

Malaria programmes need informed advocacy

SIR — Your Editorial ‘Time to take control’ (*Nature* 451, 1030; 2008) seems to downplay the current importance of advocacy for maintaining funds in the fight against malaria. But funding for all elements of malaria programmes — from research and development, design, implementation and commodities, to monitoring and evaluation — is essential to success.

Results don’t happen without dedicated and predictable financial resources and, although commitments have increased, we still have a long way to go. A recent study by McKinsey (see <http://tinyurl.com/52aoda>) estimates that an investment of some US\$2.2 billion a year for five years is needed to achieve full coverage of prevention and treatment measures in just 30 of the hardest-hit African countries where malaria is endemic, addressing 90% of current malaria deaths. Without continued pressure on donors to keep up their commitments, there is no guarantee that additional funding will ever materialize.

Also, advocacy is critical for ensuring that malaria efforts reach the communities most in need. On-the-ground efforts to engage national health leaders, navigate bureaucracies and encourage effective implementation of sound public-health policies are crucial. Without them, life-saving drugs, bed nets and insecticides will sit and spoil in warehouses. Generating and supporting participation and commitment on the spot is essential to the success of any programme.

The Editorial highlights one of the most extreme situations where informed advocacy is needed. In the Democratic Republic of the Congo, the first step in addressing the extremely high burden of malaria is fervent advocacy to increase investment in malaria programmes in challenging regions. Without that advocacy, government and donors will continue to avoid investment, and there will be no progress to measure.

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Malaria: efforts starting to show widespread results

SIR — Your Editorial ‘Time to take control’ misrepresents the role and work of the Roll Back Malaria (RBM) Partnership, and is apparently at odds with the successes described in the News Features and Commentary in the same issue (*Nature* 451, 1030, 1042–1049 and 1051–1052; 2008).

The RBM Partnership, a coalition of hundreds of organizations, is an independent

global public-health partnership that is governed by an international board. The board’s members include the governments of countries where malaria is endemic, donor governments, bilateral and multilateral organizations, academia, civil society, the private sector and various foundations.

We agree that disease surveillance is essential for effective malaria control. Many RBM partners advocate more funding for this purpose. Indeed, RBM has provided the technical leadership and coordination to develop the approach and tools for national malaria indicator surveys that have provided valuable data to assess progress on coverage and impact.

We continue to advocate rapidly improving access to the bed nets and treatments that, every day, prevent unnecessary deaths. Strong advocacy is vital for surveillance to strengthen as prevention and treatment coverage expands.

Malaria control was severely under-resourced until the first grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria began to reach country programmes in 2004. New support — from the Bill and Melinda Gates Foundation, the US President’s Malaria Initiative and the World Bank booster programme — further increased global resources, and nationwide scale-up of malaria control is now possible. However, much more funding is still needed.

Although many countries are still far from reaching RBM’s target of 80% coverage, a growing number — including Benin, Cameroon, Eritrea, Ethiopia, Kenya, Madagascar, Mali, Niger and Rwanda — have recently achieved significant progress in increasing access to long-lasting nets as a result of large-scale distribution campaigns carried out in the past four years.

Many countries have not yet conducted household surveys to record these higher coverage rates, but the improvements have been well documented (see, for example, <http://tinyurl.com/3foako> and <http://tinyurl.com/3oj3ey>).

Results-oriented country support is a major feature of the partnership’s work plan. It builds on 2007’s successes, when the RBM Partnership led a strong campaign to help countries improve the quality of their proposals to the Global Fund. The success rate of proposals in Round 7 doubled from that of 2006, adding US\$471 million to fight malaria. Both Nigeria and

the Democratic Republic of the Congo were prioritized at the last RBM board meeting in 2007 to receive additional implementation support from partners in 2008.

We believe that your Editorial does a disservice to our global efforts to turn back this preventable and treatable disease, at a time when we are seeing positive results.

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Tibetan wildlife is getting used to the railway

SIR — Your News story ‘Acclaimed photo was faked’ (*Nature* 451, 1034–1035; 2008) indirectly calls into question the impact of China’s Qinghai–Tibet railway on the migration of Tibetan antelopes. As zoologists officially responsible for evaluating the impact of the railway on plateau wildlife, we have been monitoring the situation annually from the time construction began in 2003, through its completion in 2006 and on to the present.

During the railway’s main construction period, the antelopes were very much disturbed. But they soon adjusted their migration routes, westward in spring and eastward in August, to avoid most human activity. The railway has many underpasses, including 143 that are more than 100 metres wide; these wide underpasses have a total width of 46 kilometres. Adding in the many smaller ones, underpasses encompass 259 kilometres of the antelopes’ main range.

Contrary to any impression that might have been conveyed by the faking of the acclaimed photograph, the animals have readily adapted

to these underpasses, at present concentrating on



Building bridges? Migrating antelopes are not put off by the new railway.

only a few of them. In 2006 we counted 2,952 antelopes migrating east, of which 98.17% crossed by using the wildlife underpasses.

