

## The Lancet Countdown on health and climate change: The 2023 report

This is a summary of the following report: *Romanello M, di Napoli C, Green C et al (2023) The 2023 report of the Lancet Countdown on health and climate change: The imperative for a health-centred response in a world facing irreversible harms. The Lancet, 402, 2346–2394* [https://doi.org/10.1016/S0140-6736\(23\)01859-7](https://doi.org/10.1016/S0140-6736(23)01859-7)

**T**he Lancet Countdown's 2023 report, the 8th iteration of the international research collaboration, provides a comprehensive assessment of the evolving impacts of climate change on health and the health opportunities emerging from climate action. Even in the face of the urgent warnings of the previous year, progress in addressing the interconnected challenges of the climate change, energy, cost-of-living, and health crises appears limited.

The report highlights the escalating health toll of climate change, with 2023 witnessing the highest global temperatures in over 100,000 years. Vulnerable populations, such as the elderly and infants, face a doubling of heatwave days compared to 1986–2005. Heat-related deaths among those aged over 65 years have surged by 85% since 1990–2000. Climate change is also disrupting natural and human systems, expanding the global land area affected by ex-

treme drought and increasing the risk of infectious diseases.

Economic losses from extreme weather events have risen by 23%, amounting to \$264 billion in 2022 alone. Heat exposure led to potential income losses of \$863 billion, disproportionately affecting low- and medium-ranked Human Development Index countries. These multiple and simultaneous risks amplify global health inequities.

The report emphasises the failure to address these challenges, particularly the persisting reliance on fossil fuels, with subsidies totaling \$305 billion hindering their phase-out. The Lancet Countdown warns that, without rapid action, the use of fossil fuels will lead to an increasingly inequitable future, jeopardising lives globally.

However, despite the challenges, the report identifies opportunities for a healthy future through the transition to a zero-carbon

world. Persistent structural inequities in access to, and the use of, clean energy need to be addressed – particularly in countries with high levels of energy poverty.

The report calls for several interventions, including promoting renewable energy, enabling safe active travel, and advocating for equitable access to healthy, low-carbon diets (which would prevent many of the 12.2 million deaths currently attributed to suboptimal diets globally). The health sector is urged to lead by example, transitioning to sustainable, net-zero emission health systems. Encouraging signs of progress, such as a decline in deaths from fossil-fuel-derived air pollution and growth in the renewable energy sector, offer hope for the potential benefits of health-centered action.

As the world accelerates toward 3°C of heating, the Lancet Countdown underscores the imperative of prioritising health in international climate change negotiations. The report calls for a people-centered transformation, putting health at the heart of climate action. Achieving this vision requires confronting the economic interests of fossil fuel industries, delivering science-driven progress, and ensuring accountability. The report concludes with a call for the leadership, integrity, and commitment of the health community, corporations, policymakers, and financial institutions to realise the promise of health-centered climate action and secure a thriving future for all.

## Ethiopia: Are ultra-processed foods a barrier to appropriate complementary feeding?

This is a summary of the following paper: *Tadesse E, Abdirahman I, Letta S et al. (2024) Barriers to appropriate complementary feeding and the use of ultra-processed foods: A formative qualitative study from rural Oromia, Ethiopia. Maternal & Child Nutrition, 20, e13576.* <https://doi.org/10.1111/mcn.13576>

**E**vidence shows that, even in rural settings with low dietary diversity, Ethiopian children are increasingly consuming ultra-processed foods (UPF). Introducing complementary foods too early and providing inappropriate foods (such as UPF) threatens infant growth and development.

This formative qualitative study explored complementary feeding practices, particularly provision of UPF to young children, in rural Oromia, Ethiopia. Sixteen focus group discussions were conducted using semi-structured questionnaires with mothers (N=45), fathers (N=21), and grandmothers (N=23) of children 6–23 months of age in beneficiary households of the Productive Safety Net Programme (PSNP). Four key informant interviews were also conducted with health workers. Inductive analysis was applied to transcripts complemented by field notes using MAXQDA software.

UPF were commonly fed to young children, often before the recommended age of initiating complementary foods at six months. In many cases, these foods were part of a liquid diet in which UPF, like juice, biscuits, and lipid-based

nutrient supplements (LNS), were diluted with or dissolved in water and fed through a bottle. Caregivers perceived UPF as affordably priced and packaged, easily prepared, and nutritious. In comparison, the milk, legumes, and cereals traditionally used as complementary foods were subject to price inflation that limited their accessibility. Health workers believed that therapeutic foods and those distributed by the government and non-governmental organisations as part of food assistance programmes, like LNS and 'Fafa', were perceived as nutritionally balanced and prevented malnutrition in children.

***“They are interested only with foods like Fafa and plumpynut foods... They think the food we are telling them to prepare and feed their children is not balanced diet food and think only as Fafa and plumpynut is balanced diet food.”***

– quote from a Health Worker in Milkayee kebele, Ethiopia

Provision of UPF contributed to an overall pattern of inadequate complementary feeding

practices that included both early and late initiation of complementary foods – at anything between 2 and 12 months of age. Early introductions were primarily driven by a perception of breastmilk inadequacy and requirements for mothers to engage in activities taking them away from their infants at early ages, such as income generation and domestic work. In contrast, late introduction of complementary foods was linked to an overreliance on breastmilk, as well as children's dislike or rejection of the first food(s) introduced.

***“I spent [much time] outside petty trading. So, grandmother started [feeding the baby] at three months of age with milk and sugar.”***

– quote from a mother in Hula Jeneta kebele, Ethiopia

Notable study limitations included the selection of only extremely poor households who are PSNP beneficiaries and the focus on a single region of Ethiopia relatively proximate to Somalia, where importing of UPF (particularly LNS) across the international border may have influenced the local availability of complementary foods.

Following this research, the authors called for properly designed nutrition education for caregivers, including fathers and grandmothers, to promote optimal complementary feeding practices and minimise the use of UPF. In parallel, intersectoral interventions should be considered to mitigate the impacts of price inflation on livelihoods and food security.