

innovative financing strategies, and shaping worldwide markets to make affordable and available life-saving drugs and vaccines. The opportunity to save millions of lives in the short term and build strong systems for the future must be firmly grasped.

25% of the annual 10.9 million child deaths could be prevented through immunisation. We all know that immunisation is easily affordable. So too are other critical health interventions, such as those against parasitic diseases, micronutrient malnutrition, and poor sexual and reproductive health. The real challenge is this: if donors are not prepared to adequately finance even these basic interventions, how can the global-health community work effectively towards the larger ambition of meeting the Millennium Development Goals?

Meloxicam to prevent rabies?

A role for meloxicam in the prevention of rabies sounds bizarre but let us at least explore it. Over the past 15 years or so, three species of Asian vulture have experienced a catastrophic decline in numbers on the Indian subcontinent.¹ The oriental white-backed (*Gyps bengalensis*), long-billed (*G indicus*), and slender-billed (*G tenuirostris*) vultures are, in conservation language, "critically endangered". Infectious disease seemed the most likely explanation to begin with, and there was even concern that the arrival of the migratory middle-eastern and European vulture, filling the gap left by its Asian peers, would see the illness spread westward. We think we know better now and the very probable culprit is the non-steroidal anti-inflammatory drug diclofenac, which has been widely used in countries such as India in large-animal veterinary practice.² Vultures are, of course, scavengers and drug residues in carcasses have proved sufficient to cause kidney damage and uric-acid deposition outside joints, or visceral gout.³

Research released at the end of January strongly suggests that a ban on the veterinary use of diclofenac is practicable because a replacement is available. This is meloxicam.⁴ Undertaking comparative toxicology on diclofenac and meloxicam in an endangered species of animal is not desirable, so Gerry Swan and colleagues proceeded one step at a time. Only after studies in a surrogate, the African white-backed vulture, a bird that shares the threatened Asian species' susceptibility to

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diclofenac, had suggested that meloxicam was safe did the research progress to ten oriental vultures. All the *G bengalensis* and *G indicus* were alive and healthy 4 months after exposure to meloxicam by gavage at doses

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Figure: White backed and Griffon vultures, *Gyps bengalensis* and *G rupelli*

of 0.5 or 2.0 mg/kg, the latter being above the largest dose estimated to be had from the carcass of a treated animal.

One consequence of the decline in vulture populations, especially in India, is the arrival of increasing numbers of feral dogs. This change has yet to be proved to have increased the incidence of rabies but, in a country where the annual risk of being bitten by a dog is already 2% or so^{5,6} and which has the highest rabies rates recorded by WHO, the scenario of a rise in human rabies ascribable indirectly to the use of a veterinary prescription is a real one. Nor is this viral illness the only human effect of the use of diclofenac in animals. Vultures have very acid stomachs and suffer no ill-effects after devouring the dead bodies of animals that might have died with or of bacterial infections, such as bovine tuberculosis and anthrax. If rats, as well as dogs, swarm over sites previously cleansed by vultures, plague is another possibility. Then there is the spiritual dimension. Just as the cow is sacred to Hindus

(hence the, to western eyes, casual disposal of carcasses), the vulture is esteemed by some religions as a respected way of disposing of human remains.

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Thank you to all *Lancet* peer reviewers

See Online for webappendix

The time of year has come again when we thank all those busy clinicians, researchers, statisticians, epidemiologists, and others who have given their time, knowledge, and expertise to the underappreciated task of peer review. We here at *The Lancet*, and hopefully also our authors, are grateful for their thoughtful and constructive comments that are an important part of the publication process. The names of all those who reviewed papers for us in 2005 are

published on our website (see webappendix), and those who reviewed five papers or more are marked with an asterisk. As editors we value the contact with our advisors and welcome any comments on, or suggestions for improvement of, our peer-review processes.

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