A highway built in the 1950s runs parallel to the railway, at about 500–1,500 metres away in our research area. (Outside our research area, the distance between road and railway ranges from 200 metres to 35 kilometres.)

The antelopes usually wait for a lull in the heavy flow of daytime traffic before hurrying across the road. Some animals even forage along the highway, seemingly ignoring the cars and trucks.

It seems, then, that the Tibetan antelopes have largely adapted to the presence of the Qinghai–Tibet railway. As the area develops further, care must be taken to ensure that these animals can continue their ancient pattern of migration.

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Vaccine trial provided valuable information

SIR — Your Editorials ‘Broken promises’ and ‘Mismanaged measures’ (*Nature* 452, 503 and 504; 2008) seem to be contradictory. In the former, you excoriate the research community for running human efficacy trials for AIDS vaccines, whereas in the latter you complain about the use of surrogate end points.

You were right in the second Editorial. Without human efficacy trials on AIDS vaccines, we have had to rely on surrogate — mainly preclinical — end points.

Until the Merck trial, we were searching in a wilderness of preclinical data. The Merck trial, although it unfortunately did not show efficacy, taught us more than all the surrogate experiments.

Without efficacy data in humans, particularly when we are dealing with a human viral disease that lacks a good animal model, we are always guessing. To have experimental correlates of human efficacy would be wonderful, but we are still a long way from that situation. Meanwhile, you should be supporting more human experimentation, not less.

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NIH funds support more than a researcher’s own lab

SIR — According to your News story ‘222 NIH grants: 22 researchers’ (*Nature* 452, 258–259; 2008), I receive a large number of dollars from the US National Institutes of

Health (NIH) for ‘cancer research’. As any knowledgeable reader will guess, more than 90% of that supports institutional activities, such as our Comprehensive Cancer Center at Memorial Sloan-Kettering, and not my own research laboratory. The story’s bar chart may provide a source of (misleading) gossip, but it does not usefully serve readers looking for insight into the current crisis of funding at the NIH.

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NIH: grants revamp needs grounding in evidence

SIR — Further to your News story ‘Revamp for NIH grants’ (*Nature* 451, 1035; 2008), the final draft of the US National Institutes of Health (NIH) 2007–08 peer-review self-study report tackles a critical set of issues for us grantees and reviewers. We all want an efficient and stable system; we all particularly care about junior investigators. But the solutions need to be grounded in evidence.

As you point out, a back-of-the-envelope calculation shows that eliminating more than two grants per investigator would allow a 5% increase in the number of grants. But is this better? Another casual calculation shows that requiring all grants to be shared by two investigators would more than double the number of grantees. So?

How do we know that eliminating amended applications will help? Amended applications are what keeps everyone honest. Without the back-and-forth of peer review, efforts by the NIH will degenerate into the dismal and ad hoc review process that characterizes many other agencies. And I would be reluctant to review the expanded load of always-new proposals.

Would a shorter application really enhance the quality of research or the efficiency of the review process? I don’t want to spend extra time looking for lost key information. Is this a good idea? Why don’t we study it?

Likewise, it is unclear whether using more than four reviewers would enhance the system or bring it to a screeching halt owing to the huge burden of review.

Also, what is the evidence that giving more R01 grants (individual grants that are the mainstay of extramural funding through the NIH) for early-career investigators will work in attracting the best and brightest to the life sciences and biomedical research? The issue is complex. I am not sure whether attaining that first R01 is the solution: it is the ability to stay there in a healthy and productive career.

Some suggestions are ‘pilots’, which

should be applauded, but again there is little discussion of what is being measured and how.

It is high time for the NIH to conduct research on the review process itself. With hundreds of study sections meeting and thousands of applications reviewed every year, the material is there for retrospective analysis and for prospective studies that test specific hypotheses and interventions.

Perhaps the peer-review self-study should have submitted an R01 application on the proposed changes.

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NIH: researchers lose out to war, not to each other

SIR — In your News story ‘222 NIH grants: 22 researchers’ (*Nature* 452, 258–259; 2008), you contrast the concerns of junior investigators in the face of the flat budget of the US National Institutes of Health (NIH) with the comparative prosperity of a handful of their senior colleagues. Against this, I would argue that your review of grant numbers is flawed. It is absurd to consider supplements to parent grants, such as centre-support grants or training add-ons, as separate grants. Training grants should not be seen as counter to the self-interest of junior investigators. Also, you should have explained that junior investigators are supported by large centres or networks (in which hundreds of junior investigators may be engaged), although the NIH demands a single administrative leader — therefore a large grant is attributed to one person, often with many centres or supplements.

The end of the rise in funding for the NIH corresponded to the start of the war in Iraq, with its no-bid multibillion-dollar contracts and support of 150,000 Americans overseas. Half-a-trillion dollars (a very conservative estimate) has been spent there during the past five years, nearly four times the annual NIH budget in each of those years. The costs show no signs of abating — and all this in the context of tax cuts and economic recession.

So *Nature* should keep asking the tough questions about NIH funding decisions and effort-reporting policies. But please consider alternatives to your simplistic thesis.

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