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Offline: How to fix pandemic preparedness

Surveillance. Detection. Response. The elements of a robust public health system to prevent the next (inevitable) pandemic are well understood. An early warning system for pneumonias of unknown aetiology is of paramount importance. Debates about how to deliver these crucial functions. A pandemic treaty. Revisions to the International Health Regulations. The role of WHO. Financing instruments. Workforce. There is little consensus. The sad truth is that political disagreements will tie these questions up in the mucilaginous bureaucracy that is today's global health. But if countries wanted to act now, if they wanted to avoid waiting for the cumbersome machinery of international diplomacy to grind out a suboptimal compromise, there is something they could do to diminish the impact of a new pandemic—attack, control, and defeat non-communicable diseases (NCDs).

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Until SARS-CoV-2 struck, many countries were making steady progress in achieving SDG 3.4—reducing premature mortality from NCDs by a third from 2015 to 2030. The pandemic stalled those successes, disrupting health systems, diverting resources, and absorbing attention. Yet one important fact about COVID-19 is agreed. The virus wreaked its worst effects on those with pre-existing chronic diseases. It is surprising that this experience has not been fully embraced by those leading efforts to protect communities from the next contagion. Perhaps rivalries between different global health tribes inhibit collaboration. Perhaps pandemic planners feel a sense of futility over trying to fit NCDs into an already complex jigsaw of actions. But competition and hopelessness should be cast aside. The NCD Countdown 2030 Collaborators recently published their blueprint to get countries back on track to achieve SDG 3.4. A package of 21 interventions, implemented at scale, could avert 39 million deaths between 2023 and 2030. The cost would be US\$18 billion annually. The economic benefit comes in at almost 20 times greater. And the contribution to pandemic preparedness would be incalculable. The 21 interventions are neither new nor surprising. They range from primary and secondary prevention of heart disease to treatments for asthma and chronic obstructive pulmonary disease, screening and treatment for diabetes to treatments for cervical, breast, and colorectal cancers.

Government policies to target tobacco, alcohol, salt, and trans fats would also help. All of these interventions are feasible by strengthening primary health care, expanding the number and quality of district hospitals, and improving the availability of some specialist services. Not even the most ardent NCD advocates are calling for yet another vertical global health programme. On the contrary, success will only be sustained by integrating NCD interventions into high-quality health systems. The UK Government's decision to jettison its obesity strategy on the grounds of a cost-of-living crisis is an act of supreme self-harm. Countries may feel similarly conflicted at a time of economic pressure. They would be gravely mistaken.

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Perhaps the political winds are changing. At a World Health Assembly (WHA) pre-event, hosted last week by the NCD Alliance, WHO, and *The Lancet*, Katie Dain (the NCD Alliance's Chief Executive Officer) pointed out that this year's WHA has the largest NCD agenda in the history of the gathering. Indeed, WHO has displayed compelling thought leadership (take note please Mr Gates) in emphasising the interplay between COVID-19 and NCDs. WHO recommends integrating NCD prevention and control programmes into COVID-19 response and recovery efforts. But as Feng Zhao (World Bank) pointed out, less than 1% of development spending goes to NCDs. The World Bank and WHO are recommending investing in upstream interventions, especially primary health care systems. Bente Mikkelsen directs WHO's NCD department. She argued that there can be no health security without addressing NCDs. WHO's Director-General should pay attention to these words. A report published last week added to this sense of momentum. *The Lancet Oncology's* Commission on Cancer in sub-Saharan Africa projects 1 million deaths annually by 2030. The message to all countries can be summarised in five words—*urgency*: you can and must act now to curb NCDs; *specificity*: there are concrete interventions available that will rapidly make a difference; *integration*: ensure that NCD services are central to stronger health systems; *accountability*: measure your progress and ensure that political promises are delivered; and *people*: prioritise a high-quality educated health workforce. What is stopping you?

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WHO



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