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Identifying opportunities for progress

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Health services are struggling to maintain progress made over decades in reducing the incidence of preventable illnesses. Cases of gonorrhoea are increasing, even though condoms are effective at preventing its transmission, with infections becoming more complex and treatment resistant strains becoming more common (doi:10.1136/bmj-2025-084789).¹

Infant mortality in the UK is rising, even though many of these deaths could be avoided with better support for public health (doi:10.1136/bmj.r1053).² UK deaths from cardiovascular disease in working age adults are now also on the rise, after falling for many years (doi:10.1136/bmj.r1015).³ In the US, while the incidence of dementia fell from 2015 to 2021, a greater burden of disease continues to be seen in marginalised and low resource communities (doi:10.1136/bmj-2024-083034).⁴

At the same time, the role of treatment is becoming less clear. Advanced new therapies are being developed but are too costly for health systems (doi:10.1136/bmj.r286).⁵ And overdiagnosis remains a huge challenge, as doctors struggle not just to make the correct diagnosis but to know whether a medical diagnosis is helpful at all (doi:10.1136/bmj.r1012).⁶

Yet healthcare systems are still making progress. Outcomes in acute ischaemic stroke are improving, as effective treatment reaches more patients (doi:10.1136/bmj-2023-076161).⁷ Improved treatments for people with cystic fibrosis, including highly effective modulator therapies, are helping to increase their life expectancy by decades (doi:10.1136/bmj.r699).⁸

Further ahead, mobile health and electronic health applications offer the potential to help people improve their behavioural and metabolic risk factors, moving control from clinicians to patients (doi:10.1136/bmj-2024-082765).⁹ And a multimodal approach to screening for prostate cancer may be able to recognise lethal cases of the condition early, while minimising its overdiagnosis (doi:10.1136/bmj.r1031).¹⁰

Despite antimicrobial resistance, encouraging results from phase 3 studies indicate that new antibiotics for gonorrhoea may be on the horizon (doi:10.1136/bmj.r1001).¹¹ And, in England, a vaccine programme to prevent gonorrhoea infection is being rolled out to the people at highest risk (doi:10.1136/bmj.r1064).¹²

Sara Ahmadi-Abhari and Carol Brayne even see our shortcomings around equality in dementia care as revealing a golden opportunity (doi:10.1136/bmj.r888).¹³ They write, “Reducing life course inequalities is probably the greatest intervention that any society can do to push morbidity

from its risk factors and syndromal presentation back as close to late life death as possible.”

Seen in this way, today's problems are revealed as gaps in our journey of progress. In highlighting them, we can identify where more work is needed to help improve the health of everyone—and, in the case of preventable diseases, we already know what needs to be done.

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