

New & Noteworthy in Nutrition

Issue 39 January 31, 2003



This issue focuses again on the worsening situation in Sub-Saharan Africa and the devastating confluence of AIDS and food scarcity, with other sections focusing on nutrition, food security and politics, micronutrients, child survival, growth and development, and obesity, concluding with various back page announcements.

now unfolding in southern Africa. Without a massive infusion of money and a greatly expanded effort by the affected countries in collaboration with the international community, the future prospects for the 60 million people living in southern Africa hold little hope".

TABLE OF CONTENTS

	PAGE
FAMINE _____	1
HIV/AIDS _____	2
FOOD SECURITY, HUNGER & POLITICS _____	3
MICRONUTRIENTS _____	4
CHILD SURVIVAL, GROWTH & DEVELOPMENT _____	6
OBESITY _____	7
THE BACK PAGE _____	8

Agencies in late 2002 appealed for \$611 million in funds to help six countries affected by famine -- Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe-- but only \$352 million, or 58 percent has been made available. WFP recently warned that the southern African famine is likely to last at least another year. This should be a time of rainfall yet in country after country the rains have been patchy and interspersed with dry spells. Many farmers have abandoned their planting for the current growing season.

The US government has pledged a \$114 million emergency aid grant to provide emergency and supplementary food distributions, agricultural support and development training in Malawi, Zambia and Zimbabwe. The grant has been made to The Consortium for Southern Africa Food Security Emergency (C-SAFE) an unprecedented collaboration among three leading humanitarian organizations (Catholic Relief Services, CARE and World Vision) "*Our immediate goal is to save lives by getting food to people as quickly as possible, especially those communities decimated by the HIV/AIDS pandemic,*" said Steve Goudswaard, regional program unit manager of C-SAFE.

Horn of Africa. Ethiopia and Eritrea have also been hit hard. Ethiopia is simultaneously fighting famine and a massive \$6 billion debt burden. The US recently wrote off almost \$30 million in debt, with the money saved to be channeled towards the country's newly launched Poverty Reduction Strategy. The deal comes after Nestle - the world's largest coffee company - bowing to bad publicity, agreed to forego nearly \$6 million it said it was owed by Ethiopia (see also "Code violations" below). WFP expects to provide food aid to 11.3 million people in 2003, possibly rising to 14.3 million people by year's end.

In Eritrea, following analysis of a number of 2002 nutritional surveys conducted by UNICEF, indicating that 2.8 million Eritreans - over half the population - are experiencing "pre-famine conditions", the European Community has offered 10 million euros of emergency aid. On 29 January, the Minister

FAMINE

"True to form, governments have reacted with all the strategic competence of rabbits caught in headlights." Ex-Boomtown Rat, current debt relief campaigner, Sir Bob Geldof, on the situation in Africa, 17 years after the 'Live Aid' concerts were first held in response to famine in Africa. Noting that while under the Heavily Indebted Poor Countries (HIPC) Initiative some 26 countries are now getting debt relief, half of them still pay more than 15 percent of government revenue to creditors, Geldof is calling for a total cancellation of debt.

More than 38 million people across Africa are currently at risk of starvation, according to WFP. Hardest hit are the Horn of Africa, where about 17.9 million people face severe food shortages, and southern Africa, where 16.4 million are at risk, the agency said.

Southern Africa. On 21 January the following statement was issued by the directors of key UN agencies, the Red Cross, the World Bank and others. "*As heads of the world's major humanitarian agencies, we call on the international community to respond appropriately to the human tragedy*

New and Noteworthy in Nutrition (NNN) aims to highlight new research, new programs, initiatives and innovations, indeed anything that's new, noteworthy and relevant to nutrition. NNN is written and edited by Stuart Gillespie (s.gillespie@ifpri.org), produced by Bonnie McClafferty and Nik Harvey of IFPRI, and distributed three times per year (in January, May and September) via print, email and web-postings. We are very grateful to the United Nations Children's Fund, the Micronutrient Initiative, the World Food Programme and the World Bank for providing funds to support NNN. The material contained herein is the responsibility of the editor, and should not be attributed in any manner to any institution.

of Labor and Human Welfare, Askalu Menkorious claimed Eritrea was suffering the worse drought it has ever experienced, with both of the country's main crop-producing areas badly affected. \$163 million, including 477,000 tons of food are needed.

North Korea. North Korea appealed late November 2002 for \$225 million of international aid, including one million tons of food aid together with support for its agricultural industry and health system. WFP was forced to cut off aid to DPRK several months ago due to a significant reduction in donations from donor countries. This was soon followed by the ongoing nuclear imbroglio with donors cutting off fuel aid, the DPRK withdrawing from the Nuclear Non-Proliferation Treaty, followed by the current standoff.

