Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

2 Partners in Health. Declaration of solidarity for a unified movement for the right to health. http://act.pih.org/page/s/declaration (accessed Oct 28, 2009).

Peter Piot and colleagues' list of lessons learnt and myths dispelled in the AIDS response[1] is by no means exhaustive. Another myth is that myths about HIV will disappear on their own; as a result, not much effort is expended in fighting them. Consequently, the myths become ingrained and gain credibility.

A related lesson learnt is that national policy makers are tired of researchers telling them what the problem is. They also need information on what should be done. During the early years of the AIDS pandemic, policy makers and scientists often seemed to exist in two different worlds. However, with improved communication (through opportunities such as the UN General Assembly Special Session on AIDS) came the convergence of money, politics, and science.

There is potential for international funding agencies to strengthen this researcher–policy maker collaboration. One possibility could be the extension of current investments in health systems of low-income countries[1] to advocacy for evidence-informed policy making. Policy makers in these countries need access to robust evidence about effective services as well as governance and financial arrangements for their cost-effective delivery.[2–4] Strengthening the use of research evidence and the ability of policy makers to make appropriate judgments about its relevance and quality[5] can lead to better use of resources.

The suggested investment in evidence-informed policy making could take the form of dedicated funds for the creation of websites of readable, regularly updated summaries of research evidence, with input from both researchers and policy makers. Such an innovative form of stakeholder engagement should be accompanied by robust monitoring and assessment mechanisms to assess its effect.

We declare that we have no conflicts of interest.

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1 Piot P, Kazatchkine M, Dybul M, Lob-Levyt J. AIDS: lessons learnt and myths dispelled. *Lancet* 2009; **374:** 260–63.
2 Lavis JN, Posada FB, Haines A, Osei E. Use of research to inform public policymaking. *Lancet* 2004; **364:** 1615–21.
3 Lewin S, Lavis JN, Oxman AD, et al. Supporting the delivery of cost-effective interventions in primary health-care systems in low-income and middle-income countries: an overview of systematic reviews. *Lancet* 2008; **372:** 928–39.
4 Lavis JN, Oxman AD, Moynihan R, Paulsen EJ. Evidence-informed health policy 1: synthesis of findings from a multi-method study of organizations that support the use of research evidence. *Implement Sci* 2008; **3:** 53.
5 Guyatt GH, Oxman AD, Kunz R, et al. What is "quality of evidence" and why is it important to clinicians? *BMJ* 2008; **336:** 995–98.

Peter Piot and colleagues[1] neglect to mention the most egregious oversight made by the public health community in dealing with the HIV epidemic: the avoidance of surveillance and contact tracing and the secrecy involved in dealing with potentially infectious cases.

Infectious disease control through public health measures has repeatedly shown the efficacy of making new cases reportable, of identifying and tracing contacts, and of including them in further surveillance and containment efforts. These basic public health principles have been avoided in HIV over concerns about confidentiality, which itself has exacerbated the stigma and discrimination that Piot and colleagues admit have been a significant impediment to HIV control. Appropriate measures can protect against these unfortunate outcomes without total secrecy.

Had full implementation of normal public health procedures for control of an emerging infectious disease been followed, such as we saw for severe acute respiratory syndrome (SARS), it is likely that the extent of the AIDS epidemic would have been substantially curtailed. Even at this late date, making the disease reportable and tracing all possible contacts with intensive education of all exposed, along with HIV testing and continued surveillance and needed clinical care, would do much to stem the spread of this epidemic.

I declare that I have no conflicts of interest.

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1 Piot P, Kazatchkine M, Dybul M, Lob-Levyt J. AIDS: lessons learnt and myths dispelled. *Lancet* 2009; **374:** 260–63.

Authors' reply

We agree with Ann Starrs that many important causes of ill health in low-income and middle-income countries are seriously underfunded, and that "general funding for health as well as specifically for AIDS must increase significantly". The momentum created by the global AIDS response has already led to increased funding for health, but clearly not enough. Additionally, efficiency gains can be made in HIV interventions, and we should do as much as we can to ensure that the synergies between the AIDS response and other health programmes are optimised.

We also support the proposal by Charles Wiysonge and colleagues for more investment in evidence-informed policy making—the AIDS field has clearly had its share of difficulties in translating evidence into policies and practices, particularly when it comes to prevention.

Jon Rohde raises the issue of the use of classic measures for communicable disease control such as contact tracing. Whereas such measures have indeed proven effective in the control of some outbreaks, the effectiveness