The good, the bad, and the neglected

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There is a lot to celebrate and applaud in this month's issue of *The Lancet Global Health*, but also some sobering findings and a clear demonstration of the need for more research. To start with the positive, Osman Sankoh and fellow INDEPTH Network colleagues announce a new freely accessible repository of Health and Demographic Surveillance System data generated by its member centres across Africa, Asia, and the Pacific. This triumph of dedication, which currently holds data on around 800 000 individuals and more than 3·7 million person-years of observation, represents the first harmonised database of longitudinal population-based data from low-income and middle-income countries. The Network also launched INDEPTHStats, a publicly accessible source of summary statistics generated from the data repository. The INDEPTH team should be congratulated on this effort, which can only improve as more data are added and more centres sign up to the Network.

Continuing the spirit of sharing, US National Institutes of Health Director Francis Collins and colleagues from eight other research funding bodies announce the launch of a freely accessible online map (World RePORT) showing the location of research programmes funded by these organisations in sub-Saharan Africa over the past year. It's a welcome step towards a more collaborative approach to the funding of research in lower-income countries by high-income-country organisations, and a ready way to identify gaps and inequities. We encourage other governmental, non-governmental, and private funding agencies to join the effort.

One of the funding gaps identified by the World RePORT is, perhaps unsurprisingly, the field of neglected tropical diseases. Collins and colleagues pick out Buruli ulcer and yaws—two infectious diseases that cause highly disfiguring skin, tissue, and bone lesions—but another such disorder is possibly even more neglected. That disorder is noma. The devastating nature of this condition, which mainly affects young children, is grossly out of proportion with the state of what is known about the illness. As Klaas Marck notes in his Comment in this issue, the exact cause and disease mechanism are unknown, no proper antibiotic treatment studies have been done, and there is no effective treatment for one of the common sequelae—complete trismus. Although the ultimate "cure" for the disease might be the elimination of the extreme poverty of which it is characteristic, the fact that so little research has been done is shameful.

This sentiment is echoed by Denise Baratti-Mayer and colleagues in their Article. Baratti-Mayer and colleagues did an ambitious case-control study in southeastern Niger to try to identify sociodemographic and microbiological risk factors for the disease. They found that severe wasting and stunting, recent respiratory or diarrhoeal disease, a high number of past pregnancies in the mother, and the absence of chickens at home (a surrogate for poverty) were significant risk factors for noma. The authors also found a different pattern of oral microbial flora compared with controls, which resembled the composition found in patients with periodontal diseases. Frustratingly, the authors did not find a specific causative agent. Nevertheless, the study shows that noma research is possible, and suggests that educating parents about oral care and how to recognise symptoms could be novel preventive approaches to add to ongoing programmes to eliminate poverty and undernutrition.

In other research in this issue, Sant-Rayn Pasricha and colleagues' systematic review and meta-analysis shows that, although daily iron supplements reduce anaemia in children aged 4–23 months, they seem to impair length and weight gain, possibly as a result of increased vomiting. There was also no evidence of a beneficial effect on cognitive development, contrary to previous research. The authors highlight the paucity of data on the non-haematological effects of iron supplementation in this vulnerable age group and stress the need for further research before any guidelines can be developed.

Finally, Heather Zar and colleagues explore the value of a rapid PCR-based test (Xpert MTB/RIF) in diagnosing tuberculosis in children attending a primary care clinic. Although a formal assessment of sensitivity and specificity could not be done owing to the absence of a gold standard diagnostic for paediatric tuberculosis, the authors conclude that the test is "feasible and useful" in children in primary care. In her linked Comment, Annelies Van Rie is not so sure. But tell us what *you* think by starting a discussion on this or any of the other items in this month's issue on *The Lancet Global Health* Blog.

Zoë Mullan

Editor, *The Lancet Global Health*

For **INDEPTH data repository** see http://www.indepth-ishare.org/index.php/home

For **INDEPTHStats** see http://www.indepth-ishare.org/indepthstats/

For the **World RePORT** see http://worldreport.nih.gov/

For ***The Lancet Global Health* Blog** see http://globalhealth.thelancet.com/