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Funders: cover APCs for African scholars — and do more

Although one of the principles of Plan S is that open-access journals must waive article-processing charges (APCs) for authors from low-income countries, that does not always happen, as Addisu Mekonnen *et al*. point out (*Nature* **596**, 189; 2021). So, the Norwegian Agency for Development Cooperation (Norad) — which has long encouraged open-access publishing when funding research and higher education in the global south — covers APCs in its projects. This alone is not, however, a sustainable solution.

Regional and national research councils and international donors should also invest in African open repositories and local grant schemes to cover APCs, as well as in more open journals and publishing platforms of high quality. Such approaches benefit all scholars, especially those from low-income countries. Currently, almost 12,000 journals that are free to publish in and free to read are registered in the Directory of Open Access Journals. More are needed.

Norad supports several digital public-goods initiatives with open platforms and open content. One such is the open-source District Health Information Software 2 (DHIS-2). This is the world's largest health-management information system, in use by 73 low- and middle-income countries.

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Afghanistan: Taliban's return imperils maternal health

Afghanistan has one of the highest maternal death rates in the world, despite gains in women's health over the past 20 years (see go.nature.com/39burgc). Experience suggests that the Taliban's takeover of the country will further imperil mothers' health and well-being.

During the previous reign of the Taliban (1996–2001), the maternal and neonatal death rates worsened as a consequence of the complex synergy of social, demographic, medical, economic and cultural factors (S. A. M. Najafizada *et al*. *Cent. Asian J. Glob. Health* **6**, 240; 2017). Restrictions to women's lives included allowing only female health workers to examine them, limited access to quality health services — particularly obstetric care — and minimal opportunities for education and work. These increased the risk of giving birth at home with no prenatal or natal care (C. Palmer *Lancet* **352**, 734; 1998).

The United Nations 2030 goals for sustainable development include reduction of global maternal mortality to less than 70 deaths per 100,000 live births. Afghanistan's latest figure of 638 per 100,000 is now more likely to grow than to shrink. In our view, rectifying this should be an international priority.

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Changing the wrapping won't fix genetic racism

Nature misses a chance to grant agency to marginalized communities in inviting Alice Popejoy to point out that altering racial classifications will not absolve power imbalances in genetics (*Nature* **596**, 463; 2021).

In 1785, philosopher Christoph Meiners reduced continental-scale diversity to an imperial classification system to subjugate colonized peoples. This system is still used by geneticists, and lingers beyond terms such as Caucasian. New ethnonyms replaced older terms ('mongoloid' became 'Asian', for instance) but failed to redress underlying racism. And socially constructed categories are used in biologically essentialist 'race correction' to model disease risks (see, for example, D. E. Roberts *Lancet* **397**, 17–18; 2021).

To demolish genetic racism, geneticists must defer to communities to self-define their 'belongingness' (see, for example, K. S. Tsosie *Curr. Opin. Genet. Dev*. **62**, 91–96; 2020). Any unequal system of classification that reifies race, ethnicity and ancestry for biological insight reproduces the obstacles it attempts to dismantle and does not solve the causes of health disparities.

We advocate empowering communities to label themselves; to undertake ethnographies to contextualize research findings; and to self-determine research they deem beneficial.

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