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Lessons from the NHS for UHC and health security

In 2018, to mark the 70th anniversary of the UK National Health Service (NHS), a new Commission was established by The Lancet and London School of Economics to independently evaluate the NHS and its role in health in the UK. After 3 years, much has changed. The Commission began with concerns about stalling life expectancy, rising inequality, and comparatively poor health outcomes, such as those for cancer and maternity care. Today, the Commission reports during a historic pandemic, in which the UK excess death rate has been very high. The pride and support that much of the public feel for the NHS remain high. With such a strong health-care system, how could the UK perform so badly relative to other countries during the COVID-19 pandemic? And what does this mean for the future of universal health coverage, and for the NHS?

The Commission reports that the NHS has succeeded in providing universal services free at the point of delivery; it emphasises the position of the NHS at the heart of UK society, staffed by dedicated health workers. However, the Commission also highlights large staffing shortfalls and relative low funding (the UK spends over 1% less of its GDP on health compared with the G7 average). The Commission shows how previous deprioritisation of public health and social care led to poor national population health before the COVID-19 pandemic. Describing a high level of income inequality in the UK, and a gradient of life expectancy with economic deprivation (the UK spends over 1% less of its GDP on health compared with the G7 average).

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