector with respect for the pluralism of the global health community. The diversity of global health is a strength for the Global Fund. Draw on it, don't dismiss it. 

The Lancet



## Suicide in prisons: NICE fights fires



For the **NICE guidelines** see https://www.nice.org.uk/ guidance/indevelopment/gidphg95/consultation/htmlcontent-2

For the HM Chief Inspector of Prisons' annual report see https://www. justiceinspectorates.gov.uk/ hmiprisons/wp-content/ uploads/sites/4/2017/07/HMIP-AR 2016-17 CONTENT 11-07-

17-WEB.pdf

In February, 2018, NICE released draft guidelines addressing suicide in custodial and detention settings, looking at methods of reducing death by suicide, and offering help to those affected by suicide. In 2016, the likelihood of self-inflicted death of offenders in custody was 8-6 times greater than the likelihood of suicide in the general population.

According to the annual report from the HM Chief Inspector of Prisons for England and Wales, there were 103 self-inflicted deaths among male UK prisoners in 2016–17, a rise of 10% from the previous year. Episodes of self-harm increased by 73% from 2012 to 2016. 2017 saw conditions in UK prisons being labelled "the worst we have ever seen" by the Prison Governors Association.

The NICE guidelines recommend institutions develop a suicide prevention strategy led by key stakeholders in each institution, and that the action plans they develop are shared locally and audited regularly. Importantly, these plans focus on raising awareness among prison populations that suicide is preventable, that it is safe to talk about suicide, and that many kinds of support are available. Furthermore, after a suspected suicide, a rapid deployment of resources should offer support to those affected, deal with media reporting, and focus on preventing so-called suicide clusters.

These draft guidelines, now open for consultation, are important and timely, but it is lamentable that the UK's prison system should have been allowed to decline to its current unsatisfactory levels, bringing with it a rise in depression and suicide as prisoners find themselves part of a system that puts containment above reform.

As with so much of the discussion around public services in the UK, the sense that a tipping point will soon be reached is tangible. The UK's prison system has shed 30% of staff since austerity began in 2010. The average amount spent on suicide investigations in UK prisons has more than halved since 2012–13. Until conditions are improved, guidelines like these are a firefighting effort in a situation where the fires themselves may be preventable. ■ The Lancet