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the non-communicable disease and injury (NCDI) Poverty Network seeks to apply the Commission’s work on NCDI poverty1 has room for additional consideration around justice and equity.

My own and others’ research show that many existing approaches to health equity are ambiguous and contradictory. For example, in striving for health equity through adopting the Commission’s recommendations, will the NCDI Poverty Network seek to measure inequalities across individuals or groups? The Commission called for data on socioeconomic status to be collected. Although these data allow for comparisons across individuals within countries, cross-group inequities might be missed without comparisons across groups. Similarly, will interventions strive to attain a baseline level of health (largely among the poorest billion), or will this be in addition to reducing societal inequalities? These types of considerations should be at the forefront of the work of the NCDI Poverty Network and countries where national-level NCDI Poverty Commissions have been established.

Furthermore, consideration should be afforded to the various capabilities of individuals,2 and to individual choice and agency. Simply stated, not all individuals provided with the same resources will have the same outcomes, because it depends on individuals’ own capabilities. Evidently, this approach is highly applicable to work around justice and equity, and yields considerations for the NCDI Poverty Network. In addressing the burden of NCDIs, specific considerations for Amartya Sen’s question “equality of what?”3 will lead to more deliberate action.

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One of these billionaires is Bill Gates, whose foundation has used its outsized power to dictate global health and development priorities.5 Although the role of power is not explicitly mentioned in the Commission report, implicitly, it offers insight on how institutions, epistemic communities, and high-income countries have exercised their power to shape global health policy. All the while, countries and individuals most affected have had little influence on setting priorities. NCDI advocates can show solidarity with social movements like the People’s Health Movement, which works towards a more equitable distribution of wealth, power, resources, and fair and inclusive decision making processes.

Although we agree with Elizabeth Zucala and Richard Horton6 that non-communicable diseases should be reframed as a matter of justice and equity, these frames and the people most affected are currently silenced in the dominant context of neoliberal ideology. For example, outside of the health system, governments are guided by neoliberal thinking in signing trade agreements that have constrained regulatory space and reduced government revenue from tariffs, especially impactful for low-income countries. What is needed is not just reframing but a collective reimagining of a new global political economy that prioritises justice and equity first and foremost.

We declare no competing interests.

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1 Bukhman G, Mocumbi AO, Atun R, et al. The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. Lancet 2020; 396: 991-1044.
2 Zucala E, Horton R. Reframing the NCD agenda: a matter of justice and equity. Lancet 2020; 396: 939-40.
3 Sen A. Development as freedom. New York, NY: Anchor Books, 2000.
4 Sen A. Inequality reexamined. Cambridge, MA: Harvard University Press, 1995.
5 One of these billionaires is Bill Gates, whose foundation has used its outsized power to dictate global health and development priorities.
6 Although the role of power is not explicitly mentioned in the Commission report, implicitly, it offers insight on how institutions, epistemic communities, and high-income countries have exercised their power to shape global health policy.

For more on the NCDI Poverty Network see http://www.ncdpi.org/overview

For more on the People’s Health Movement see https://phnmovement.org
Correspondence

[3] Fried M. Prescription for poverty. Drug companies as tax dodgers, price gougers, and influence peddlers. Sept 17, 2018. https://www.oxfam.org/en/research/prescription-poverty (accessed Nov 18, 2020).

[4] Ahmed N. COVID-19 has let the virus of inequality run rampant. July 14, 2020. https://www.weforum.org/agenda/2020/07/covid19-inequality-billionaires-oxfam/ (accessed Nov 18, 2020).

[5] Birn AE. Philanthrocapitalism, past and present. The Rockefeller Foundation, the Gates Foundation, and the setting(s) of the international/global health agenda. Hypothesis 2014; 12:e8.

[6] Zucala E, Horton R. Reframing the NCD agenda: a matter of justice and equity. Lancet 2020; 396:939-40.

Authors’ reply

As co-chairs of The Lancet NCDI Poverty Commission,† we thank Jordan Jarvis and Belinda Townsend, and Michelle Amri for their thoughtful comments. Jarvis and Townsend highlight the role of global power arrangements that perpetuate the existence of extreme poverty. Specifically, they refer to the examples of tax avoidance by multinational corporations that starve the poorest countries of potential revenue, and the influence of billionaires on a global health agenda that has excluded non-communicable disease and injury (NCDI) poverty. Amri asks us to clarify our approach to health equity, recalling the capability approach to poverty measurement.

Our Commission† calls for a global focus on individuals doubly afflicted by extreme poverty and severe NCDIs. This call to action stems from our definition of equity as a priority to the worst off in terms of material conditions and health (see appendix of the Commission report‡). We agree that much more should be said, and must be done, about a world in which a staggering accumulation of individual wealth is possible while 750 million people continue to experience hunger or severe food insecurity.2,3 In our view, the framing of NCDs that has been constructed over the past half century has aided and abetted a world system that is highly tolerant of cruel inequalities. By presenting NCDs as “preventable, mostly lifestyle- and diet-related illnesses,” high-income countries have been absolved of responsibility, particularly for obscene gaps in NCDI treatment among the world’s poorest people.

As Amartya Sen noted 25 years ago in his discussion of targeting resources to the poor: “I sometimes wonder whether there is any way of making poverty terribly infectious. If that were to happen, its general elimination would be, I am certain, remarkably rapid...Infections break down social divisions. Anything else that can do so can be similarly positive in its results.”5

So, is targeting possible for NCDI poverty? Can this category break down social divisions? In the end, the value of non-communicable diseases as a concept is the possibility of integration. We are hopeful that the next decade will see new forms of global solidarity that bring together people in high-income and low-income countries affected by groups of conditions that share common characteristics of issues and common solutions. These solutions include, for example, the PEN-Plus strategy to address type 1 diabetes, rheumatic heart disease, and sickle cell disease.6 Forging the partnerships needed to implement these solutions at the necessary scale will require a new science of integration in global health delivery.

We declare no competing interests.

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†Bukhman G, Mocumbi AO, Atun R, et al. The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. Lancet 2020; 396:931-1044.

‡Kim JY, Millen JV, Irwin A, Gershman J. Dying for growth: global inequality and the health of the poor. Monroe, ME: Common Courage Press, 2000.

3 Food and Agriculture Organization of the United Nations, International Fund for Agriculture Development, UNICEF, World Food Programme, WHO. The state of food security and nutrition in the world. Transforming food systems for affordable healthy diets. Rome: Food and Agriculture Organization of the United Nations, International Fund for Agriculture Development, United Nations International Children’s Emergency Fund, World Food Programme, World Health Organization, 2020.

4 UN News. UN gathering on non-communicable diseases considers ways to combat scourge. Sept 20, 2011. https://news.un.org/en/story/2011/09/1375224 (accessed Nov 18, 2020).

5 Sen A. The political economy of targeting. In: Walle D van de, Nead K, eds. Public spending and the poor: theory and evidence. Baltimore, MD: Johns Hopkins University Press, 1995: 11-24.

6 WHO Regional Office for Africa. Report on regional consultation. WHO PEN and integrated outpatient care for severe, chronic NCDs at first referral hospitals in the African region (PEN-PLUS). Geneva: World Health Organization, 2019.

Department of Error

Toni V. Young people seeking mental-health care. Lancet 2007; 369:1239-40—in this Comment, the text has been amended at the author’s request. This correction has been made to the online version as of Feb 4, 2021.

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