
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

international socioeconomic equity. National revival plans could play an important role in this process but should be subordinate to international plans that are based on determinations of both global equity and ecological constraints.

I declare no competing interests.

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## The COVID-19 syndemic is not global: context matters

Richard Horton recently called COVID-19 a syndemic.[1] He aptly used this concept to describe how COVID-19 clusters with pre-existing conditions, interacts with them, and is driven by larger political, economic, and social factors.[2]

Calling COVID-19 a global syndemic is misguided. Syndemics matter because they focus on what drives diseases to cluster and interact.[3] What is driving coronavirus to move through the population in the USA and interact with biological and social factors, however, differs from other contexts. US political failures have driven COVID-19 morbidity and mortality, and this cannot be divorced from our historical legacy of systemic racism[4] or our crisis of political leadership.[5]

This matters because in other contexts COVID-19 is not syndemic. New Zealand's political leadership in response to the crisis has been exemplary.[6] COVID-19 is not syndemic there.

In this sense, syndemics allow us to recognise how political and social factors drive, perpetuate, or worsen the emergence and clustering of diseases.

Recognising contexts are different matters a great deal. For instance, contexts throughout sub-Saharan Africa are doing much better than the most burdened contexts, like the USA, Brazil, and India. Many people have questioned, why? Some have argued that this reflects a racist frame thinking that African contexts should suffer more.[7] Yet, many African governments acted more swiftly and confidently than wealthier countries. The political leadership in these contexts, therefore, prevented the extensive death tolls, compared to contexts like the UK and the USA, where political leadership failed.

Recognising political determinants of health is central to the syndemic construct. By calling the COVID-19 syndemic global, we miss the point of the concept entirely.

I do not write this to dampen Horton's use of the term, as I believe COVID-19 is syndemic in my country (the USA). This is precisely because pre-existing conditions such as hypertension, diabetes, respiratory disorders, systemic racism, mistrust in science and leadership, and a fragmented health-care system have driven the spread and interacted with the virus. These synergistic failures have caused more death and devastation than many other contexts.

Recognising failures of wealthy countries is imperative as we think about where global knowledge and power sit within fields like global health. Syndemic frames provide us with an opportunity to do this.

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## Maternal, neonatal, and child health is essential for meeting SDG 3.4

The non-communicable disease (NCD) countdown data[1] show how many countries will not meet the Sustainable Development Goal 3.4 target of reducing NCD mortality by a third by 2030 and improving mental health and wellbeing (SDG 3.4).

We are surprised the NCD Countdown 2030 collaborators make no mention of the pivotal importance of maternal, neonatal, and child health (MNCH) in reducing NCD. Prematurity, intrauterine growth restriction, and being born to a mother who is overweight or has diabetes now characterise approximately 50% of all births. These children are major contributors to the growing population prevalence of NCD as they have substantially increased odds of developing hypertension, diabetes, chronic renal impairment, heart disease, and other conditions.[2]

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