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jdobson@bmj.com

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## Underfunding public health has wide ranging consequences

Juliet Dobson *managing editor*

The UK parliament returns this week, with the government facing several major challenges. High among these is the dire financial shortfall experienced by local authorities (doi:10.1136/bmj.q1699).<sup>1</sup> An estimated £6bn funding deficit is seriously affecting local communities, leading to poorer population health and adding pressure on the NHS.

GPs in particular are left to deal with the problems resulting from fewer community services, such the loss of smoking cessation or sexual health clinics, a lack of early years support, or substandard housing. Afiniki Akanet says that this is leading to a rise of “utter hopelessness” among her patients, who are coming to see her with problems that community services would previously have picked up (doi:10.1136/bmj.q1699).<sup>1</sup>

Ayan Panja, a GP in St Albans, warns that GPs “have no magic wand for social issues” (doi:10.1136/bmj.q1699).<sup>1</sup> Additional demands outside the usual remit of primary care are placing extra burdens on GPs, who already see more patients a day than their European counterparts (doi:10.1136/bmj.q1904).<sup>2</sup> Ultimately, this is unsustainable. With the government under pressure to improve public services and balance the books, prioritising public health makes sense on both counts.

A recent rise in rates of whooping cough in England emphasises the importance of reaching people in the community. Vaccination rates have fallen, and vaccine hesitancy may explain some of this decline, but equally important is ensuring that access is convenient and clearly communicated. A proactive public health approach is helping to boost vaccination rates in Sheffield and east London (doi:10.1136/bmj.q1900).<sup>3</sup>

The impact of variable public health services is also being felt in maternity care. Donna Ockenden, the senior midwife overseeing a review of NHS maternity services, shares her concerns that “pregnant women nationally are seemingly in poorer health than 10 years ago.” The UK’s maternal death rate has risen, particularly in black and Asian women, and recently reached a 20 year high. Ockenden is disappointed that reports in maternity services haven’t been acted on to “move the dial positively.” The outcome is that money that could have helped improve services is instead being spent on compensation (doi:10.1136/bmj.q1839).<sup>4</sup>

Women’s health and rights are inextricably linked. A growing public health emergency is the global rise seen in violence against women and girls. Rebecca Lawn and Karen Jakubowski discuss what governments and healthcare professionals can do to intervene early to avoid passing “the burden and

consequences of violence to our daughters” (doi:10.1136/bmj.q1791).<sup>5</sup>

Fears for the future of women’s rights in Afghanistan are worsening as limits on their freedoms are restricted further by the Taliban. A group of female Afghan medical students who have arrived in Scotland to complete their studies spoke to *The BMJ* about the repercussions that these laws are having on women’s and girls’ health (doi:10.1136/bmj.q1919). Women and girls in Afghanistan have recently been banned from speaking in public—but where is the global outrage on their behalf?<sup>6</sup>

The mpox epidemic risks becoming another failure of global unity, write Ifedayo Adetifa and Madhukar Pai, with high income countries providing too little, too late. They urge the international community to provide sufficient support and funding and to act in “authentic solidarity with Africa” (doi:10.1136/bmj.q1803).<sup>7</sup>

As the UK government gets to grips with its own mounting problems and a lack of money, it can take some wisdom from the obituary of Norman Vetter, an epidemiologist whose research into the effects of secondhand cigarette smoke helped inform the 2007 smoking ban in UK public places (doi:10.1136/bmj.q1775).<sup>8</sup> Lamenting the government’s incompetence at prioritising public health during the covid pandemic, he remarked to his son, “They talk about the harms to the economy, without seeming to understand what it is for. The economy exists to support people, not the other way around.”

It’s not just politicians who return this week. As schools and preschools begin the academic year, a new education article provides some helpful pointers on how to manage chronic cough in preschool children (doi:10.1136/bmj-2024-079747).<sup>9</sup>

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2 Salisbury H. Helen Salisbury: Redefining full time work in general practice. *BMJ* 2024;386. doi: 10.1136/bmj.q1904 pmid: 39227077

3 Wilkinson E. Whooping cough: Why have vaccination rates plummeted in pregnant women? *BMJ* 2024;386. doi: 10.1136/bmj.q1900 pmid: 39209515

4 Borland S. Donna Ockenden: Money to improve maternity care? It’s being spent on compensation. *BMJ* 2024;386. doi: 10.1136/bmj.q1839 pmid: 39191439

5 Lawn RB, Jakubowski K. Violence against women and girls. *BMJ* 2024;386. doi: 10.1136/bmj.q1791 pmid: 39151951

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7 Adetifa IM, Pai M. Mpox outbreaks in Africa—we must avert another failure of global solidarity. *BMJ* 2024;386. doi: 10.1136/bmj.q1803 pmid: 39147396

8 Vetter D. Norman Vetter: epidemiologist whose work on smallpox eradication in Bangladesh cemented his beliefs on importance of systemic change to improve health. *BMJ* 2024;386. doi: 10.1136/bmj.q1775.

9 Peek R, Walker L, Singleton R. Chronic cough in preschool aged children. *BMJ* 2024;386:e079747. doi: 10.1136/bmj-2024-079747 pmid: 39222970