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Our unhealthy nation



COVID-19 has unveiled some uncomfortable truths for the UK. The Global Burden of Diseases, Injuries, and Risk Factors Study found that Britain had the worst healthy life expectancy in western Europe.¹ This finding was driven by obesity, hypertension, chronic respiratory conditions, excess alcohol use, and inactivity, compounded in some areas by poor physical, economic, and social environments.

Our national health is worse than we thought: the analysis by Outcomes-Based Healthcare using objective National Health Service (NHS) clinical data found that on average, women in England get their first major health condition when they are aged only 55 years, and in the poorest areas when they are aged only 47 years.² Moreover, people in low-income areas live with ill-health for nearly 20 years longer than those in the highest-income areas. We have known this fact for many years but have not done enough to change it. Now is the time to do so.

This state of poor health has meant that Britain was inadequately prepared for a virus that is most severe for the least healthy in our society. More people have died in Britain from COVID-19 pro rata than most other countries.³ This is in part the result of our poor national health. We have the highest obesity rates in Europe and people who are obese (body-mass index ≥ 30 kg/m²) have a 40% greater risk of dying from COVID-19.⁴ People with chronic respiratory problems, diabetes, or coronary heart disease are also all at greater risk. 3·9 million people in Britain have diabetes,⁵ and an estimated 4·0 million people have untreated hypertension.⁶ These risks and chronic conditions are more prevalent in people on low incomes and in poor communities, so more poor people die from COVID-19 than people on high incomes from wealthy areas.

COVID-19 has exposed the lack of action on prevention and population health improvement over many years. It would be a mistake to think that the solution to future infections lies only in better vaccines and more hospitals. We need to prevent illnesses, both contagious and chronic ones.

The British Prime Minister Boris Johnson in the Conservative government manifesto declared that his government would work “for everyone to have five extra years of healthy independent life by 2035 and

to narrow the gap between the richest and poorest”. This goal is perfect to mobilise the necessary actions but so far there have not been visible plans to realise it. To address this gap, in February, 2020, the All Party Parliamentary Group (APPG) for Longevity published a strategy to improve the nation’s health and enable longer healthier lives,⁷ setting out plans based on advice from expert groups. COVID-19 has made this work ever more pressing.

The British Government’s commitment to help us all live 5 years longer in good health by 2035 (Healthy Life Expectancy plus 5 initiative, known as the HLE+5 initiative) is the right national goal. It is possible that we could prevent up to 75% of new cases of heart disease, stroke, and type 2 diabetes, as well as 40% of cancer incidence if we eliminated smoking, unhealthy diets, harmful consumption of alcohol, and insufficient physical activity.⁸ The commitment for 5 extra years of healthy independent life needs a strategy, systems, and funding to do so, led by the government. If this aim can be realised, it can sit at the apex of the government’s levelling up agenda.

The government will, however, need to follow the evidence of what works to shift the behaviours of individuals and organisations—the paper by the Behavioural Insight Team in the APPG report showed how. But to date there has been inadequate will by governments to use their full influence and powers to make the healthy choices both easy and affordable and to address the base causes of poor health. Setting a national mission to improve healthy life expectancy will require more concerted and direct national-level action.

National-level leadership is, although needed, insufficient. The strategy for a healthier Britain needs to be built inclusively, with four key partners: localities, the NHS, the private sector, and innovators.

Localities, local government, and communities are essential partners to improve our health and to develop a community-based commitment to improve local health. They will need the resources to do so and be involved in shaping the national plan with central government.

The NHS will need to operate differently to prevent ill-health and to detect and arrest it earlier. We believe the NHS has never truly embraced prevention as a primary

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goal, and it spends less than 5% of its budget on prevention. The government should now mandate this budget to increase to 15% over the next 10 years.

The APPG has promoted a new Business for Health Coalition for how businesses can support the health of the nation and employees. The pandemic has shown the intrinsic link between health and the economy, and businesses need to play a role in developing products and services that enhance health outcomes in line with ethical and responsible business mandates.

We must maximise our strength in research, technology, innovation, and data to improve health. Research funders should give the prevention of illness a much higher priority. Health data needs to broaden to encompass the wider determinants of health and focus not just on so-called sick data (ie, data for patients within the NHS) but so-called healthy data (ie, data for people who are healthy, outside the NHS). The APPG for Longevity's Open Life Data task group is exploring how to harness public and private data across the life course to increase healthy longevity. This framework will guide ethical data models, stimulate social and business model innovation, and facilitate the use of artificial intelligence to spot patterns in very large datasets in healthy domains.

For too long preventive health has been the forgotten part of our health-care system. The costs of investment are trivial when compared with the economic and social costs of poor health.⁹ COVID-19 is a chance for a new national health mission. We must take it.

For more on **Business for Health Coalition** see <https://www.businessforhealth.org>

For more on the **APPG for Longevity's Open Life Data task group** see <https://appg-longevity.org/events-publications>

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- 1 GBD 2019 Demographics Collaborators. Global age-sex-specific fertility, mortality, healthy life expectancy (HALE), and population estimates in 204 countries and territories, 1950–2019: a comprehensive demographic analysis for the Global Burden of Disease Study 2019. *Lancet* 2020; **396**: 1160–203.
- 2 Dunbar-Rees R. Measuring national healthy lifespan using objectively recorded health and care data. 2020. <https://outcomesbasedhealthcare.com/healthspan/> (accessed Feb 1, 2020).
- 3 Tallack C. Understanding excess mortality: comparing COVID-19's impact in the UK to other European countries. The Health Foundation. 2020. <https://www.health.org.uk/news-and-comment/charts-and-infographics/comparing-covid-19-impact-in-the-uk-to-european-countries> (accessed Dec 1, 2020).
- 4 Public Health England. Excess weight and COVID-19: insights from new evidence. 2020. <https://www.gov.uk/government/publications/excess-weight-and-covid-19-insights-from-new-evidence> (accessed Dec 1, 2020).
- 5 Diabetes UK. Diabetes Prevalence 2019. 2019. <https://www.diabetes.org.uk/professionals/position-statements-reports/statistics/diabetes-prevalence-2019> (accessed Dec 1, 2020).
- 6 British Heart Foundation. Four million people are living with untreated high blood pressure, new estimates show. 2019. <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2019/may/four-million-people-are-living-with-untreated-high-blood-pressure> (accessed Dec 1, 2020).
- 7 Filkin G, Woods T. The health of the nation: a strategy for healthier longer lives. all-party parliamentary group for longevity. 2020. <https://appg-longevity.org/events-publications> (accessed Dec 1, 2020).
- 8 Davies S. Annual Report of The Chief Medical Officer. Health 2040—better health within reach. 2018. <https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2018-better-health-within-reach> (accessed Dec 1, 2020).
- 9 Slogett R. Saving a lost decade. Policy Exchange. 2020. <https://policyexchange.org.uk/publication/saving-a-lost-decade/> (accessed Dec 1, 2020).