

# You're not speaking my language: reframing NCDs for politicians and policy makers

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Richard Horton correctly identified inadequate framing as an important reason for why the world's leading causes of death and disability—noncommunicable diseases (NCDs)—are not being seriously addressed by global leaders (July 22, p 346).<sup>1</sup> The non-communicable misnomer wrong-foots the uninitiated and implicitly promotes individualistic above societal solutions.<sup>2</sup> The most effective interventions are populationlevel multisectoral policies that are unpopular with libertarians and much more challenging to introduce than individualistic, health-only initiatives.<sup>3</sup> There is some modelled evidence for the costs of action and inaction on NCDs,<sup>4</sup> but it is written with little thought for the intended audience— more technical document than policy brief. Again, there has been a move towards curating personal stories (eg, NCDs & me) but these efforts haven't broken into the public consciousness yet. The average voter has no idea what an NCD is, nor do patients living with NCDs, nor the vast majority of health professionals. Why would politicians? Changing the name might help.<sup>2</sup> So would presenting evidence in policy makers' own language with attention to returns on investment, trade-offs, and opportunity costs. Politicians need engaging narratives and ways of linking NCDs with priorities such as global warming, economic growth, and migration. President Trump's recent budget proposal used a security framing that could work well for NCDs,<sup>5</sup> especially since European leaders are being pushed to meet NATO spending commitments. A final, fruitful prism is pandemic preparedness, which is important to both President Trump and WHO Director-General Dr Tedros. The NCD community could do more to leverage global outbreak vernacular to mobilise additional resources for this neglected slow-motion disaster.<sup>6</sup>

1 Horton R. Offline: NCDs—why are we failing? *Lancet* 2017; 390: 346.

2 Allen LN, Feigl AB. What's in a name? A call to reframe non-communicable diseases. *Lancet Glob Health* 2017; 5: e129–30.

3 Allen L. Non-communicable disease funding. *Lancet Diabetes Endocrinol* 2017; 5: 92.

4 WHO and World Economic Forum. From burden to “best buys”: reducing the economic impact of non-communicable diseases in lowand middle-income countries. Sept 18, 2011. [http://www.who.int/nmh/publications/best\\_buys\\_summary.pdf](http://www.who.int/nmh/publications/best_buys_summary.pdf) (accessed Sept 4, 2017).

5 Allen L Biosecurity and non-communicable diseases. *J Bioterror Biodef* 2016; 7: 145.

6 Allen L. Are we facing a noncommunicable disease pandemic? *J Epidemiol Glob Health* 2017; 7: 5–9.