The European Commission meanwhile is supplying 9.5 million euros of humanitarian aid *"quite simply to save the lives of people in desperate straits, in keeping with basic humanitarian principles."* according to Commissioner Poul Nielson. 39,000 tons of cereals will be channeled through WFP, for the most vulnerable, and especially children and mothers of newborn babies.

HIV/AIDS

A lethal new variant. In past famines, food shortage was like a familiar virus, unpleasant and painful but one to which most people had resistance. But that was before AIDS. In a 19 November 2002 New York Times op-ed, Alex de Waal (HIV/AIDS advisor to the UN Economic Commission for Africa and director of Justice Africa) contrasts these pre-AIDS famines with their new variants in which hunger and HIV reinforce each other with catastrophic consequences. AIDS-affected famines are different than their predecessors. They are likely to be more deadly and less amenable to existing treatments because AIDS attacks exactly those capacities that enable people to resist famine. Dependency ratios may have actually decreased during pre-AIDS famine and there was always the fallback onto the labor power of young adults who were most likely to survive and pull their families through.

But AIDS has changed all that. Dependency ratios are increasing as adults, many of whom are HIV-positive, weaken and die faster. If sick and dying adults are also counted as dependents (which is what they are), the ratio is even higher. Other differences between pre-AIDS and AIDS-affected famines include the trend for sick urban employees to return to die in their villages, and the fracture of intergenerational knowledge transfer as parents die young leaving their children more likely to inherit debts than assets.

A fourth crucial difference – brought out well by UN Secretary General Kofi Annan in another 29 December NYT op-ed – is that, over and above the aggregate horror of AIDS, women are particularly severely impacted. In past famines women were biologically more likely to survive, more likely to know which famine foods to gather, and more likely to nurture and benefit from social networks. Yet now, in addition to their being biologically, socially and culturally more HIV-susceptible than men (with HIV rates 20% higher than men in Sub-Saharan Africa, and much higher in younger age groups) women are also more vulnerable to AIDS impacts. They are also less likely to avail themselves of health services for the treatment of opportunistic infections and more likely to forego food consumption in the household than men.

Stephen Lewis, the Secretary General's Special Envoy for HIV/AIDS in Africa stated late January: *"The incredible assault of HIV/AIDS on women in particular has no parallel in human history...the pandemic is preying on them relentlessly, threatening them in a way that the world has never yet confronted"*. Lewis was just back from a joint mission to southern Africa with James Morris, the UN Envoy for Humanitarian Needs in Southern Africa. Morris warned of future famines driven by AIDS *"without a radical and urgent approach, which addresses the terrifying reality of the pandemic and how it is indelibly woven with chronic food shortages"*

Financing the war. In a surprising move, US President George W. Bush pledged in his 28 January state of the union address, to treble spending on combating AIDS in some of the world's poorest countries to \$15 billion over the next five years, including \$10 billion in new money.

"This is a breakthrough, and we understand that the majority of this money is to be spent on anti-retrovirals and treatment - a real shift for a conservative administration," said Bono, U2's front man, who -- in an editorial in the Washington Post the previous day had said the speech was a chance to *"show what America is for, not just what America is against"*. Stephen Lewis praised the announcement as a *"dramatic signal"* that the US was ready to join the global fight against the disease. *"It gives leverage to activists everywhere to keep the pressure on. It transforms the response. It opens the floodgates of hope,"* he said.

Activists were however disappointed that only \$200 million of the new money each year will go to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with most being channeled into bilateral programs in 14 mostly African countries. (Ironically US Secretary of Health and Human Services, Tommy Thompson, has just become the chair of

the Global Fund's board.) The Global Fund has just \$2.8bn of the \$6.3bn it needs to pay for existing programs in the next two years. On 30 January the board approved the second round of grants since the fund's inception about a year ago. In all, 160 programs in 85 countries are being financed at a cost of \$1.5 bn for two years, renewable for a total of five years, and \$3.7 bn depending on performance. About 60 percent of the money will go for AIDS, and 20 percent each for malaria and tuberculosis. Yet, once these grants are made, the Fund will be nearly broke, and unable to call for another round of proposals until major new funding comes in. Another criticism is that the scaling up of funding will be slow, with major increases not until 2005.

Homeland security. The widely forecasted AIDS-driven social and political unrest is increasingly coming into focus as a not-too-distant future scenario. A report from the National Intelligence Council which prepares analyses for the American intelligence community, provides alarming estimates of HIV spread rates.

