

## Reframing non-communicable diseases

### Authors' reply

Lavanya Vijayasingham and Pascale Allotey suggest a conceptual extension of the socially transmitted condition (STC) framework to emphasise the role of social factors not only in predisposing individuals to the development of these diseases, but also in shaping the disease course and lived experience. Their reasoning is borne by evidence that socioeconomic factors correlate with STC behavioural risk factors,<sup>1</sup> prevalence rates,<sup>2</sup> and risk of premature death.<sup>3</sup>

Although the insight that social architecture and processes shape the causes and courses of STCs is true, it is neither novel, nor a phenomenon restricted to these conditions. In our original Comment,<sup>4</sup> we stated that "virtually all diseases are influenced by social factors to some degree", and Catherine Cavalin and Alain Lescoat caution that an emphasis on the role of social factors in STCs might downplay their role in traditional communicable diseases.

We reiterate that STCs are distinguished from other conditions by their distinct constellation of social drivers. We use framing and naming as nosological synonyms, and purposively project beyond the cognitive function of nomenclature towards effecting political change. A helpful philosophical reference point is Wittgenstein's observation that words can act as tools, with meaning derived from use.<sup>5</sup>

Although an examination of underlying values and assumptions can be helpful, our purpose in reframing NCDs is to effect real-world change. Although Cavalin and Lescoat advocate that social drivers should be tackled as a continuum across all diseases, STCs are a decent place to start, and might help to spread upstream thinking to other areas.

What does this mean in practice? Let's consider the UN's Sustainable Development Goals, in which NCDs

have been specifically targeted but have not been apportioned any additional funding (nationally or internationally). NCDs suffer a dearth of appropriate measurement indicators and have been side-lined in WHO health system strengthening and universal health coverage planning and financing tools. All 191 WHO country delegations are aware of NCDs but most are not meaningfully addressing them.

There is no guarantee that reframing NCDs as STCs will change anything, but we hope to spur reconceptualisation that directly leads policymakers to multisectoral and population-level interventions, such as investment in active transport, early years education, gender equality laws, trans fat bans, and smoke-free legislation. Policy coherence for sustainable development is a hot topic, and policymakers are keen to show that they have more to offer than soundbites. STCs are an open invitation for different sectors to collaborate; for example, at the nexus of environment, agriculture, food, trade, and health.

The renaming of NCDs has nothing to do with semantics, and everything to do with the stimulation of action related to the world's leading cause of death and disability.

We declare no competing interests. The opinions expressed and arguments employed herein are solely those of the authors and do not necessarily reflect the official views of the Organisation for Economic Co-operation and Development or of its member countries.

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