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Covid-19: Why prioritising prevention matters in a pandemic of cures

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Prevention is better than cure. Simple. Clear. Logical. Except that it is easily overcomplicated, clouded, and misplaced. When we forget that prevention is better than cure, primary care becomes an easy scapegoat, even though the pandemic has reinforced its importance in improving baseline population health, reducing health inequalities, delivering a vaccination strategy, and keeping people out of hospital.

We might forget the mammoth efforts of general practice to reconfigure care—and then reverse some of that reconfiguration^{1,2}—the extra burden and complexity created by limitless digital access of patients to health professionals,³ and the ingenuity and partnership now needed between primary and secondary care to clear a 4.7 million person waiting list with £160m of innovation funding.⁴ Or that preventing racism in general practice and in hospitals, in doctors' education, training, assessment, and disciplinary procedures, is better for patients, an issue that the UK's General Medical Council is now promising to tackle head on.^{5,6}

We might forget that the accelerated achievements of the vaccination programme, supported by new evidence of effectiveness of rollout and dose spacing,⁷⁻⁹ are built on firm experience of vaccine development and are unlikely to translate to the political folly of promising antivirals for people to use at home by the end of 2021.¹⁰ Our political loyalties might further blind us to the damage to people's health caused by the political elite brokering pandemic contracts for the personal gain of unqualified friends and business associates.¹¹

We might forget to consider local public health voices, for instance those calling for surge vaccination in response to a worrying rise in cases of the new variant of concern B.1.617.2 in Bolton, Blackburn, and around the world.¹² We might choose to overlook failures in protecting international borders to encourage trade deals and instead blame the populations most at risk from state blunders without understanding the complexities of vaccine hesitancy and the substantial global evidence on its causes, consequences, and solutions.¹³

In our vaccine euphoria we might forget our responsibilities to support vaccine patent waivers and prevent infections around the world—one benefit of which will be less cure at home—by creating a vaccine apartheid that indulges 1.5 billion excess doses in rich countries while a mere 0.3% of doses are delivered to low income countries.¹⁴ We might forget the value of international solidarity and equity¹⁵ and the persistent unpreparedness and political hesitancy that leaves the world as vulnerable to the next pandemic as it was 18 months ago.¹⁶

Our corporate blindness, such as among wealthy benefactors like the Wellcome Trust and Gates

Foundation, might prevent us from seeing the damage we are causing to the planet and to health, a climate emergency that will outlast the pandemic, by retaining investments in fossil fuel companies, receiving state subsidies for “intangible drilling,” and failing to back climate ambitions to disinvest with sufficient actions and money.¹⁷

Prevention, then, is better than cure—but its value is easier to forget and takes longer to realise.

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