In Nigeria, Ethiopia, Russia, India and China, countries with more than 40 percent of the world's population, the number of infected people is projected to triple over the next eight years, reaching roughly 50 to 75 million in 2010. Nigeria and Ethiopia could be devastated, losing a big slice of government and business professionals and suffering a loss in economic growth and foreign investment (www.odci.gov/nic/pubs/index.htm). Visions of the failed states and power vacuums in the wake of such devastation have spurred a new wave of (self-interested) concern. Turning back the tide of AIDS impacts is becoming a homeland security issue.

US Secretary of State, Colin L. Powell recently said: *"One threat that troubles me perhaps more than any other does not come out of a barrel of a gun, it is not an army on the march, it is not an ideology on a march. It's called HIV/AIDS"* In another recent op-ed, Richard Feachem, executive director of the Global Fund to fight AIDS, TB and malaria, pointed out that for every person who died of war and violence in 2001, seven people died of one of these three diseases, nearly all of them children or young adults. *"Perhaps it's time to be alarmist"* said Feachem.

AIDS and food production. In one of the more rigorous analyses of the type and extent of AIDS impacts on rural households, Takashi Yamano of the Institute for Policy Studies, Tokyo and Thom Jayne of Michigan State University have uncovered some interesting and disturbing findings. Using a two-year panel of 1,422 Kenyan households surveyed in 1997 and 2000, they find that the death of a prime-age male household head is associated with

a 68% reduction in the net value of the household's crop production. Adult female mortality causes a greater decline in cereal area cultivated, while cash crops (such as coffee, tea, and sugar) and non-farm income are most adversely affected in households incurring a prime-age male adult death. There is little indication that households are able to recover quickly (*contact: jayne@pilot.msu.edu*)

Mainstreaming the response. More and more non-health developments professionals are making the connections between what AIDS is doing to the development landscape, particularly in Africa, and what they are supposed to be doing in their jobs. This was the one clear message of a flurry of workshops and seminars held 27-31 January on the issue of HIV/AIDS and food security in Washington DC. The events included participation by USAID, the Partnership to Cut Hunger in Africa, FAO, IFPRI, FEWSNET, MSU, Harvard University, Chemonics International, Abt Associates and the Corporate Council on Africa.

FOOD SECURITY, HUNGER AND POLITICS

"If at the end of my mandate all Brazilians have the possibility to eat breakfast, lunch and dinner, I will have fulfilled the mission of my life" Brazil's first elected leftist president, Luiz Inacio Lula da Silva, speaking to an estimated 200,000 supporters in Brasilia as he took office, 1 January 2003.

Which India? (Part 1) Thirty-five years after the Bihar famine, a recent issue of the "India This Week" had a front-page article under the headline: "India Makes Single Largest Donation to World Food Programme" referring to a contribution of one million tons of wheat for Afghanistan. The same issue carries a report from New Delhi that says *"In one of the single largest deals for wheat exports, India is selling 275,000 tons of the commodity to south-east Asia, with the bulk of it headed for Malaysia...."*

And, at the same time, in a move that's deepened confusion about New Delhi's stance on genetic modification, India has rejected a large shipment of food aid from the United States because it contained genetically modified food, according to the Financial Times, 3 January. The shipment of maize and soya was part of the US government's annual \$100m in food aid targeted to high malnutrition-prevalence regions of India. The US is appealing against the ruling in New Delhi. Last year the government gave the green light for the introduction of BT cotton in India - its first approval of a GM crop - though has since regularly held up or postponed approval of other such crops. *"There is no public health issue here - that is a red herring...India is developing its own GM variants and there are people on the government committee who are*

funding the research." says Kameswara Rao, head of the Foundation for Biotechnology Awareness in Bangalore.

Which India? (Part 2) Four hundred miles lie between the bursting warehouses of the Punjab and the "starvation pocket" of Baran district in the southeastern corner of Rajasthan. Rightly praised in the past for its success in averting mass famines, India has yet to deal effectively with the problem of chronic malnutrition. The persistent co-existence of starvation deaths with overflowing foodgrain stocks is another paradox. Wheat surpluses, currently at 60 million tons, can no longer be contained in existing warehouses and are being stored in rented fields, covered with tarpaulin. According to a New York Times article by Amy Waldman (2 December 2002), more is being spent on storage than on agriculture, rural development, irrigation and flood control combined.

Bowing to farm lobbies, the ruling BJP has been paying higher prices (\$219 per ton in 2002, compared with \$99 in 1997) and buying more grain from its big farmers. Meanwhile, food subsidies are being increasingly targeted to the ultra-poor under pressure from international lenders. But in practice politics and corruption limit access and many do not avail themselves of their entitlement. In addition to this, the over-farming is depleting state water and soil resources.

