

# Correspondence

## COVID-19: Canadian policy makes funding more fair

In its first call for COVID-19 research in February, the Canadian Institutes of Health Research (CIHR) received fewer funding applications from women than normal and fewer proposals accounting for sex and gender in research. To address this, the CIHR implemented policy interventions for its second call in May.

The CIHR extended the submission and evaluation periods; it eased application requirements; it provided guidance on why sex and gender need to be considered (see [go.nature.com/3i4y4eh](https://go.nature.com/3i4y4eh)); and it attended to sex and gender in proposal-evaluation criteria.

Accordingly, the proportion of applications from female investigators increased, the proportion of successful applications with a female principal investigator doubled, and there were more sex and gender considerations in the research proposals.

For the next competition, applicants can submit a personal statement on how the pandemic had affected them, and will receive compensation for care costs incurred during meetings. Such interventions build fairer funding systems (H. O. Witteman *et al.* Preprint at [bioRxiv https://doi.org/10.1101/2020.07.15.357172](https://doi.org/10.1101/2020.07.15.357172)).

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## COVID-19: NASA-backed launch for jobless postdocs

The Translational Research Institute for Space Health (TRISH) is tasked by NASA with funding research to reduce risks to human health and performance during deep-space exploration. It also offers postdoctoral fellowships, backed by support and guidance on professional development from its Academy of Bioastronautics. But by June 2020, job opportunities for TRISH third-year fellows had all but disappeared as a result of the COVID-19 pandemic (see also *Nature* 585, 160; 2020).

As members of the TRISH consortium, we had invested significantly in these fellows, so we swiftly created a new funding opportunity for them. This 'Go for Launch' programme ([go.nature.com/3etguhv](https://go.nature.com/3etguhv)), released in September, enables them to move into independent positions by providing them with salary and benefits for one year.

Candidates choose a career path – for example, to stay in academia, or to join a for-profit or non-profit organization. They must lead a space-health project that can support their professional development while adding significant value to TRISH, NASA and the wider space-health community. Creative topics and formats include developing a curriculum of educational seminars, advancing a new initiative or engaging the public through outreach efforts related to space health.

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\*On behalf of four correspondents; see [go.nature.com/3view5](https://go.nature.com/3view5)

## Long COVID: don't consign ME/CFS to history

I welcome your call for patient involvement in defining the symptoms of 'long COVID' (*Nature* 586, 170; 2020). However, in drawing comparisons with the history of chronic fatigue syndrome, also known as myalgic encephalomyelitis or ME/CFS, you perpetuate a dangerous misconception.

Your use of the past tense – for example, in saying that people with ME/CFS "struggled" to have their condition recognized, they "were not" listened to and the "patient voice was marginalized" – wrongly implies that those problems have been solved. The reality is that the tragic situation continues.

Global research spending on ME/CFS averaged just US\$6.5 million per year globally in 2006–15 (see [go.nature.com/3monw3s](https://go.nature.com/3monw3s)). This received a boost when the US National Institutes of Health committed to more than doubling its spending in this area, reaching US\$15 million in 2017 (*Nature* 553, 14–17; 2018).

Like long COVID, ME/CFS is an intractable, heterogeneous condition. Its causes are unclear, preventing long-term effective treatment. The urgent need for high-quality, imaginative and ambitious research should therefore not be undermined by downplaying the current impact of this condition on millions of people around the world.

In our quest to help people with long COVID, let's be candid in our portrayal of ME/CFS, the ongoing struggles of those with the condition, and its uncertain prognosis.

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## Pandemics: global biobanking needs agreement

The COVID-19 pandemic and earlier epidemics, such as those due to Zika and Ebola, have underscored the need for global access to samples from patients if international public-health emergencies are to be controlled. In our view, an expanded agreement, similar to the 2011 Pandemic Influenza Preparedness Framework ([go.nature.com/34vswa5](https://go.nature.com/34vswa5)), could help to address the weaknesses in test development and assay validation exposed by the COVID-19 pandemic. It would also promote equal availability of good-quality diagnostic tests.

Such tests depend on careful curation of samples with their associated clinical and diagnostic data. However, collecting and sharing samples internationally can be politically, logistically and ethically fraught (see [go.nature.com/3enjbbp](https://go.nature.com/3enjbbp)). Although regional biobanks exist (R. W. Peeling *et al.* *Lancet* 20, e268–e273; 2020), a long-term global resource is needed to ensure sustainability.

Such a resource must address the challenges of specimen acquisition, storage, tracking and dissemination. A solid, comprehensive agreement on sample sharing for infectious diseases with epidemic potential can then be drawn up, leaving the world better prepared for the next large outbreak.

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**Correction**

The headline in the Correspondence article 'NASA launch for jobless postdocs' erroneously implied that the programme launch would be run by NASA. In fact, the initiative is indirectly funded by NASA.