

within the HEAAL study. On the basis of a longitudinal regression analysis of uric acid concentrations during follow-up, the average uric acid concentration was 17.4  $\mu\text{mol/L}$  (SE 1.2) lower in patients on 150 mg losartan than in those on the 50 mg dose ( $p < 0.0001$ ). Although the HEAAL design does not permit conclusions regarding a causal link between uric acid concentrations and outcome effects, we agree that these associations are worthy of further exploration within the HEAAL database.

We appreciate Adnan Erol's comments on a potential mechanism for AT1-receptor blockade and AT2-receptor stimulation acting via an effect on cardiac progenitor cell biology. We have no data from HEAAL that specifically relate to these considerations, but we believe that the points made are quite reasonable.

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\**Marvin A Konstam, Deborah Wentworth, William Malbecq, James D Neaton, for the HEAAL Steering Committee and Investigators*

**MKonstam@tuftsmedicalcenter.org**

Cardiovascular Center, Tufts Medical Center, Box 108, Boston, MA 02111, USA (MAK); MSD-Europe, Brussels, Belgium (WM); and University of Minnesota, School of Public Health, Minneapolis, MN, USA (DW, JDN)

## Research capacity strengthening in the DRC

We appreciate the interest *The Lancet* took in neglected infectious diseases in its recent Series on this topic. We would like to stress the importance of human resources for research in developing countries such as the Democratic Republic of Congo (DRC). Research and priority setting in neglected infectious diseases requires the development of research leaders in these countries. This important point was not highlighted in the papers published in January, 2010.

We analysed indicators of research capacity strengthening in the field of collaborative research for sleeping sickness over the period 2000–06. 20 research projects by international collaborative partnerships were registered by the DRC authorities over that period. 14 of them were ad-hoc projects, sponsored by various agencies (eg, the Swiss Tropical Institute, the Drugs for Neglected Diseases Initiative, and WHO), and six were done as part of a programme of capacity strengthening. Whereas the ad-hoc projects led to no masters degrees or PhD degrees in DRC, and to no publications with a Congolese first author, the capacity-strengthening programme led to four masters degrees and two PhD degrees for Congolese investigators, and to five publications with a Congolese investigator as first author. In DRC, young researchers are crucially lacking. For example, at the school of Medicine of Kinshasa University, in 2009, the median age of professors was 63 years (IQR 58–70) and only one postdoctoral fellow was younger than 45 years.

Our conclusion is that, unless they have a very specific objective of research capacity strengthening, global health initiatives tend to overlook the necessity for building research capacity in the long term. Laudable initiatives such as the HAT or LEAP platforms do not offer a structural answer to this problem.

Part of the neglect of neglected diseases stems from their occurrence in areas where there is no critical mass of researchers to investigate those diseases. As long as this situation is not addressed, the root causes of neglect will be perpetuated.

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\**P Lutumba, V Kande, M Boelaert, JM Kayembe, S Mampunza*  
**pascal\_lutumba@yahoo.fr**

Kinshasa University, Kinshasa, Democratic Republic of Congo (PL, JMK, SM); National Control Program against Human African Trypanosomiasis, Kinshasa, Democratic Republic of Congo (PL, VK); and Institute of Tropical Medicine, Antwerp, Belgium (PL, MB)

## Mandatory impact evaluations

In their proposed framework for mandatory (legislated) impact evaluations (Jan 30, p 427),<sup>1</sup> Andrew Oxman and colleagues rightly point to the Mexican Government's 2003 legislation requiring impact evaluations for a range of public programmes as evidence in support of their suggestion. That said, they acknowledge several possible difficulties of their proposal including inadequate capacity to undertake rigorous evaluations and the adjustment in mind-sets required for their effective use. They also worry that relying on an intergovernmental process to negotiate a general framework—their preferred way of moving forward—could take time. With these concerns in mind, I offer here an intermediate step that is less demanding than a mandatory requirement and could be implemented speedily.

The basic idea is to replace the mandatory requirement with a funding guarantee. That is, instead of legislating that all public programmes must have a proper impact evaluation, the government could announce that all programmes for which an adequate evaluation has been done would be automatically funded or, at a minimum, given favourable treatment. Since this suggestion is not a universal requirement, it would be less demanding of available evaluation capacity, but, since it does represent a powerful monetary incentive, it should help to develop a culture of evaluation among public decision makers and stimulate the build-up of domestic capacity. In time, the guarantee could be superseded by the mandatory requirement.

One final word. The idea of a funding guarantee could be a useful instrument for the international donor community to encourage evidence-based public action.

For the *The Lancet Series on neglected tropical diseases* see <http://www.thelancet.com/series/neglected-tropical-diseases>

For the **HAT platform** see <http://www.dndi.org/index.php/hat-platform.html?ids=4>

For the **LEAP platform** see <http://www.dndi.org/index.php/leap-platform.html?ids=4>