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.

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Towards more balanced representation in *Lancet* Commissions

Enthusiastically, Richard Horton[1] reports on the foundation of the Italian Institute of Planetary Health at a time when youth strikes, an emerging pandemic of a new coronavirus, and burning forests remind us of our planet being in jeopardy. We agree that something must change so that the undoubtable advances in science and medicine that were made since the time of Lucretius translate into a better life for all humans, no matter who they are, where they were born, and where they live and work.[1] Yet, the lamented crisis of trust in science and medicine cannot be overcome by concepts of global health or planetary health unless their actors truly embrace the planetary concept and approaches. The most pressing challenges are global, and a transnational approach must be the process to reach solutions. If knowledge is to be trusted and translated into action, it must be a joint effort emerging from participatory knowledge generation, which is at the heart of transdisciplinarity.

However, in today's reality, whose knowledge really counts and who drives the synthesising and prioritising of knowledge for change? Three recent *Lancet* global health Commissions are exemplary of a striking imbalance: more than 70% of Commission authors originated from institutions based in North America and Europe, home to less than 20% of the world's population (figure).[2-4] It is yet another betrayal in a globalised world if those who listen, those who are asked for their opinions, and those who make decisions and provide global guidance, do not adequately reflect the so-called information societies on our planet. *The guide for transboundary research partnerships* is one initiative aimed at bridging this divide between low-income and middle-income countries on the one hand, and high-income countries on the other, emphasising the importance of mutual trust, mutual learning, and shared ownership.[5] At the moment, Africa (represented by only 7% of members of the *Lancet* Commission on Malaria Eradication[4]) consumes more of the knowledge produced in high-income countries than vice versa. Building research capacity in low-income and middle-income countries, and fostering transboundary research partnerships, are therefore important steps towards generation and application of more local knowledge.[6] Another important move would be for highly respected scientific journals such as *The Lancet* to promote a more equitable representation of our globalised world in its Commissions and editorial boards because global challenges require global partnership and inclusive decision making. Surely, experts on planetary problems and solutions can be found beyond the prime academic institutions in high-income countries.

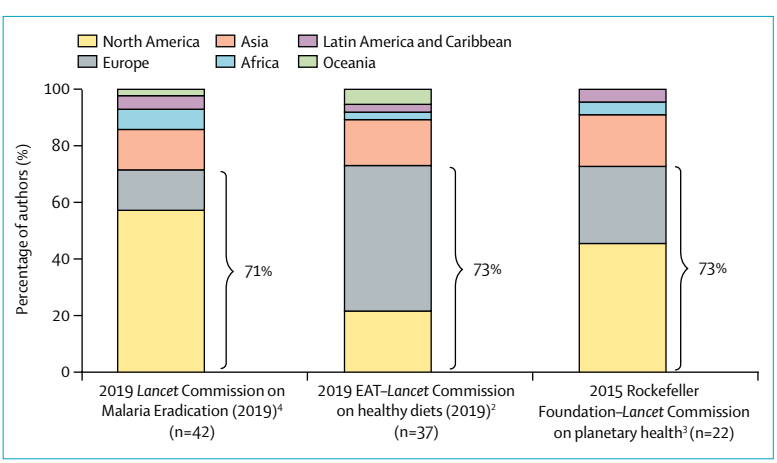

***Figure*: Institutional affiliations of *Lancet* Commission authors**

We declare no competing interests.

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The health-related determinants of politics

I was pleased to read Richard Horton's Comment about populist politics.[1] However, the problem of political populism and solution that he charts out seem somewhat non-sequitur.

If the determinants of health are identified as political, then the remedy must also be political. US President Donald Trump propagates a myth about "forcing American taxpayers to provide unlimited free healthcare to illegal aliens",[2] and the responses from academia are merely calls for justice, fairness, and universality. These values are imperative but, in addition to the moral argument, we should also make the political one.

