

Editorials

We must not fail the children of Africa

In the closing statement of a magnificent plenary lecture at the Durban International Congress of Nutrition in 2005, Professor Alan A Jackson stated with great emphasis what we all know as a chilling truth: *We have failed the children of Africa!*

And we have. Under five mortality rates in Western and Central Africa are the highest in the world, according to UNICEF¹. In this region, one out five children do not live to see their fifth birthday. Problems are also huge in Eastern and Southern Africa.

Two reviews on child development from the International Child Development Steering Group (ICDSG) have been published this year in the *Lancet*^{2,3}. According to ICDSG, the magnitude of the problem is immense: about 200 million children under 5 years of age are unable to reach their potential in cognitive and psychosocial development. Failing to reach this developmental potential is likely to perpetuate the vicious circles of poverty and low education. The ICDSG points out the following four causes: malnutrition (stunting), deficiency of iron, deficiency of iodine, and lack of stimulation in infancy.

The ICDSG² reveals the following prevalences among children in developing countries during the first five years of life: stunting 31%, mild-to-severe iodine deficiency 35%, iron-deficiency anaemia 23–33%.

Poverty, armed conflict, crop failure, climate change, displacement and inequity within and between countries obviously do not help. We look forward to the third ICDSG review, pointing out possible strategies for the future. In previous years, the Bellagio Study Group on Child Survival published several ground-breaking papers on child survival and nutrition transition^{5,6}, valuable material for all nutrition educators and policy planners. A follow-up meeting is planned for this year.

Measles: good news

The extensive efforts to fight measles are paying off, showing a reduction in measles by 75% in Africa⁷. The death toll in Africa due to measles has decreased from roughly 506 000 in 1999 to 126 000 in 2005.

The massive campaign⁸ included two vaccinations per child, vitamin A supplementation and an integrated general child health campaign including nets for malaria protection, polio vaccines and regular check-ups of the child. It is important to remember that the magnificent

results of the campaign certainly stem from the whole campaign rather than the immunisation on its own.

Previous studies indicate that more than half of all deaths from infectious diseases have underlying malnutrition and undernutrition as a contributing factor^{4,9,10}. This is not a competition between vaccination efforts and nutrition interventions; obviously the two are both important for increasing childhood survival. The encouraging results do point to the huge possibilities for achieving an impact when sufficient resources are available and when organisations join forces, as in this case WHO, UNICEF, CDC, the American Red Cross and the United Nations Foundation.

Poverty, education, gender: much to do

A recent paper¹¹ points out the role of education of girls and women as extremely important in improving the health as well as nutritional status of children. Coming back to the first theme in this Editorial – we need to remember the implications of undernutrition on cognitive development for the most vulnerable groups and consider how to best support women within the most vulnerable groups as gatekeepers for healthy nutrition. Capacity-building on several levels is needed, accompanied by other efforts.

African universities need to lead the development^{12,13}, and the number of African universities is increasing steadily, including those who provide high-level nutrition training. The First Meeting of the African Nutrition Societies is taking place in Morocco in May 2007¹⁴, hopefully another important step in collaboration and networking over the African continent.

As for the rest of us, not active in Africa, we all need to gather our forces. Strong support should be provided to African universities in their capacity-building efforts, in harmony with the efforts of WHO, UNICEF, the World Food Programme and other international bodies. Running around trying to do things in splendid isolation does not result in progress. African children urgently need our commitment in joint efforts. It is up to all of us to make sure that the development of child health in Africa is reported as dramatically improved at the next International Congress of Nutrition in 2009. In Rome 1992, political leaders from 159 countries and the European Union pledged¹⁵ to eliminate famine, starvation and micronutrient deficiencies such as vitamin A and iodine before the end of the decade, and further to substantially

reduce starvation, hunger and other micronutrient deficiencies. The world does not need any more broken promises.

Agneta Yngve
Editor-in-Chief

References

- 1 <http://www.childinfo.org/areas/childmortality/>
- 2 Walker SP, Wachs TD, Gardner JM, Lozoff B, Wasserman GA, Pollitt E, *et al.* Child development: risk factors for adverse outcomes in developing countries. *Lancet* 2007; **369**: 145–57.
- 3 Grantham-McGregor S, Cheung YB, Cueto S, Glewwe P, Richter L, Strupp B. Developmental potential in the first 5 years for children in developing countries. *Lancet* 2007; **369**: 60–70.
- 4 Claeson M, Gillespie D, Mshinda H, Troedsson H, Victora CG. Knowledge into action for child survival. *Lancet* 2003; **362**: 323–7.
- 5 Popkin BM. The shift in stages of the nutrition transition in the developing world differs from past experiences! *Public Health Nutrition* 2002; **5**: 205–14.
- 6 Popkin BM, Lu B, Zhai F. Understanding the nutrition transition: measuring rapid dietary changes in transitional countries. *Public Health Nutrition* 2002; **5**: 947–53.
- 7 Wolfson LJ, Strelbel PM, Gacic-Dobo M, Hoekstra EJ, McFarland JW, Hersh BS. Has the 2005 measles mortality reduction goal been achieved? A natural history modelling study. *Lancet* 2007; **369**: 191–200.
- 8 www.measlesinitiative.org.
- 9 Pelletier DL, Frongillo EA. Changes in child survival are strongly associated with changes in malnutrition in developing countries. *Journal of Nutrition* 2003; **133**: 107–19.
- 10 Caulfield LE, de Onis M, Blossner M, Black RE. Under-nutrition as an underlying cause of child deaths associated with diarrhea, pneumonia, malaria, and measles. *American Journal of Clinical Nutrition* 2004; **80**: 193–8.
- 11 Darnton-Hill I, Kennedy E, Cogill B, Hossain SM. Solutions to nutrition-related health problems of preschool children: education and nutritional policies for children. *Journal of Pediatric Gastroenterology and Nutrition* 2006; **43**(Suppl. 3): S54–S65.
- 12 Wahlqvist ML. Towards a new generation of international nutrition science and scientist: the importance of Africa and its capacity. *Journal of Nutrition* 2006; **136**: 1048–9 discussion 1050–2.
- 13 Wade S. The importance of high-level training for nutrition scientists in Sub-Saharan Africa. *Forum of Nutrition* 2003; **56**: 136–8.
- 14 <http://www.africanutrition.org/fanus2007/index.html>.
- 15 FAO/WHO. *International Conference on Nutrition, World Declaration and Plan of Action*. Rome/Geneva: FAO/WHO, 1992.

