



Reuters

networks, are becoming active in communicating evidence to inform international policy making.

Academies of science in their network the European Academies Science Advisory Council (EASAC) have also recently focused on issues associated with climate change, in this case collating evidence for some of the direct effects on health.<sup>2</sup> EASAC documented changes in the European incidence and distribution of human and animal infectious diseases, particularly vector-borne, which might already be attributable to climate change, and identified priorities for future surveillance, research, and disease control.

Developments in Europe are part of much larger global challenges: health systems and policy makers worldwide need to be prepared for the possible emergence of new threats from infectious disease as well as the expansion of diseases already present. Even though the evidence base is fragmented and other determinants of change in ecosystems and in human, animal host, vector, and microbial behaviour must be taken into account, quantification of these effects is increasingly important as a basis for assessing the direct benefits expected to be delivered by mitigation strategies alongside the co-benefits.

EASAC, like the InterAcademy Medical Panel, supports the growing role of academies in the medical and scientific communities to raise awareness about the relevance of health issues in wider policy debates. Although substantial problems exist, their causes can be understood and, collectively, we have the capability to affect the situation.

We declare that we have no conflicts of interest.

\*Robin Fears, Volker ter Meulen  
robinfears@aol.com

EASAC, German National Academy of Sciences Leopoldina, 06108 Halle (Saale), Germany

- 1 Ganten D, Haines A, Souhami R. Health co-benefits of policies to tackle climate change. *Lancet* 2010; **376**: 1802–804.

- 2 European Academies Science Advisory Council. Climate change and infectious diseases in Europe. [http://www.easac.eu/fileadmin/PDF\\_s/reports\\_statements/Climate\\_change\\_and\\_infectious\\_diseases\\_in\\_Europe.pdf](http://www.easac.eu/fileadmin/PDF_s/reports_statements/Climate_change_and_infectious_diseases_in_Europe.pdf) (accessed Nov 30, 2010).

As an organisation of graduate students in medicine, environment, engineering, public health, and the basic sciences united by our interests in global health, we applaud *The Lancet's* efforts in publicising the health effects of climate change.<sup>1,2</sup>

As representatives of a younger generation schooled in the era of climate change research and discovery, we believe that climate change's relation with health is self-evident. Yet few of our mentors are discussing it and few medical journals (or other journals) publish with consistency on this issue that is sure to shape so many of our careers. The more that health professionals understand about climate change and health now, the easier it will be to adapt to and mitigate against these changes in the future. Thank you authors, and thank you *The Lancet*.

We declare that we have no conflicts of interest.

Duke University Global Health  
Working Group  
timothy.bouley@duke.edu

Duke University, Durham, NC 27701, USA

- 1 Ganten D, Haines A, Souhami R. Health co-benefits of policies to tackle climate change. *Lancet* 2010; **376**: 1802–804.
- 2 Roberts I, Stott R. Doctors and climate change. *Lancet* 2010; **376**: 1801–02.

## The role of business in public health

In his Correspondence (Jan 8, p 121),<sup>1</sup> the UK's Secretary of State for Health, Andrew Lansley, argues that your Editorial<sup>2</sup> had misleadingly implied that his policy is unduly subordinated to the agenda of the food and drinks industry. His claim is, however, difficult to reconcile with the text of his earlier policy document *A Healthier Nation*.<sup>3</sup>

In that document, Lansley and colleagues indicated that they would introduce no further regulations to control the food and drink industries, but instead would pursue only voluntary agreements. The implication of that approach was to grant the food and drink industry a veto over any policy initiatives. The analysis provided by your Editorial was therefore entirely legitimate.

I declare that I have no conflicts of interest.

Erik Millstone  
e.p.millstone@sussex.ac.uk

Science and Technology Policy Research, Freeman Centre, University of Sussex, Brighton BN1 9QE, UK

- 1 Lansley A. The role of business in public health. *Lancet* 2011; **377**: 121.
- 2 The Lancet. McPolicy: bringing you the Big Mac society. *Lancet* 2010; **376**: 1800.
- 3 Conservative Party. A healthier nation: policy green paper no. 12. [http://www.conservatives.com/News/News\\_stories/2010/01/A\\_Healthier\\_Nation.aspx](http://www.conservatives.com/News/News_stories/2010/01/A_Healthier_Nation.aspx) (accessed Feb 15, 2011).

## Department of Error

Grover A, Citro B. India: access to affordable drugs and the right to health. *Lancet* 2011—The order, numbering, and details of some of the references in this Comment (March 19) were incorrect. The online version has been corrected as of March 18, 2011; the printed Comment has also been corrected.

See [Comment](#) page 976