



## Renaming non-communicable diseases

Reframing non-communicable diseases (NCDs) to “spur a sense of urgency” and “focus attention on effective system-wide interventions”<sup>1</sup> makes sense. With almost three-quarters of NCD deaths now occurring in low-income and middle-income countries (LMICs), the increasing burden of NCDs already has severe economic consequences that impoverish families, jeopardise health systems, and hinder social and economic development.<sup>2</sup>

However, development assistance still does not prioritise NCD prevention and control for a number of reasons. Foreign policy is commonly based on national interest and NCDs are not popularly understood to pose tangible threats to donor countries. Donor agencies appear to find investing in infectious disease control easier to justify to tax payers.<sup>3</sup> In times of increasing nationalism, isolationism, and protectionism, focusing a substantial part of development cooperation on NCDs will be even more challenging.

NCDs should gain more traction in the development agenda as a fundamental socioeconomic development and justice issue. The rise of NCDs is driven by globalisation, through unfair trade and irresponsible marketing (eg, those targeted at children), and unplanned urbanisation. These increase people’s exposure to shared risk factors (eg, junk food, tobacco smoke).<sup>2</sup> Other social determinants—poverty in particular—increase people’s exposure to risk factors, while NCDs may keep people trapped in chronic poverty.<sup>2</sup> NCDs and injuries collectively constitute over a third of the disease burden among the poorest populations.<sup>4</sup> The highly inequitable distribution and impact of NCDs and their risk factors<sup>2</sup> also warrant the attention of development policy.

Reframing NCDs as “biosocial and development diseases” (BDDs) will direct more attention to underlying

drivers (such as environment and public policies), which go beyond the traditionally recognised behavioural, metabolic, and physiological risk factors.

Reframing NCDs alone will not change the behaviour and policies of international donors, at least in the short term. In the long run, however, reframing NCDs along the lines we suggest should facilitate NCD control movements and vital alliances for poverty reduction, social justice, global health equity, and planetary health. This could in turn lead to more international funding for NCDs, through traditional routes and new mechanisms such as those associated with fairer global taxation. In short, reframing NCDs will help to place BDDs more centrally within the Sustainable Development Goal (SDG) agenda,<sup>5</sup> where they belong. Indeed, although NCDs fall, ostensibly, only under SDG target 3.4, the links and possible synergies with other SDG goals and targets are many, and probably more numerous than for other diseases.

We declare no competing interests.

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