



Curt Carnemark/World Bank

direct engagement with countries, and weak design and assessment mechanisms. GAVI relies on in-country WHO and UNICEF staff, both better versed in immunisation than in health systems, and the Global Fund relies on country coordinating mechanisms whose members have disease-specific interests, mostly HIV. Both use panels in Geneva—the Independent Review Committee (GAVI) and the Technical Review Panel (Global Fund)—to assess projects about which they know little. Whereas GAVI promotes good aid principles, the Global Fund requires complex applications and reporting, produces unpredictable funding, and weakens country planning and budgeting processes by bypassing them.

Potential donors should ask how a joint funding partnership could:

(1) Develop in-house technical capacity and in-country engagement to reduce risk, build capacity in countries, and resolve tensions in favour of system strengthening rather than the status quo of vertical programmes.

(2) Replace “rounds-based” funding with processes supporting countries’ mechanisms and cycles, resulting in predictable funding.

(3) Reduce the burden of complex application and reporting (joint assessment will not help while participants require disease-specific strategies too).

(4) Use monitoring indicators relevant to systems strengthening rather than disease outcomes, and tailored to countries’ capacities, not to a common global framework.

The case for joint funding is overwhelming. But it always has been, and it is unclear how the Global Fund particularly can do this now when it has been unable to participate effectively in sector-wide approaches (eg, in Mozambique).

As conceived, a joint funding partnership risks doing little more than coordinating disease-specific funding. Although desirable, this leaves the

glaring global gap of reforming the systems through which services are financed, produced, and delivered—the foundations for improving health for all. Without structural reform themselves, participants in a joint funding partnership are in no position to do this.

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- 1 Taskforce on Innovative International Financing for Health Systems. More money for health, and more health for the money. http://www.internationalhealthpartnership.net/CMS_files/documents/taskforce_report_EN.pdf (accessed Oct 13, 2009)
- 2 World Bank. Moving towards a joint funding platform for health system strengthening. <http://go.worldbank.org/GARPCRAEVO> (accessed Oct 13, 2009).
- 3 World Bank. Improving effectiveness and outcomes for the poor in health, nutrition, and population: an evaluation of World Bank Group support since 1997. <http://go.worldbank.org/U2T30HQKGO> (accessed Oct 13, 2009).
- 4 Naimoli JF. Global health partnerships in practice: taking stock of the GAVI Alliance’s new investment in health systems strengthening. *Int J Health Plann Manage* 2009; **24**: 3–25.
- 5 Technical Evaluation Reference Group. Synthesis report of the five-year evaluation of the Global Fund. http://www.theglobalfund.org/documents/terg/TERG_Summary_Paper_on_Synthesis_Report.pdf (accessed Oct 13, 2009).

Global intercourse

Your journal prides itself on evidence-based science and rightly demands accurate citation for statistical statements. However, in your Comment on “Sex, rights, and politics—from Cairo to Berlin” (Aug 29, p 674),¹ the opening statement makes the following revelation: “Sex happens: 125 million times each and every day.” Since the statement is unreferenced, one presumes that the authors are quoting from personal research. In the interests of scientific fact, might I ask how they arrived at this statistic and who did the counting and how?

I declare that I have no conflicts of interest.

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- 1 Greer G, Chau K, Hinz C, Thanenthiran S. Sex, rights, and politics—from Cairo to Berlin. *Lancet* 2009; **374**: 674–75.

Department of Error

Holmes DR, Reddy VY, Turi ZG et al, for the PROTECT AF Investigators. Percutaneous closure of the left atrial appendage versus warfarin therapy for prevention of stroke in patients with atrial fibrillation: a randomised non-inferiority trial. *Lancet* 2009; **374**: 534–42—In this Article (Aug 15), the first sentence of the Conflicts of interest statement should have read “Both Mayo Clinic and DRH have a financial interest in technology related to this research. That technology has been licensed to Atritech, and Mayo Clinic and DRH have contractual rights to receive future royalties from this licence. To date, no royalties have been received by either Mayo Clinic or DRH.”

Watts J. Lead poisoning cases spark riots in China. *Lancet* 2009; **374**: 868—In this World Report (Sept 12), the units for blood lead concentrations should be $\mu\text{g per L}$ throughout.

Kirby T. Australia considers string of preventive health measures. *Lancet* 2009; **374**: 963—In this World Report (Sept 19), the standfirst should have read: “The Australian Government is poised to introduce several hard-hitting public health measures to tackle the country’s smoking, alcohol, and obesity problems. Tony Kirby reports.”