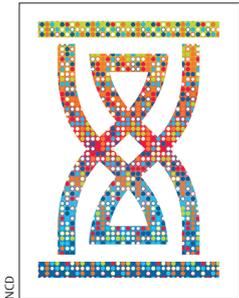




## NCD Countdown 2030: strengthening accountability



One of the most powerful forces to emerge from the MDG era has been the idea of accountability. At its most elementary level, accountability means holding those with responsibility for health accountable for their commitments. It is a controversial concept. Few governments wish to be judged by their actions. Global health is replete with pledges, agreements, and declarations guaranteeing outcomes. A Marshall Plan for west Africa after Ebola? Financial assistance to deliver universal health coverage? Scaling up human resources for health? Empty promises.

Accountability mechanisms are intended to erase these failures. Governments prefer mutual accountability. But mutual accountability is little more than mutual appreciation. It has no teeth. What is needed is independent accountability—monitoring, review, and action led by an independent group of parties who are free to gather data, investigate progress, and measure success. Such independent accountability mechanisms have been implemented for women's and children's health and for climate change and health. They have reported genuine

achievements in each domain, while also exposing the substantial gap between words and deeds.

This week, *The Lancet*, in collaboration with public health scientists, civil society leaders, and WHO, launches a new independent accountability mechanism—NCD Countdown 2030—to monitor and review progress towards preventing, treating, and controlling non-communicable diseases (NCDs). The Sustainable Development Goals, agreed by all nations of the world, promise to reduce by one-third premature mortality from NCDs by 2030. At present rates of progress, most countries will not meet their 2030 commitments.

Accountability is partly about naming and shaming. But, more importantly, accountability is about identifying the specific measures countries must take to improve the likelihood of meeting their stated commitments. Today is therefore an important inflexion point in the history of attempts to prevent, treat, and control NCDs. The promises made by the international community must be delivered. ■ *The Lancet*

For more on the NCD Countdown 2030 collaboration see [www.thelancet.com/NCD-Countdown-2030](http://www.thelancet.com/NCD-Countdown-2030)



## Monkeypox contacts: a puzzling problem



When it emerged that two people infected with monkeypox had travelled by plane through one of the world's busiest airports, a media storm arose, with irresponsible headlines and exaggerations of risks for others in the UK and across the globe.

The two patients—currently recovering in specialist units in London and Liverpool, UK—probably contracted the infection, which produces symptoms such as fever, headache, malaise, and the typical smallpox-like vesicular rash, from animals in Nigeria, where there is an ongoing outbreak of the virus. The Nigeria Centre for Disease Control has recorded 262 suspected cases of monkeypox since the outbreak began in September, 2017, including 113 confirmed cases and seven deaths. The Nigerian outbreak is likely to be the result of a local zoonotic spillover event from the virus' natural hosts—rodents. The disease, caused by a virus of the *Orthopox* genus, is usually self-limiting—although it has a mortality rate of 1–10%.

Human-to-human spread is rare, but cases have been recorded after prolonged, close exposure to infected individuals. The two infected patients had travelled from

Nigeria's capital Abuja on separate flights—one coming indirectly into Heathrow—and then used further modes of transport to arrive in their final destinations in the UK. 213 668 passengers pass through the airport every day, and 76 600 employees work within the boundaries of the 2 227 acre site.

Public Health England (PHE) is currently monitoring anyone who came in close contact with the patients including health-care workers who were not wearing personal protective equipment, passengers on the planes seated three rows in front or behind the patients, and anyone who had sustained contact with the patients in a domestic or work setting. They have been asked to look out for symptoms of the illness and to talk with their designated PHE lead if any signs occur.

Clearly, the risk of outbreaks from emerging zoonotic infections remains an important threat in the modern era of extensive, rapid interconnectedness. However, in the media fallout, PHE avoided being caught up in hyperbole and has sensibly undertaken a balanced approach to a puzzling problem. ■ *The Lancet*

For more about the UK cases of monkeypox see <https://ncdc.gov.ng/news/152/re%3A-monkeypox-cases-in-the-united-kingdom>

For more about the outbreak in Nigeria see *Correspondence Lancet Infect Dis* 2018; 18: 246