

Correspondence

Vaccinate people in Africa's prisons against COVID-19

Africa's prison population should be a priority group to receive COVID-19 vaccines. Incarcerated people across the world have faced terrible outbreaks of the disease (C. Franco-Paredes *et al. PLoS Negl. Trop. Dis.* **14**, e0008409; 2020).

People in prisons and other closed settings are at high risk of contracting COVID-19 (see *Nature* **583**, 339–340; 2020) because the buildings are typically overcrowded and have poor ventilation and unsanitary conditions. These people can have chronic diseases such as hypertension and diabetes, which increase the likelihood of poor outcomes, especially because they often have limited access to health care. Staff and visitors are at risk of infection, too, so prisons can drive transmission.

Access to vaccines during a pandemic is a human right, and it is essential that no groups are left out (J. N. Nkengasong *et al. Nature* **586**, 197–199; 2020). We therefore call on African governments, national health authorities and global health bodies to ensure that the continent's prison populations are included in vaccination programmes.

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Six caveats to valuing ecosystem services

We agree that economic valuations of the ecosystem services provided by natural environments can be a powerful tool to aid conservation (see *Nature* **591**, 178; 2021), but we suggest that they are subject to six caveats.

First, they are automatically weighted towards countries with strong currencies and high gross domestic products, undervaluing ecosystems and people in low-income nations. Second, current protocols (see P. Dasgupta *The Economics of Biodiversity: the Dasgupta Review*; HM Treasury, 2021) are incomplete and should take into account mental health, which has cash consequences for employers, insurers, governments and societies (R. Buckley *et al. Nature Commun.* **10**, 5005; 2019). Third, they apply at different scales, physically and politically: global or cross-border for some, but local for most. Fourth, they are most powerful for ecosystem services that are scarce, in demand, rival (one user prevents others from using it) and excludable (it is possible to stop someone from using it). Fifth, their political power depends on the focus and distribution of costs and benefits: health outweighs conservation, for instance. Finally, they depend on human institutions, such as carbon prices.

Protocols to account for ecosystem services should therefore be scalable, to match political decisions, and modular, allowing for future adjustments. It would be premature to solidify standards now.

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UK aid and research cuts hit SDG projects

The peril of double counting research and aid budgets is demonstrated by an almost 50% cut to the 2021–22 allocations to the United Kingdom's Global Challenges Research Fund (GCRF). Major projects on the United Nations' Sustainable Development Goals (SDGs) must renegotiate funding or be cancelled; recent awards will be stopped before they've begun. The decision undermines the nation's reputation and the objectives of aid and research.

In 2016, the UK Government masked cuts to research funding with its aid budget. The result was the £1.5-billion (US\$2.1 billion) GCRF, budgeted both as 2% of the nation's aid and as almost 4% of UK Research and Innovation funding. This unethical blurring concerned many within a wider politicization of aid funding (see go.nature.com/3fevfk). Now, inevitably, the GCRF is hit by a decision to cut aid from 0.7% to 0.5% of the national income. Combined with the impacts of Brexit and COVID-19, this depletes next year's aid by one-third (see go.nature.com/3fdbukj).

A proportion of the research budget should be dedicated to global challenges; this should not count against aid spending. Long-term planning for research ensures that aid is more effective. The framing of GCRF has often pushed UK researchers to think up 'innovative' initiatives, which in-country partners must implement. Effective aid does not reinvent the wheel; it harnesses local knowledge and tackles structural inequalities.

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Burnout urgently needs robust research

Notwithstanding its large burden and costs, burnout (see *Nature* **591**, 489–491; 2021) remains an elusive concept.

Burnout research "tends to be patchy, applies a range of different instruments ... and is not always carried out by the most authoritative organizations". That was the conclusion of a 2018 report by the European Foundation for the Improvement of Living and Working Conditions (see go.nature.com/2nw2jh3). There are no agreed diagnostic criteria; burnout differs from prolonged fatigue in its prognosis and risk factors. There are no robust biomarkers; disciplines have their own definitions of burnout, and self-reporting questionnaires use different cut-off values (L. S. Rotenstein *et al. J. Am. Med. Assoc.* **320**, 1131–1150; 2018). Particularly at the more severe end of the spectrum, burnout overlaps considerably with depression (R. Bianchi *et al. Am. J. Psychiatry* **176**, 79; 2019).

On top of this, countries vary in the status they assign to burnout. In some nations – the Netherlands is one – burnout is a recognized disease. In others, including the United States, it is mainly regarded as a non-medical syndrome, with obvious implications for insurance.

To recognize, prevent and treat burnout for individuals, professionals, organizations and society, an integrated scientific framework will be pivotal.

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