

# THIS WEEK

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## Zika imbalance

*The US government should not redirect vital funds to work on the Zika virus at the expense of other health priorities.*

**L**ate in 2014, the US government finally put serious effort and money into combating the Ebola outbreak in West Africa. The US\$5.4-billion emergency fund approved by Congress was the largest amount of funding ever appropriated for a single international health crisis. Numerous voices — including *Nature's* — applauded the investment while warning against using the money to crush the outbreak and then fly back home. Experts warned that, without permanent improvements to Africa's health-care systems, Ebola or something worse would reappear. Health workers set out to use the funds, which were intended to last until 2019.

But the short attention span of politicians and the public has endangered these efforts. Resources intended to address the root causes of epidemics are being transferred to research on Zika, the mysterious virus that appeared in South America in 2015. Zika is not deadly and — for most people — not particularly incapacitating. But it has captured attention as the latest global health threat. Cash-strapped agencies such as the US Centers for Disease Control and Prevention have run with that theme, as have politicians eager to slam their adversaries in Congress.

In February, President Barack Obama called for Congress to authorize \$1.9 billion in emergency funds to respond to Zika, including improved surveillance, international aid for health care and vector control, and research towards a vaccine. Congress refused, so in April the White House shifted nearly \$600 million from the Ebola fund that was still being used to improve disease-response training and screening.

The July announcement that mosquitoes in Florida are transmitting Zika has redoubled calls for action. Two weeks ago, the administration directed the National Institutes of Health (NIH) to move \$34 million from its research portfolio to Zika vaccine research; \$47 million will also be transferred from other medical-service budgets. Each NIH institute — even those that do not focus on infectious disease — is

contributing about 0.14% of its budget to the Zika effort, according to numbers supplied to *Nature*.

This crosses a line. Even when one sets aside global scourges such as malaria — which affects millions of people each year and rarely draws strident calls for emergency funds — Zika is just one more virus that affects the United States. Others include West Nile virus (which has no approved human vaccine), dengue and chikungunya, as well as the seasonal and circulating influenza viruses that can kill thousands.

Taking money from much-needed research and health care to develop a vaccine against one disease itself costs lives. One analysis estimated that redirecting money to Ebola and away from common infections such as malaria and HIV caused nearly as many deaths as Ebola itself (A. S. Parpia *et al. Emerg. Infect. Dis.* <http://doi.org/bcqt>; 2016). Triaging disease research and funding is always a complex issue, and, too often, public sentiment rather than health need drives policy.

But it doesn't need to be that way. When Congress returns to session on 6 September, the US administration should insist on a permanent fund from which public-health agencies can draw, similar to that made available for natural disasters. It should also dedicate more money to international surveillance, detection and health-care systems — the sort of work that the Ebola fund is intended to support — and implement more stringent vector-control strategies to keep many viruses in check.

Each plea for emergency funds underscores just how unprepared the United States is for major health crises. The Obama administration has rightly called for permanent emergency funds and money for overall infrastructure improvement. But its willingness to sacrifice necessary research and development programmes to stick Band-Aids on the latest public-health scare erodes its credibility. When a truly deadly and pervasive pathogen appears in the United States, will there be any Band-Aids left? ■

## Pachyderm plight

*Analysis highlights the threat to a newly distinct species of African elephant.*

**C**ontrary to common wisdom, most researchers now accept that African elephants are actually two distinct species. On the savannah lives the huge *Loxodonta africana*, whereas the smaller, secretive *Loxodonta cyclotis* is found in the forests of central Africa.

Poaching is devastating both populations, but poaching of forest elephants should be of particular concern. Research by George Wittemyer and his colleagues indicates that most females of this species do not become pregnant for the first time until they are 23, and they

produce only 1 calf every 5 to 6 years (A. K. Turkalo *et al. J. Appl. Ecol.* <http://dx.doi.org/10.1111/1365-2664.12764>; 2016). By contrast, the savannah elephant begins breeding at 12 years of age, and typically produces young at 3- to 4-year intervals. Thus, forest-elephant populations increase in size slowly, and are at greater risk of extinction.

Wittemyer's work should spur increased focus on poaching prevention, and the study is also likely to reignite debate about the failure of the International Union for Conservation of Nature (IUCN) to recognize two different African elephant species on its extinction-risk 'red list'. The IUCN has shied away from splitting the animals into two groups, primarily over fears about what this would mean for the status of hybrids between savannah and forest animals (see [go.nature.com/2bo5nx3](http://go.nature.com/2bo5nx3)).

But the net effect of lumping the two together is to significantly underestimate the vulnerability of the African forest elephant. At its conservation congress this week, the IUCN needs to catch up with the science and recognize the real threat of this species' extinction. ■