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Deposited on 30 March 2023

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**Bold action is needed to strengthen primary prevention**

*The case for prevention is undeniable, if politicians choose to hear it*

Petra Meier, professor of public health,¹ Srinivasa Vittal Katikireddi, professor of public health and health inequalities,¹ Katherine Smith, professor of public health policy²

¹ MRC/CSO Social and Public Health Sciences Unit, School of Health and Wellbeing, University of Glasgow, Glasgow, UK

² School of Social Work and Social Policy, University of Strathclyde, Strathclyde, UK

Correspondence to: P Meier petra.meier@glasgow.ac.uk

Primary prevention tackles the underlying causes of ill health, preventing or substantially delaying onset, reducing the burden of disease in populations, and helping individuals live longer, healthier lives. In turn, this reduces pressure on health and social care systems. Primary prevention promotes health equity by addressing the unequal distribution of the social, economic, environmental, and commercial determinants of health—for example, through reducing poverty, regulating air quality, or taxing unhealthy commodities.¹ It also makes economic sense: it is often more cost effective to prevent disease than to treat it, saving healthcare systems and individuals money while maintaining people’s capacity to work.²³

It is therefore welcome that England’s chief medical officer, Chris Whitty, recently stated that action on primary prevention is a political choice and called on ministers and local leaders to be bold in enacting policies that tackle the root causes of ill health.³ For a government official, these are strong words.

Yet it is hard to see how he could come to any other conclusion, when the UK government seems so reluctant to prioritise the nation’s failing health.⁴⁵ A long awaited white paper on health inequalities was pulled in January 2023, just before its expected publication, while action on junk food has been delayed and risks being abandoned.⁶ Public Health England has been split into the UK Health Security Agency and Office of Health Improvement and Disparities, with the latter becoming a unit within the Department of Health and Social Care, restricting its potential to act as an independent voice for public health.⁷
Meanwhile, directors of public health in English local governments have faced large budget cuts and must attempt to deliver a wide range of core public health functions with dwindling resources. Worse, many of the cuts disproportionately affected deprived areas in greatest need.\textsuperscript{8,9} With just weeks to go before the start of the new financial year, England’s public health budget allocations for 2023-24 have yet to be confirmed, severely hampering decision making.\textsuperscript{10} It is no surprise, then, that NHS pressures are growing, while health inequalities continue to exacerbate many other societal problems such as premature exit from the labour market,\textsuperscript{11} poor economic growth and productivity, and widening regional inequalities.\textsuperscript{12}

\textbf{Why this lack of political will and action?}

The lack of political will and action on these issues is caused by a complex interplay of political, economic, and social factors. Key influences may include short-termism, whereby politicians focus on achieving results within their term of office rather than planning longer term to tackle root causes of ill health; political ideologies opposed to prevention measures that, for example, intervene in what some see as people’s private choices or increase industry regulation; the lack of a strong advocacy coalition promoting primary prevention in ways that achieve public and media attention and put pressure on politicians; and the interests of large corporations and their lobbyists leading to influential resistance to action on, for example, active transport, consumption of unhealthy commodities, housing standards, and protecting the environment. Commercial organisations often get a voice at the policy table through consultation and stakeholder engagement. Moreover, politicians and their families have widespread commercial interests themselves.\textsuperscript{13}

Investment in primary prevention is therefore not prioritised and often loses out to imminent crises in health and social care. Even though preventive action reduces the risk (and extent) of future crises,\textsuperscript{14} pictures of ambulances queuing and sick people on trolleys in hospital corridors have an urgent emotional appeal for which we have not yet developed an equivalent in prevention. For this to change, we need to make it easier for decision makers to make both the moral and the economic case for primary prevention, such as policies to increase high quality employment and provide affordable, warm housing.

The following actions might help. Firstly, decision makers’ confidence in longer term goals and investment can be bolstered by developing policy tools, practices, and indicators that better predict and capture the benefits of preventive action, such as long term scenario modelling of outcomes across key policy areas.\textsuperscript{15} Secondly, we need to foster greater
collaboration among the many individuals and organisations with an interest in promoting preventive policies. Thirdly, public health problems need to be framed to strengthen the case for action. [OK?] Here, we can take inspiration from public health’s successful efforts to reframe smoking: while the tobacco industry worked hard to characterise smoking as an individual choice, public health succeeded in reining it as a societal problem (requiring policy intervention) by emphasising high economic costs and lack of choice around secondhand smoke. Fourthly, public health advocates [Q to A OK? ] should be alert to circumstances that create “policy windows”\textsuperscript{16} for change. Increased awareness of inequalities during the pandemic, for example, presents an opportunity to push for action on social and economic determinants of health.\textsuperscript{17} Finally, we need to build on research into the commercial determinants of health to raise awareness of the importance of managing conflicts of interest.\textsuperscript{18}

Strong leadership from individuals and organisations independent of government is essential to all advocacy efforts promoting primary prevention. Also important is listening to, learning from, and co-creating prevention strategies with those most affected by past failures.\textsuperscript{19 20}

Competing interests: The BMJ has judged that there are no disqualifying financial ties to commercial companies. The authors declare the following other interests: PM receives an annual honorarium as a scientific adviser to the Institute of Alcohol Studies, an independent UK public health organisation. Further details of The BMJ policy on financial interests are here: https://www.bmj.com/sites/default/files/attachments/resources/2016/03/16-current-bmj-education-coi-form.pdf.

Provenance and peer review: Commissioned; not externally peer reviewed.

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