



- 3 Ernst E. A systematic review of systematic reviews of homeopathy. *Br J Clin Pharmacol* 2002; **54**: 577–82.
- 4 Linde K, Scholz M, Ramirez G, Clausius N. Impact of study quality on outcome in placebo-controlled trials of homeopathy. *J Clin Epidemiol* 1999; **52**: 631–36.

Mandatory reporting of domestic violence

On your This Week in Medicine page (Jan 19), you report on new domestic violence legislation in Jordan that increases penalties for perpetrators. You write: “[D]isappointingly, however, lawmakers rejected an article in the bill that would have obliged health care staff to report any incidents of family violence to authorities.” Does *The Lancet* really support mandatory reporting of domestic violence by health-care professionals?

This breach of patient confidentiality and autonomy, if a competent person does not want violence against him or her to be reported, would require strong evidence of potential benefit. That evidence does not exist. Some,^{1,2} although not all,³ studies of abused women found that most think that mandatory reporting jeopardised their safety and would deter them from seeking medical care.

The controversy over mandatory reporting is far from resolved,⁴ so the decision of Jordanian legislators is more sensible than you would have us believe.

I declare that I have no conflict of interest.

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- 1 Rodriguez MA, Craig AM, Mooney DR, Bauer HM. Patient attitudes about mandatory reporting of domestic violence: implications for health care professionals. *West J Med* 1998; **169**: 337–41.
- 2 Gielen AC, Campo PJ, Campbell JC, et al. Women's opinions about domestic violence screening and mandatory reporting. *Am J Prev Med* 2000; **19**: 279–85.
- 3 Houry D, Feldhaus K, Thorson AC, Abbott J. Mandatory reporting laws do not deter patients from seeking medical care. *Ann Emerg Med* 1999; **34**: 336–41.
- 4 Iavicoli LG. Mandatory reporting of domestic violence: the law, friend or foe? *Mt Sinai J Med* 2005; **72**: 228–31.

Corporate Champions: doing good more effectively

The announcement of the Corporate Champions initiative of the Global Fund to Fight AIDS, Tuberculosis and Malaria is to be welcomed as a new vehicle for private-sector engagement in curbing these epidemics.

The initiative commits corporations to donate around US\$30 million to “top-up” grants approved by the Fund. It offers a low-risk alternative for large corporations—such as those in the extraction or services sectors—to help control these diseases in countries where they operate. The ability to co-finance projects gives corporations access to large-scale efforts, where the Fund's results-orientation, and monitoring and fiduciary arrangements are already in place. The company can take the credit as a Corporate Champion for project outcomes—the design of which remains the prerogative of national actors.

The initiative offers a range of benefits. To date, corporate contributions to the Fund have been very modest (\$60 million of \$9 billion paid in). The new initiative raises the bar to a different scale. Moreover, the model transcends some of the challenges raised by other models of corporate non-workplace-based responses.¹ It effectively eliminates any operational risk, such as setting up community or government partnerships, which can be complex and time-consuming to establish and maintain. Importantly, by working through the Fund, a company's contribution can be taken to a greater scale and may be better aligned with government policies and priorities.

Although the Champion's model offers big business an alternative to the prevailing models, it is not suitable for all corporations and raises some concerns—eg, displacing other corporate initiatives. However, its benefits are likely only to be fully

realised if a number of constraints to the way the Fund operates materialise. In particular, research suggests that the Fund reinforces a number of distortions in resource allocation, levies heavy transaction costs on in-country partners and governments, and delivers poorly aligned and harmonised support.^{2,3}

Recent policy decisions commit the fund to practise better alignment and harmonisation. The Board's decision to permit countries to submit National Strategy Applications instead of grant applications enables the Fund to practise what it preaches more effectively. Although it remains to be seen whether many Champions step forward, this might be a side show when compared to whether the Fund is able to square its commitments to alignment given its existing business model.

We declare that we have no conflict of interest.

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- 1 Davis M, Samuels F, Buse K. AIDS and the private sector: the case of South Africa. Overseas Development Institute Briefing Paper 30. London: ODI, 2007.
- 2 Stillman K, Bennett S. Systemwide effects of the Global Fund: interim findings from three country studies. Bethesda: Abt Associates, 2005.
- 3 Wilkinson D, Brugha R, Hewitt S, et al. Assessment of the proposal development and review process of the Global Fund to Fight AIDS, TB and Malaria—assessment report. Søborg: Euro Health Group, 2006.

Department of Error

Palumbo A, Boccadoro M. A new standard of care for elderly patients with myeloma. Lancet 2007; 370: 1191–92—In this Comment (Oct 6), the acknowledgment section should have included: “MB was a member of the data and safety monitoring board for the trial discussed in this Comment.”

Burkle FM Jr. Measuring humanitarian assistance in conflicts. Lancet 2008; 371: 189–90—In this Comment (Jan 19), the penultimate paragraph should have read: “An understanding of asymmetrical warfare (ie, where the two sides differ in large measures in their resources and tactics), such as the conflicts in Afghanistan and Iraq, is critical to all providers engaged in humanitarian response, not just the DoD.”

For information on the Corporate Champions initiative see http://www.theglobalfund.org/en/media_center/press/pr_080121.asp

See Correspondence page 983