

risk areas (PrEP was not provided to men in this analysis either). This result corresponds with earlier work.² If a greater budget was available, then it might become affordable to provide more interventions to more of the population, but our focus was on finding a constructive way to think about the real dilemmas and opportunities currently facing HIV prevention programmes.

Since HIV is spread between men and women, it is not the case that only the immediate recipients of an intervention will benefit. In the focused scenario presented, 40% of infections in women who are not sex workers were averted. The analysis was constructed under the assumption that the aim of the programme was to reduce HIV incidence. A political recommendation might well include many other factors and objectives and results might be modified if such additional constraints were included. Indeed, the Kenya HIV Prevention Roadmap launched in June deliberately makes recommendations for investments in HIV prevention in women.³

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Antifungal resistance: more research needed

We welcome the efforts of the Antimicrobial Resistance Funders' Forum, led by the UK Medical Research Council, to coordinate approaches for research on antimicrobial resistance, as reported by Geoff Watts (Aug 2, p 391).¹ However, we wish to voice our concerns at the apparent restriction of these efforts to antibacterial resistance. Although undoubtedly an area of major global concern, bacteria are not the only microbes for which resistance is a growing threat to human health and wellbeing. In particular, drug resistance in fungal pathogens needs urgent research attention.²

Invasive fungal disease affects more than 2 million people worldwide and now accounts for more deaths annually than either tuberculosis or malaria.³ Mortality rates for invasive fungal disease are generally higher than for bacterial disease, and despite new antifungals, can approach 75% in specific clinical settings.⁴ Although treatment options are available, the incidence of clinically relevant resistance is increasing; the triazole class of drugs are the only effective oral treatment for invasive aspergillosis and pan-azole resistance is increasingly detected.⁵ Alarming, triazole resistance in *Aspergillus* species recovered from rural locations has recently been reported in the environment in the UK.⁶ Despite this finding, fungal disease and biology receives less than 2% of the UK's annual public and philanthropic infection biology research budget, and less than £1.5 million from these sources is spent specifically on antifungal resistance research every year.⁷ The UK has a strong research base in fungal biology, recently strengthened by a Wellcome Trust

Strategic Award, and unique strengths in the clinical aspects of mycology (eg, British Society for Medical Mycology, UK Clinical Mycology Network, and the National Aspergillosis Centre). We urge the Antimicrobial Resistance Funders' Forum to take advantage of this expertise and advocate strongly for the inclusion of antifungal resistance in the forthcoming funding rounds.

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Syrian refugees in Turkey: effects on intensive care

Since the civilian war in Syria began, millions of Syrian refugees have migrated to neighbouring countries.



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