

# Correspondence

## Apply Singapore Index on Cities' Biodiversity at scale

In the run-up to the 15th meeting of the Conference of the Parties to the Convention on Biological Diversity, the Singapore Index on Cities' Biodiversity has been updated to align with the post-2020 global biodiversity framework to halt biodiversity loss (see *Nature* **601**, 298; 2022) and for application at scale (see [go.nature.com/3cqkwn](https://go.nature.com/3cqkwn)).

The index was originally developed to help cities evaluate their efforts towards meeting the Aichi Biodiversity Targets (L. Chan and A. Djoghlafl *Nature* **460**, 33; 2009). The latest revisions recognize the connection between biodiversity loss and climate change, the importance of restoring key ecosystems and the role of nature-based solutions in promoting synergies between them. New indicators have been added, including some that pertain to health, urban agriculture, natural capital assessment and green infrastructure.

The COVID-19 pandemic has compounded the economic and social challenges posed by biodiversity loss and climate change. Effective collaboration between the academic community, city officials, national and regional governments, community scientists and businesses to apply the index is becoming increasingly urgent.

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## Europe reforms its research evaluation and management

The European Commission is making its research and research-evaluation systems more efficient and more effective at responding to future crises, after learning from the COVID-19 pandemic (see [go.nature.com/34x2bub](https://go.nature.com/34x2bub)). A core group of experts will deliver a draft proposal in June to help participating research organizations to rethink their assessments of research (see [go.nature.com/3bojug3](https://go.nature.com/3bojug3)).

In a complex system, and one in which economic and social impacts are crucial, research can no longer be evaluated mainly by using publications as a proxy. To be fit for purpose, indicators must measure a wide range of outputs. And to meet the challenges at hand, the management of research will require new kinds of training, recognition and career paths.

As the pandemic has highlighted, researchers in different fields must increasingly interact with aspects of each others' work. The functioning of the whole research system requires diverse expertise (see, for example, N. A. Coles *et al.* *Nature* **601**, 505–507; 2022), including across administration, communication, legislation, funding and diplomacy.

The commission has proposed that stakeholders sign up to a shared set of values for improving the way in which these activities are measured and incentivized.

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## Don't just mandate open data, fund it

Funding agencies worldwide are moving rapidly to ensure that data from publicly funded research are shared widely and freely (see, for instance, [go.nature.com/3rsujk3](https://go.nature.com/3rsujk3)). For example, from 25 January 2023, researchers supported by the US National Institutes of Health (NIH) must submit plans on how their raw data will be managed and shared (see [go.nature.com/34hvtfh](https://go.nature.com/34hvtfh)). However, it is not always clear how such efforts will be paid for in practice.

It takes time and effort for researchers to comply with new data mandates – in reformatting, depositing and so on. Other funding agencies should follow the NIH's lead and require grant applications to set out how this work is to be done, and explicitly underwrite it with earmarked monies. Universities will need to invest in data-science centres and academic data managers.

Data mandates benefit research collaborations by ensuring that findings are reproducible and that data are safely stored in standard formats. They also enable secondary or meta-analyses that can lead to more discoveries. The potential for unrestricted data sharing has been evident during the COVID-19 pandemic (see, for instance, E. Dong *et al.* *Lancet Infect. Dis.* **20**, 533–534; 2020).

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## Global Disability Summit demands health equity

Health-care facilities, social services and financial protection can be inaccessible for persons with disabilities – particularly for the 80% of more than one billion worldwide who live in low- and middle-income countries. This month's Global Disability Summit – organized by the governments of Norway and Ghana and the International Disability Alliance, with the support of the World Health Organization (WHO) – aims to persuade governments, civil society, United Nations organizations, the private sector and other actors to commit to concrete action, including ensuring equitable access to health services for all.

Achieving health and well-being for all will be possible only when disability is included in health-sector priorities. All stakeholders will need to collaborate in designing equitable programmes (see also [go.nature.com/3bc9m9g](https://go.nature.com/3bc9m9g)), including in health-emergency responses.

The WHO is taking steps to support countries in achieving a disability-inclusive health sector. A global report on the highest attainable standard of health for people with disability, as requested by WHO member states, will be launched in December, together with a Guide for Action. The implementation of the UN Disability Inclusion Strategy across the WHO through a three-year action plan is an example of good practice worth scaling-up.

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\*On behalf of 4 correspondents.  
[See go.nature.com/3rfzds](https://go.nature.com/3rfzds).