

The UK's inadequate plan for reducing childhood obesity



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"Next stage of world-leading childhood obesity plan announced", trumpeted the press release from Public Health England (PHE) on Aug 18, to coincide with the 1-year anniversary since the UK Government's child obesity plan was launched. The new focus is calorie reduction, with PHE warning that the UK population is exceeding caloric intake by around 200–300 calories a day. With a third of children being overweight or obese by the time they leave primary school, and the latest data highlighting an increasing prevalence of type 2 diabetes in young people (621 received care from paediatric diabetic clinics in 2015–16), confronting childhood obesity remains an urgent public health challenge.

Limitations of the childhood obesity plan have been criticised by many, including this journal, so it is unsurprising that the launch of this next phase of the plan, with its sole focus on calorie reduction, does little to reassure. As before, vague pledges take centre stage: PHE will be "working closely" with the food industry in seeking (voluntary) calorie reductions in high-energy

food sources popular with children and young people; meanwhile, industry will continue to advertise unhealthy food products to its key target audience.

A focus on calorie reduction alone is alarming, far from the joined-up thinking so important to address childhood obesity in a holistic way. What is being done to promote healthier foods, and where is the long-term planning for urban environments that can contribute to obesity reduction by facilitating and promoting increased physical activity? Interviewed on BBC radio, Chief Nutritionist Alison Tedstone stated that it is PHE's task to provide government with evidence, not to formulate or influence policy. A laughably passive position, given PHE's advocacy in other areas of public health, such as cancer control.

While it is important to acknowledge achievements in combating childhood obesity—such as the sugar tax, to be introduced next April—in the absence of a far-reaching, long-term and integrated strategy, it seems depressingly unlikely that childhood obesity is going to be meaningfully reduced any time soon. ■ *The Lancet*

For the PHE announcement on next stage of childhood obesity plan see <https://www.gov.uk/government/news/next-stage-of-world-leading-childhood-obesity-plan-announced>

Minamata Convention on mercury: a contemporary reminder



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History provides us with valuable lessons. The tragic Minamata Bay disaster in Japan is a stark reminder that exposure to the element mercury and its compounds can impact human health, causing irreversible neurological damage and other issues such as psychosis. Earth's health is also at risk. In the 2013 Global Mercury Assessment, the UN Environment Programme (UNEP) reported that environmental mercury emissions can reach up to 8900 tonnes annually, of which 90% consist of anthropogenic emissions from processes such as artisanal gold mining, which is often unregulated and involves the forced labour of marginalised communities.

On Aug 16, UNEP announced that the Minamata Convention came into force. This Convention aims to protect human health and the environment from exposure to anthropogenic emissions of mercury and its compounds. By holding governments worldwide accountable for the mercury lifecycle, reparations to those affected will be made. Key agendas include banning new mines and phasing out existing ones by 2020, as well as implementing control measures to reduce emissions.

However, are the goals of the Minamata Convention achievable? Despite years of negotiation, the Convention faces numerous hurdles, as we have reported in *The Lancet*. The issues are complex and often politically motivated. In the USA, the Convention is threatened by the Trump Administration, which has delayed litigation in favour of repealing the federal mercury law. In Mexico and Indonesia, the use of mercury in artisanal gold mining has increased, further undermining the Convention.

To protect planetary health, the Minamata Convention must be taken seriously. Recognition of the multilateral agenda of this Convention is essential, because it not only fulfils sustainable development goal (SDG) 3 (good health and wellbeing) and SDG 12 (life below water) but several other SDGs, such as ending poverty and sustaining affordable and clean energy. Ultimately, the Minamata Convention provides us with a contemporary reminder that action must be taken to avoid repeating the disasters of the past, with which human health and the health of our planet are inevitably intertwined. ■ *The Lancet*

For the 2013 Global Mercury Assessment see <http://www.unep.org/chemicalsandwaste/what-we-do/technology-and-metals/mercury/global-mercury-assessment>

For the Minamata Convention see <http://www.mercuryconvention.org>

See *Correspondence Lancet* 2017; 390: 226–37