

Climate and health: joining up the pieces, scaling up the action



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On Oct 18, the UK Health Alliance on Climate Change published its inaugural report, *A Breath of Fresh Air, Addressing Climate Change and Air Pollution Together for Health*. The report builds on the Royal College of Physicians and Royal College of Paediatrics and Child Health report *Every Breath We Take*, published February, 2016.

Air pollution arising from burning fossil fuels accounts for an annual 40 000 premature deaths, and a £3.1 billion health cost in the UK. The Alliance calls for greater collaboration and a joined-up approach from governments and governmental departments consisting of representatives across Health, Transport, Environment, and Education departments. Other recommendations are: phasing out of coal power stations by 2025; expanding clean air zones, particularly in areas with vulnerable populations such as the elderly; creating an infrastructure for measurement of air pollution; preserving existing EU air quality regulations; and informing and supporting health professionals as to how to take action.

Published Online
October 18, 2016
[http://dx.doi.org/10.1016/S0140-6736\(16\)31852-9](http://dx.doi.org/10.1016/S0140-6736(16)31852-9)

For the **UK Health Alliance on Climate Change report** see <http://www.ukhealthalliance.org/new-report-breath-fresh-air-addressing-climate-change-air-pollution-together-health/>
For the **RCP/RCPCH report** see <https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution>

The report's recommendation for health professionals is a now familiar call to action—to lead by example. The NHS has a substantial carbon footprint—already decreased by 11% since 2007, and with 1.5 million employees it is one of the world's five largest employers. Transitioning to clean energy suppliers within the NHS would make a significant difference. The report also recommends changing individual behaviour to improve the health of NHS staff and patients. Through encouraging active travel, climate-related illnesses including obesity, stroke, and heart disease will also be reduced. Medical professionals participating in town planning and transport infrastructure discussions can help to encourage a more active populace.

Interdepartmental government collaboration may prove to be a practical challenge—bureaucratic processes and administrative silos are deep-rooted. But the Alliance's first report gives very clear targets and rationale, and if the recommendations are adopted then it has the potential to deliver results. ■ *The Lancet*

WHO's war on sugar



Peter Dazley/Getty

On Oct 11, World Obesity Day, WHO upped the ante in its fight against sugar. First, it called for governments to introduce subsidies for fruits and vegetables and taxation of unhealthy foods, with a particular target on sugary drinks. The new WHO recommendations are based on global expert opinion and 11 systematic reviews of the effectiveness of fiscal interventions for improving diets and preventing non-communicable diseases (NCDs). The second move saw the removal of sales and provision of sugary drinks from WHO headquarters, including at official functions. The sale of water, tea, coffee, and unflavoured milk remain, and staff are permitted to bring sugary drinks to work.

The governmental-level action of fiscal policy and the individual-level action of workplace intervention could not be more different in scale, but are linked by a desire to reduce consumption of a product with no nutritional benefit and increasingly tied to obesity, diabetes, and tooth decay. They are bold steps forward to advance the global action plan on NCDs and WHO's 2015 sugar guidelines that recommend drastically reducing sugar intake.

A welcome benefit of this WHO leadership is increased publicity and awareness about the negative effects of excess sugar, and the extent to which sugar is present in foods marketed as healthy, such as fruit juice and chocolate milk. Importantly, the guidelines can assist and encourage governments interested in removing sugary drinks from schools and hospitals, and in regulating or taxing foods high in sugar, salt, and fat as a way to reduce unhealthy consumption and generate revenue to treat NCDs.

A key challenge will be monitoring impact. While experience and evidence are growing for the effectiveness of sugar taxes, more evidence is needed on the use of subsidies and other economic tools to promote healthy behaviour and to reduce disease outcomes. And "sugar bans" have yet to be evaluated. New Zealand's removal of sugary drinks from all hospitals has been well accepted by patients, providers, and government, but its health impacts are unknown. The war on sugar is vital, but it is just one part of the larger battle against NCDs. ■ *The Lancet*

For **fiscal policies for diet and the prevention of non-communicable diseases** see <http://www.who.int/dietphysicalactivity/publications/fiscal-policies-diet-prevention/en/>

For the **Global Action Plan for the Prevention and Control of NCDs 2013–2020** see http://www.who.int/nmh/events/ncd_action_plan/en/

For the **WHO Guideline: Sugars intake in adults and children** see http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/