What's good food and what's for breakfast?

Public health nutrition covers a diversity of challenges with a truly international focus. This is reflected in the mix of articles in the present issue, ranging from the importance of breakfast to issues of undernutrition, including food poverty¹, chronic childhood undernutrition in Ghana², non-dietary causes of stunting in South Africa³ and hunger in immigrant Mexican families in the USA⁴. Each of these papers introduces issues and challenges that continue to reflect the complexity of undernutrition and health inequality around the world. In the era of 'affluenza' and obesogenic environments (characterised by an over-abundance of energy-dense food) that tends to dominate public discourse worldwide, there is a great risk that we take our focus off the unacceptable and ethically repugnant nature of human undernutrition.

Agreeing what's what

Dietary guidance at individual and population levels relies heavily on the categorisation of foods to help

distinguish the 'good' from the 'bad'. This often simplistic categorisation is open to criticism, particularly from sections of the food industry that argue that there is no such thing as an unhealthy food and that it's a healthy overall diet that matters. To prevent this distraction from public debate about healthy food choices, food categorisation needs to be logical, transparent and systematic so that it makes sense to consumers and enables appropriate assessment of dietary exposures and related outcomes by researchers.

In this issue three papers address the issue of nutrient profiling, which make a valuable contribution to this endeavour. Nutrient profiling is the science of categorising food according to nutrient composition. Scarborough and colleagues^{5–7} describe a systematic approach to developing nutrient profile models and then progress to report on comparison of a number of models against health professional's views and perceptions of food healthiness. This work is certain to lead to ongoing debate, application and further investigation, with significant applications to public health nutrition practice.

The new food insecurity

With the relatively recent push towards globalisation, and as a common response to regional conflict, there is an increasing tendency towards the mobility of people and mixing of cultures reflected in immigration and refugee movements. This geographical, psychological, social and cultural dislocation has important effects on nutrition and health status. In this issue, papers by Hadley *et al.*⁸ and Dubowitz *et al.*⁹ present data on food- and nutrition-related acculturation amongst immigrants and refugees, making an important contribution to the literature on what will continue to challenge public health nutrition responses in the years to come.

Anyone for breakfast?

Two papers in this issue provide evidence that supports the popular perception and cultural wisdom of the importance of eating breakfast. Matthys *et al.*¹⁰ report evidence showing the importance of a quality breakfast on overall dietary quality. Lien's paper¹¹ that follows examines the relationship between eating breakfast and mental distress and academic performance amongst a large sample of Norwegian students. Both of these papers add weight to the age-old adage of the importance of eating a breakfast meal with an appropriate nutrient profile.

Roger Hughes
Editor

References

- 1 Molcho M, Nic Gabhainn S, Kelly C, Friel S, Kelleher C. Food poverty and health among schoolchildren in Ireland: findings from the Health Behaviour in School-aged Children study (HBSC). *Public Health Nutrition* 2007; **10**(4): 364–70.
- 2 Hong R. Effect of economic inequality on chronic childhood undernutrition in Ghana. *Public Health Nutrition* 2007; **10**(4): 371–8.
- 3 Theron M, Amisshah A, Kleynhans IC, Albertse E, MacIntyre UE. Inadequate dietary intake is not the cause of stunting amongst young children living in an informal settlement in Gauteng and rural Limpopo Province in South Africa: the NutriGro study. *Public Health Nutrition* 2007; **10**(4): 379–89.
- 4 Kersey M, Geppert J, Cutts DB. Hunger in young children of Mexican immigrant families. *Public Health Nutrition* 2007; **10**(4): 390–5.
- 5 Scarborough P, Rayner M, Stockley L. Developing nutrient profile models: a systematic approach. *Public Health Nutrition* 2007; **10**(4): 330–6.
- 6 Scarborough P, Rayner M, Stockley L, Black A. Nutrition professionals' perception of the 'healthiness' of individual foods. *Public Health Nutrition* 2007; **10**(4): 346–53.
- 7 Scarborough P, Boxer A, Rayner M, Stockley L. Testing nutrient profile models using data from a survey of nutrition professionals. *Public Health Nutrition* 2007; **10**(4): 337–45.
- 8 Hadley C, Zodhiates A, Sellen D. Acculturation, economics and food insecurity among refugees resettled in the USA: a case study of West African refugees. *Public Health Nutrition* 2007; **10**(4): 405–12.
- 9 Dubowitz T, Acevedo-Garcia D, Salkeld J, Lindsay AC, Subramanian SV, Peterson KE. Lifecourse, immigration status and acculturation in food purchasing and preparation among low-income mothers. *Public Health Nutrition* 2007; **10**(4): 396–404.
- 10 Matthys C, De Henauw S, Bellemans M, De Maeyer M, De Backer G. Breakfast habits affect overall nutrient profiles in adolescents. *Public Health Nutrition* 2007; **10**(4): 413–21.
- 11 Lien L. Is breakfast consumption related to mental distress and academic performance in adolescents? *Public Health Nutrition* 2007; **10**(4): 422–8.