

estradiol and 7 $\alpha$ -methyl-ethinyl-estradiol,<sup>3,4</sup> and the manufacturer of tibolone (Organon), who has done a study similar to ours,<sup>4</sup> to our knowledge has not yet published the results.

We declare that we have no conflict of interest.

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## Fiscal space and the World Bank/IMF: authors' reply

We do not agree with the claim made by Jean-Louis Sarbib and Peter Heller (June 18, p 2085)<sup>1</sup> in their response to our Viewpoint<sup>2</sup> that an increase in health spending that merely parallels a country's real GDP growth, as has occurred in Mozambique, is an adequate response to the HIV/AIDS crisis in Africa as a whole—especially not in countries with growth rates lower than Mozambique's enviable figures.

Sarbib and Heller do not mention a key finding of the survey they cite: "About three-out-of-four respondents (74%) agreed that HIV spending should not be restricted by macroeconomic or fiscal policies". "Lack of political will" can mean almost anything—including, of course, a reflection of concern on the part of elements of government with

more clout than health ministries about the International Monetary Fund's reaction to increased health expenditures.

Our concerns were not about "malign intent" but destructive consequences. The legitimacy of such concerns was confirmed in a working paper from the Center for Global Development (CGD),<sup>3</sup> which notes that, between 2000–02 and 2002–04, "Dramatic increases have occurred in HIV/AIDS financing, while public health budgets have changed little and in some cases (Mozambique and Zambia) have actually declined". As it applies to Mozambique, this observation underscores the relevance of our critique. Furthermore, a May, 2005, briefing paper for the Overseas Development Institute specifically warned about "potential conflict between strategies to achieve the MDGs and fiscal constraints imposed by the International Monetary Fund".<sup>4</sup>

Among the conclusions of the CGD working paper were: "...the World Bank needs to do more. The institution is unique in its ability to work across the governments with ministries of finance, health and economy".<sup>3</sup> We agree completely with Sarbib and Heller that not enough is being done about AIDS and other communicable diseases, about the need for policy measures to address the shortage of skilled doctors and nurses, and about the need for donor commitments that are much larger and more predictable. Still, we wonder how expenditure ceilings will affect the ability of countries in southern Africa to pay those doctors and nurses enough to keep them from emigrating, even if the funds to provide the necessary training and salaries become available.

In November, 2003, former World Bank president James Wolfensohn conceded that expenditure ceilings represented "a very real issue".<sup>5</sup> Despite subsequent evidence, Sarbib and Heller now imply that the issue is imaginary. Is the work in progress to address this issue too secret to be revealed, beyond a reference to "extensive consultations", or has it failed already?

We declare that we have no conflict of interest.

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## Ending hunger in China

Your Editorial on ending hunger in China (May 21, p 1746)<sup>1</sup> rightly notes that it is a common misconception that "upping food production will eliminate hunger". But reducing food production by eschewing yield-enhancing genetically modified crops, as you apparently favour, will only make matters worse.

Basic economics tells us that if supply drops, prices will go up, more people will be priced out of the market, and even more of China's rural poor will go hungry.<sup>2</sup> Lower prices also make it easier for governments (and philanthropies) to purchase food for distribution to the needy. In fact, lowering food prices by increasing food production is perhaps the surest method of increasing poor people's access to the food supplies they need. It is hardly surprising that the reduction in global hunger (in both absolute numbers and as a proportion of the global population) over the past half century has been accompanied by higher produc-

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tion and lower food prices (in inflation-adjusted terms).<sup>2,3</sup>

Another method of reducing hunger is to increase the purchasing power of the poor. Here, too, the bumper crops about which the Editorial is dubious will be a boon. Wealthier farmers will boost the economy of rural areas (where over 60% of China's population resides), which means more rural jobs, more people with greater purchasing power, and, therefore, less hunger.

You claim that China's approach, by which I presume you mean efforts to enhance production, "will make little headway in feeding China's malnourished millions unless the underlying causes of hunger—poverty and inequitable access to land and trade—are properly addressed." This is a statement of intent, not a practical programme. What is your approach for properly addressing these problems that have proved intractable for millennia, and for bringing these lofty intentions to fruition?

The views expressed here are my own and not necessarily the US government's nor any of its units. I declare that I have no conflict of interest.

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## Antiviral therapies for hepatitis-related glomerulonephritis

In their excellent Seminar on glomerulonephritis, S J Chadban and R C Atkins (May 21, p 1797)<sup>1</sup> provide an overview of the pathogenesis and treatment modalities of the different forms of glomerulonephritis. Although they clearly identify hepatitis B virus (HBV)

and hepatitis C virus (HCV) infections as potential causes of glomerulonephritis, they do not mention antiviral therapies in the management strategy of these glomerular diseases.

Individuals chronically infected with HBV and HCV may develop membranous and mesangiocapillary glomerulonephritis. The spontaneous resolution of these nephropathies is relatively uncommon in adults; most of them lead to progressive renal failure over time.<sup>2</sup> Specific therapeutic approaches are therefore mandatory. Corticosteroid and immunosuppressive treatments are not recommended because of a risk of increased viral replication and subsequent worsening of liver disease.

The rationale for antiviral therapy was first provided by the observed resolution of glomerular disease in a few cases concomitant to a spontaneous clearance of detectable hepatitis B surface antigen (HBsAg). In case reports and small series,<sup>2,3</sup> treatment with interferon alfa was then reported to improve glomerular disease after clearance of HBV replication markers, with roughly 50–75% of patients showing a sustained response. Similar benefits with interferon alfa were subsequently shown in HCV-related glomerular diseases.<sup>4,5</sup> However, frequent side-effects and the subcutaneous route of injection make this treatment difficult for many patients. In this context, randomised controlled trials are needed to test recently available antiviral drugs such as lamivudine, adefovir, and tenofovir in HBV-related nephropathy, and pegylated interferon for HBV-related and HCV-related glomerulonephritis.

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## Desktop search engines: a modern way to hand search in full text

As medical literature expands, electronic literature searches have become very useful for researchers and clinicians alike. MEDLINE, for instance, a service of the US National Library of Medicine, can be accessed on the internet via PubMed and searched with the Entrez text-based search and retrieval system using keywords or MeSH headings.

Although such searches are very powerful, they are restricted to searching within specified fields (eg, author, journal, year of publication, keywords, MeSH headings) and not the full text. As a result, such searches are limited by the quality of indexing.<sup>1</sup>

This shortcoming was illustrated by a study of search strategies for systematic reviews which showed that, even when using two electronic databases in combination (MEDLINE and EMBASE), trial retrieval was incomplete.<sup>2</sup> Overall, only 30% of relevant papers identified were retrieved by both databases. The authors concluded that "hand searching of selected journals may be necessary to perform a comprehensive search".

Clearly, the ability to search full-text articles would be highly desirable. Hand-searching of printed articles is, however, very labour-intensive. We propose an alternative strategy that makes use of computer software commonly referred to as a desktop search engine. There are several free desktop search engines available (eg, Copernic Desktop Search, Google Desktop, Yahoo! Desktop Search) that can index files on the computer hard disk and provide almost instantaneous searching of not only the