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.

cost, the report[4] could have also explored more options for addressing catastrophic expenditures such as differential pricing.[5] The report calls for price transparency and price caps,[4] which are welcome towards enhanced access to drugs, but in the long term could be unfavourable for drug accessibility and innovation because manufacturers might move out of markets due to unviable pricing mechanisms.

From a patient's perspective, there can never be too much investment in research and development. New approaches are needed for incentivising research and innovation. A real challenge is getting effective demand for new treatment uptake and sending the right signals to industry about what payers want to fund. Many countries would still benefit from an effective health technology assessment and related priority setting mechanisms to advance universal health coverage and practise more efficient value-based pricing. Across the spectrum of stakeholders there are different perspectives on how best to treat cancer, and providing evidence for patient-centred care continuum might help build a consensus. We hope the WHO report[4] is only the beginning of a longer discussion towards solutions that will make cancer care truly accessible.

We declare no competing interests.

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Perpetuating gender inequity through uneven reporting

We welcome the Editorial[1] on raising the profile of men's health to reach gender equity and progress on the Sustainable Development Goals. To achieve these targets, scientific journals and researchers must urgently recognise and address the role they have in perpetuating gender inequity through uneven reporting of research.

We noticed skewed reporting of inequitable health outcomes in a report of the global burden of tuberculosis.[2] In this comprehensive study, two-thirds of HIV-negative incident cases and deaths, and more than half of HIV-positive incident cases and deaths were in men. Yet, these critical findings were absent from the Summary, the Research in Context panel, and the Discussion, none of which mentions that being male was a major risk factor for tuberculosis. This oversight is inexplicable, particularly given *The Lancet's* guidelines for authors to report sex-disaggregated data and discuss how sex and gender might affect study findings.

The neglect of men in the global tuberculosis response is not new. Tuberculosis prevalence among men in low-income and middle-income countries is more than twice that in women, with men also substantially disadvantaged in access to diagnosis and care.[3] Despite such glaring inequity, global tuberculosis policy and funding bodies have yet to prioritise men's needs.[4,5]

Research that ignores gender inequities helps to perpetuate them. The research community has a vital part to play. Researchers and editors have a moral imperative to highlight, discuss, and make recommendations to address sex disparities in service access and outcomes, whether these affect women or men.

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Takian A, Raoofi A, Kazempour-Ardebili S. COVID-19 battle during the toughest sanctions against Iran. Lancet *2020;* **395:** *1035–36—* In this Correspondence, the year from which US-imposed sanctions against Iran increased was incorrect and should have been 2018, not 2019. The correction has been made to the online version as of April 16, 2020.