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Pandemics and the health of a nation

In its November, 2020, report, the UK Office for Budget Responsibility predicted that the British economy will have contracted by 11% by the end of 2020—the largest decrease since the Great Frost of 1709. This double-digit fall in gross domestic product (GDP) reflects the effect of the COVID-19 pandemic, during which the UK Government has spent more than £280 billion on supporting the economy, jobs, schools, and health system. Among high-income countries, this represents one of the largest increases in debt, second only to Canada. To pay for this, UK public borrowing reached approximately £400 billion in 2020 or 19% of GDP—the highest annual rate since World War 1 and 2. The UK's economic outlook is bleak, with the economy unlikely to return to anything close to the levels seen before COVID-19 until 2024 at the earliest, and that is before the unknown consequences of Brexit play out. Although the UK's situation is unique, most of the world's economies are also facing deep pandemic recessions, with far-reaching consequences.

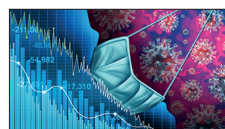
In an analysis of historical data done by the UK newspaper, *The Independent*, recessions inflict large health and societal problems. During the banking crisis and 2008–13 recession, clinical depression and anxiety increased in the UK, especially among 16–24 year olds; suicide rates increased by 16%; obesity soared; binge drinking (particularly among those who lost their jobs) increased; and widescale changes in diet, smoking, and exercise drove up rates of cardiovascular disease, diabetes, and cancer. Reported in *The Lancet* in 2016 by Mahiben Maruthappu and colleagues, the recession was estimated to have caused at least 260 000 excess cancer deaths in countries that are members of the Organisation for Economic Co-operation and Development. The consequences of the pandemic recession globally, coupled with Brexit in the UK and (to a lesser extent) in the EU, will far exceed the excess cancer mortality seen in the recession. The reasons for this are that the cause of the problem is far bigger, affecting not just personal behaviours, but also the physical infrastructure of health systems, which has already caused vast numbers of missed cancer diagnoses; paused screening services; interrupted cancer treatments; and non-evidence-based modifications to cancer interventions.

Public health services are vital in times of crisis. Recklessly, in August, 2020, UK Health Secretary

Matt Hancock announced that Public Health England (PHE) would be disbanded and its function integrated into a new organisation called the National Institute for Health Protection. Cancer Research UK have highlighted the dangers of this decision on cancer care. PHE is currently responsible for cancer prevention by providing expert support for local governments to run prevention campaigns and services. PHE also helps to design, implement, and review national screening programmes for breast, bowel, and cervical cancer, as well as being responsible for collecting, analysing, and looking after data in the national cancer registry. These are vital roles, and now—of all times—is not the moment for radical reform of public health in England if it threatens continuity of these functions and centralises activities that are best understood at a regional or local level. Oncologists are not the only specialists worried by this reform. The Mental Health Foundation, a charity dedicated to the promotion of good mental health, has commented that the uncertainty around the roles of the National Institute for Health Protection threatens the good progress made in recent years. Cancer Research UK goes further, stating the decision to restructure public health services should be an opportunity to strengthen services, rather than deprioritising and underinvesting in public health. Matt Hancock's decision on PHE, and the absence of specific detail on its replacement organisation, coupled with our November editorial critiquing his handling of cancer services during the pandemic, further underscores grave concerns about his competency as the UK's Health Secretary.

Pandemics, recessions, and public health are inextricably linked. The coming decade will be challenging—decisions already made to cope with the unprecedented events of 2020 will have long-term consequences, both economically and societally. Excess cancer deaths are unavoidable, but governments need to be more innovative in their solutions to strengthen public health, prevention, and access to the best treatments, irrespective of economic and political pressures that could force decisions in destructive directions that undermine the fundamental requirements of a healthy nation. It is the compassion of decisions made now that will determine the outcome of the years ahead.

■ *The Lancet Oncology*



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For the UK Office for Budget Responsibility November 2020 report see <https://obr.uk/efo/economic-and-fiscal-outlook-november-2020/>

For the recession study in *The Independent* see <https://www.independent.co.uk/news/uk/home-news/brexit-recession-mental-health-b1723666.html>

For the study by Maruthappu and colleagues see [Articles Lancet 2016; 388: 684–95](#)

For Cancer Research UK's response to the UK government's announcement on disbanding Public Health England see <https://scienceblog.cancerresearchuk.org/2020/12/04/beat-cancer-by-improving-the-publics-health-the-road-ahead-in-england/>

For Mental Health Foundation's response to the UK government's announcement on disbanding Public Health England see <https://www.mentalhealth.org.uk/blog/reform-public-health-england-what-next-public-mental-health>

For our editorial on the UK's handling of cancer services during the COVID-19 pandemic see [Editorial Lancet Oncology 2020; 21: 1387](#)