Perhaps this political passivity from academics is an indication of a wider problem. Academics are happy to engage with the policy, but afraid to engage with the politics. Research, such as that encompassed in the *Lancet* Migration, is normative rather than descriptive.[3] Such research is done to improve people's quality of life and is therefore political. This fact does not make it partisan.

The *Lancet* Migration[3] can challenge populist politics with robust research on the apparent burden migrants put on health-care services, the health-care sector's dependence on migrants, and the fiscal contributions of "illegal aliens".[2,4] This collaboration can frame migrants not just as vulnerable, but as valuable. This view will be particularly important in the aftermath of the COVID-19 pandemic.

Health care resonates powerfully with the public, and is the number one issue for US voters in the coming election.[5] The health community should use their privilege to shape politics, rather than to merely allow politics to shape health. It is worth considering the health-related determinants of politics by reversing the traditional notion of the political determinants of health.

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3 Orcutt M, Spiegel P, Kumar B, Abubakar I, Clark J, Horton R. *Lancet* Migration: global collaboration to advance migration health. *Lancet* 2020; **395:** 317–19.
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Wang Y, Zhang D, Du G, et al. Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial. Lancet *2020; **395:** 1569–78.* In this Article, a sentence has been added to the Acknowledgments as follows: This work was also supported by the China Evergrande Group, Jack Ma Foundation, Sino Biopharmaceutical, Ping An Insurance (Group), and New Sunshine Charity Foundation. In the legend of table 3, "seven-category ordinal scale" has been corrected to "six-category ordinal scale". These corrections have been made to the online version as of May 28, 2020.

Sharman JP, Egyed M, Jurczak W, et al. Acalabrutinib with or without obinutuzumab versus chlorambucil and obinutuzumab for treatment-naive chronic lymphocytic leukaemia (ELEVATE TN): a randomised, controlled, phase 3 trial. Lancet *2020; **395:** 1278–91*—In this Article, the second instance of obinutuzumab in the title was misspelled and has been corrected. In table 1, the row labelled Chromosome 17p13·1 deletion or mutated *TP53* has been corrected to Chromosome 17p13·1 deletion and/or mutated *TP53*, and data in this row have been updated. In figure 1, the number of patients allocated to each treatment group has been clarified, and figure 1 was also corrected to reflect the one patient who switched treatment groups. The y-axis in figure 2C has been corrected to Overall survival (%). Percentages throughout were adjusted for rounding. In figures 2 and 4, some censored patient numbers were updated. References were incorrect and have been corrected throughout the Article. The appendix was updated. These corrections have been made to the online version as of May 28, 2020.

Heijerman HGM, McKone EF, Downey DG, et al. Efficacy and safety of the elexacaftor plus tezacaftor plus ivacaftor combination regimen in people with cystic fibrosis homozygous for the F508del mutation: a double-blind, randomised, phase 3 trial. Lancet *2019; **394:** 1940–48*—In this Article, the Declaration of interests have been corrected for Karen S McCoy, Bonnie W Ramsey, Steven M Rowe, and John J Welter. These corrections have been made to the online version as of May 28, 2020.

Gaudinski MR, Coates EE, Novik L, et al. Safety, tolerability, pharmacokinetics, and immunogenicity of the therapeutic monoclonal antibody mAb114 targeting Ebola virus glycoprotein (VRC 608): an open-label phase 1 study. Lancet *2019; **393:** 889–98*—In figure 2 of this Article, in part C, the group three serum concentration on day 14 should have been 629·32 µg/mL (SD 118·19). This correction has been made to the online version as of May 28, 2020.

McInnes IB, Behrens F, Mease PJ, et al. Secukinumab versus adalimumab for treatment of active psoriatic arthritis (EXCEED): a double-blind, parallel-group, randomised, active-controlled, phase 3b trial. Lancet *2020; **395:** 1496–505*—The appendix of this Article has been corrected as of May 28, 2020.