

remains to be learned about how to achieve universal coverage.¹

However, we draw on empirical evidence to respectfully differ with assertions expressed by Richard Tren and Kimberly Hess. The 5-year evaluation of the Global Fund concluded: "Most importantly, five years is an extraordinarily limited amount of time over which to measure global level outcomes and impact, especially in a new program with a new model. Investments of both new resources and new approaches require time to take root and bear fruit."²

The Global Fund Board's two-part decision³ regarding the evaluation of the AMFm includes (i) assessment of the AMFm's progress towards its objectives, and (ii) comparison of its cost-effectiveness with those of other financing models that operate solely or largely through the public sector. Its decisions on the duration of AMFm Phase 1 are in the public domain.^{3,4} The AMFm Ad Hoc Committee of the Global Fund Board has commissioned an independent exercise to establish success benchmarks for AMFm Phase 1.⁵

A complementary innovation, the AMFm was established because traditional financing models alone achieved neither universal nor equitable access to lifesaving ACTs. The AMFm Ad Hoc Committee has recently commissioned an independent exercise to establish the comparative effectiveness and cost-effectiveness of the AMFm and other financing models. Thus, evaluation of the AMFm provides an opportunity to determine independently how the financing models compare.

OA is Director of the Affordable Medicines Facility—malaria at the Global Fund and was formerly Coordinator of Public Health Programs at the World Bank, where he led the project to develop the AMFm. RA is Director of the Strategy, Performance and Evaluation Cluster at The Global Fund.

*Olusoji Adeyi, Rifat Atun
Olusoji.Adeyi@Theglobalfund.org

Global Fund to Fight AIDS, Tuberculosis and Malaria, 1214 Vernier, Geneva, Switzerland (OA, RA); and Imperial College London, London, UK (RA)

- 1 Global Fund to Fight AIDS, Tuberculosis and Malaria, World Health Organization. Consultation: economics and financing of universal access to parasitological confirmation of malaria. http://www.theglobalfund.org/documents/amfm/AMFm_EconFinanceDiagnostics_Report_en.pdf (accessed Dec 27, 2010).
- 2 Sherry J, Mookherji S, Ryan L. Five-year evaluation of the Global Fund to Fight AIDS, Tuberculosis and Malaria: synthesis of study areas 1, 2 and 3. http://www.theglobalfund.org/documents/terg/TERG_Synthesis_Report.pdf (accessed Dec 27, 2009).
- 3 Global Fund to Fight AIDS, Tuberculosis and Malaria. Twentieth board meeting: decision points. November, 2009. http://www.theglobalfund.org/documents/board/20/GF-BM20-DecisionPoints_en.pdf (accessed Dec 27, 2010).
- 4 Global Fund to Fight AIDS, Tuberculosis and Malaria. Twenty-second board meeting: decision points. http://www.theglobalfund.org/documents/board/22/BM22_DecisionPoints_Report_en.pdf (accessed Feb 15, 2011).
- 5 Schäferhoff M, Yamey G. Estimating benchmarks of success in the Affordable Medicines Facility—malaria (AMFm) phase 1. http://www.theglobalfund.org/documents/amfm/E2PI_EstimatingBenchmarksInAMFm_Report_en.pdf (accessed Feb 15, 2011).

Women in science and medicine

Your Editorial "Promoting women in science and medicine" (Nov 20, p 1712)¹ is timely. The genSET science leaders panel² analysed gender and sex bias in basic research and found that medical treatments for women are less evidence-based than for men. Pain research demonstrates this point well: 79% of animal studies published in the journal *Pain* over the past 10 years included males only, with a mere 8% of studies on females only, and another 4% explicitly designed to test for sex differences (the rest did not specify).³

Editors of peer-reviewed journals can require analysis of sex and gender effects when selecting papers for publication. The US *Journal of the National Cancer Institute* does it as a matter of "commitment to sound, scientific research": "where appropriate, clinical and epidemiological studies should be analysed to see if there is an effect of sex or any of the major ethnic groups. If there is no effect, it should be so stated in Results".⁴ The *Journal*

of the American College of Cardiology and *Circulation* (the American Heart Association journal), also adopted this practice. *Nature* journals are at present considering whether to require the inclusion of such information.⁵ Could *The Lancet* adopt such guidelines as part of its gender equality and scientific quality policy?

We are involved in the genSET project.

Simone Buitendijk, Daniela Corda, Anders Flodström, Anita Holdcroft, Jackie Hunter, *Elizabeth Pollitzer, Teresa Rees, Curt Rice, Londa Schiebinger, Martina Schraudner, Karen Sjørup, Rolf Tarrach

elizabeth@portiaweb.org.uk

TNO, Delft, Netherlands (SB); National Research Council, Institute of Protein Biochemistry, Naples, Italy (DC); KTH Royal Institute of Technology, Stockholm, Sweden (AF); 3 Regency Close, Ealing, London, UK (AH); Pharmivation Ltd, Hitchin, UK (JH); Portia Ltd, 14 King Street, London EC2V 8EA, UK (EP); School of Social Sciences, Cardiff University, Cardiff, UK (TR); University of Tromsø, Tromsø, Norway (CR); Stanford University, Stanford, CA, USA (LS); Department of Gender and Diversity in Organizations, Technical University Berlin, Berlin, Germany (MS); Department of Society and Globalisation, Roskilde University, Roskilde, Denmark (KS); and University of Luxembourg, Luxembourg (RT)

- 1 The Lancet. Promoting women in science and medicine. *Lancet* 2010; **376**: 1712.
- 2 Buitendijk S, Colomer Revuelta C, Corda D, et al. Recommendations for action on the gender dimension in science. http://www.genderscience.org/downloads/genSET_Consensus_Report_Recommendations_for_Action_on_the_Gender_Dimension_in_Science.pdf (accessed Feb 2, 2011).
- 3 Greenspan JD, Craft RM, LeResche L, et al. Studying sex and gender differences in pain and analgesia: a consensus report. *Pain* 2007; **132**: S26–45.
- 4 Arnold K. Journal to encourage analysis by sex/ethnicity. *J Natl Cancer Inst* 2000; **92**: 1561.
- 5 Anon. Putting gender on the agenda. *Nature* 2010; **465**: 665.

The UKRC welcomes your call¹ for more women to contribute to *The Lancet*, as authors and peer reviewers, and to be profiled, and we applaud *The Lancet* for taking part in the genSET initiative. At the UKRC our aim is to build gender equality in science, engineering, and technology across the UK and to promote the increased participation of women in these fields.

We can confirm that few women in the science, technology, engineering,



Corbis