

## Offline: Chronic diseases—the social justice issue of our time



Richard Horton

It would be normal to be anxious at a meeting about chronic diseases. Even overwhelmed. **Non-communicable diseases (NCDs) are many—cardiovascular, cancer, diabetes, respiratory, liver, renal, neurological. The list goes on. And then there are risk factors: tobacco, diet, physical inactivity, high blood pressure, air pollution. The context only adds to the complexity—rapid globalisation, urbanisation, an ageing society.** If you were a minister of health amid this extraordinary diversity of challenges, where would you begin? Last week, WHO held a “dialogue” to discuss the Global Coordination Mechanism on the Prevention and Control of Non-communicable Diseases. **Why do NCDs need coordination? Because they cannot be defeated without a coalition of forces involving often fractious bedfellows—governments, civil society, the private sector, health professionals, and scientists.** WHO has sought to find a neutral no-man’s land where these frequently conflicting interests can be constructively explored and transcended. Coordination is also needed because these factions have failed. NCDs, despite the hoopla of a UN Political Declaration in 2011, are still “absent from the development agenda”, as one WHO official candidly admitted. Despite a “global scandal” and a “massive disconnect” (WHO’s own unusually colourful words) between the scale of the problem and the weak international response, and despite clear evidence that NCDs accelerate poverty (and vice versa), too many countries have turned a blind eye to what Yale physician-activist Sandeep Kishore called “the social justice issue of our generation”.



Richard Horton

Dialogue on strengthening international noncommunicable disease governance. Boardroom, World Health Organization

**The central failure has been to convince governments that NCDs represent a threat to their present and future security.** NCDs are not Ebola. They don’t kill millions of children. And there is no civil society movement demanding government action. NCDs are “lifestyle diseases”, driven by the products of legal (if not loved) multinational corporations. **They are by-products of our freedoms, unfortunate but inevitable consequences of human advance.** The global health community needs to tell a different story about NCDs. It is struggling to do so. Yet that story is inspiring if only it could be told passionately and without the obfuscating technical baggage that saps the commitment of even the most



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committed of ministers. What is your vision for your nation? Peace and prosperity are good places to start. The prerequisite for both is the health and wellbeing of your people. There is an enormous pay-off from investing in health. Reductions in mortality fuel economic growth and deliver national security (as the response to AIDS showed so well). Two opportunities present themselves. **First, ending preventable mortality among women and children, and from infectious diseases. Second, defeating epidemics of NCDs. Both opportunities—and their wider social, economic, and political benefits—can be realised and sustained through universal health coverage.** This is the trajectory for every successful nation. It is the story of humanity. And its timing is perfect. The Sustainable Development Goals give political legitimacy to the objective (SDG 3.4) of reducing premature mortality from NCDs by a third by 2030, and promoting mental health and wellbeing. Moreover, not only is the defeat of premature mortality necessary, it is also possible. We know what works.

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But the heady days of 2011 are long gone. **The NCD movement has become paralysed by its own complexity.** It has sought to create another (unwanted) vertical silo in global health. And it has failed to grasp the power of independent accountability to catalyse political change. WHO is continuing last week’s dialogue online. It plans to create a “Community of Practice” on a web portal. These steps are welcome. But where is the anger and the activism in response to its own diagnosis of a “global scandal”? Where is the urgency? Where are the Presidents and Prime Ministers corralled by WHO to lead nations in their fight against NCDs? The NCD movement is too quiet, too pedestrian, and too polite to make the impact it deserves. It has allowed process to kill action. I sat in the UN General Assembly in 2011 with friends from WHO and saw their sense of achievement for at last getting NCDs onto the global political agenda. That moment should have been the beginning, not the end. **The NCD community needs an electric shock to its semi-comatose soul. But who has the courage to deliver it?**

Richard Horton  
richard.horton@lancet.com