nificantly different from the 27% of people carrying a *BRCA* mutation in the survey by Dorval and colleagues who expressed moderate or great interest in support groups (p = 0.19, t-test for 2 proportions from independent groups). In another recently published needs assessment of Canadians carrying a *BRCA* mutation, 68% of women surveyed stated an interest in support groups and 34% said they would participate in a group if given the opportunity.[2]

Because the group support study by Helgeson and colleagues consisted of women receiving chemotherapy and "harm" was only noted for the physical and not the mental health parameters measured, it is not clear that their findings are relevant to healthy people carrying a *BRCA* mutation.[3] Nevertheless, we acknowledge that there is potential for peer support groups to do harm.

We are currently developing a group therapy model for people carrying a *BRCA* mutation that involves careful attention to the content as well as the process of delivery, and in-depth training of the group leaders. Each group includes women who have and have not had cancer. Feedback from the participants has been almost universally positive.

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Funding of global health research

As I catch up on my reading of *CMAJ* while in La Paz, Bolivia, where I am a volunteer for the Canadian Society for International Health, it seems important to endorse comments made by Victor Neufeld and colleagues regarding funding by the Canadian Institutes of Health Research.[1] They reminded us of the 1990 recommendation of the Commission on Health Research for Development that "at least 5% of international aid for the health sector should be earmarked for research and strengthening of research capacity" in countries receiving aid from industrialized countries. Earmarking aid in this way is not only consistent with Canadian values, it is also in our self-interest to do so.

Multidrug resistance is a good example of a problem that does not recognize borders. But self-interest can be economic as well. Canada has spent and continues to spend millions of dollars to decrease mortality in children owing to diarrhea, yet recently it has been revealed that the overall incidence of diarrhea in countries receiving aid does not appear to have diminished.[2] Although there may be many reasons why the root of this health problem is not being affected, it is likely that underfunding of researchers in developing countries is a major factor. Experts in countries where childhood mortality owing to diarrhea is widespread are much more likely to design studies that will provide the necessary insights in this area than any of us in the First World, but they will probably need financial and other forms of collaboration.

Does it not make more sense to fund research that will lead to prevention than to pay to manage an ongoing problem?

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[One of the authors responds:]

The endorsement by Bernadette Singer of our recommendations is welcome. Since we submitted our commentary,[1] there have been several encouraging developments that demonstrate increasing awareness of, involvement in, and funding of global health research by Canadians.

Four federal agencies (the Canadian International Development Agency, the Canadian Institutes for Health Research, Health Canada and the International Development Research Centre) have signed a framework agreement to pro-