Meanwhile, as Baran suffers its third successive drought with rainfall down in 2002 by 70%, villagers are reported to be eating one meal a day, on good days, supplemented by grass. According to the People's Union for Civil Liberties, an Indian human rights group, at least 40 Indian tribals, mainly children, starved to death in December (www.reliefweb.int)

Seven ways to change the world. In an inspirational Martin J Forman lecture at IFPRI, 15 October 2002, David Beckmann, President of Bread for the World highlighted seven key lessons for changing the politics of hunger

First: anti-hunger advocacy is high-impact activity. Over the last three years, for example, Bread for the World has raised about \$150 for each \$1 spent.

Second: religious communities are a core constituency, and arguably a stronger and more consistent voice on hunger policy issues than any other set of institutions in this country.

Third: charities are becoming more strategic, networking more effectively, and engaged with governmental institutions in new ways.

Fourth: advocacy, religious and charitable organizations are not enough. Others are needed. With this in mind, leaders

from a diverse array of institutions have recently come together as the Alliance to End Hunger.

Fifth: Americans are ready to support the right kind of program to reduce hunger according to an Alliance study, with public support becoming much broader when a "liberal" call to do more is combined with a "conservative" commitment to making anti-hunger programs more effective, and more geared to encouraging self-reliance.

Sixth: \$25 million more is needed for political work against hunger. Based on U.S. Census data and a USAID study, Bread for the World has estimated that the United States could cut domestic food insecurity in half by 2010 – and do its share to cut world hunger in half by 2015 – for a total of \$7 billion a year. Given the 1:150 ratio (see lesson one) \$40 million a year is thus needed for political work to win the additional government funding. Various groups now spend about \$15 million a year on anti-hunger advocacy and related education, so \$25 million more is needed.

And finally: now is the time to build political will. Though recession and war are pushing millions more families into abject poverty, according to Beckmann, the US public are now more supportive of efforts to reduce hunger in the United States and worldwide.

Iraq. According to a survey UNICEF conducted with Iraq's Health Ministry, child-stunting rates have dropped from 32% in 1996 to 23% in 2002, with underweight dropping from 23% to 9%. *"It is undeniable that the oil-for-food program has had a positive impact on the well-being of children in Iraq"* Carel de Rooy, UNICEF representative in Baghdad told the Washington Post, 22 November 2002. Yet, there is still an unacceptably high number (1 million) of stunted children he said. Moreover, things are already getting worse. Iraq cannot presently pay for its quota of UN-approved humanitarian aid, as oil exports are significantly down as purchasers seek new suppliers in the face of possible war. Separately, the UN estimated, mid-January, that a US-led military campaign to overthrow Saddam Hussein could place about 10 million Iraqi civilians, including more than 2 million refugees and homeless, at risk of hunger and disease and in need of immediate assistance.

MICRONUTRIENTS

Hydro power. Yu Xiaodong, director of the Chinese National Public Nutrition and Development Center, said late October 2002 that nutrients will be added to purified water in the same way China iodized its salt years ago. After more than a decade's efforts, a research institute of fine chemical and biological engineering in northern Liaoning province has

invented a concentrated mineral liquid for water fortification. Water fortification is a cooperative project among the Chinese government, the Asian Development Bank (ADB) and UNICEF. According to Yu, the water is safe and costs almost the same as before. Water is only part of a larger plan that includes fortifying food. Iron-fortified flour is also under trial in western Gansu province and northern Hebei province. So far, 11 domestic firms have undergone tests in the fields of production technological processes, equipment, sanitation and management, and received the go-ahead from the government to sell iron-fortified soy sauce in the country.

Go mango. A randomized 4-month long mango and fat supplementation trial has shown improved vitamin A status among young Gambian children. The study by Bakary Drammeh of the University of Alabama and colleagues supports the use of dietary supplementation with dried mangoes and a source of fat as one of several concurrent strategies to help maintain vitamin A status of children where there is a severe seasonal shortage of carotenoid-rich foods (*J. Nutr.* 132, 3693-99).

Historically speaking. A recent paper by David Bishai of Johns Hopkins and Ritu Nalubola of the MOST, USAID program reminds us that the U.S. success with sustaining food fortification depended on the cooperative dissemination of an innovation through advertising by private industry, appropriate government action, counseling by private health care providers, and public health campaigns.

The success was accelerated by intentional efforts to communicate a positive cultural meaning to food fortification as a means to protect children from well-known and visible diseases, such as goiter or rickets, or, in the case of B vitamins and iron enrichment, to reduce the burden of pellagra and strengthen the vitality of the population. Concentration of food production among fewer and larger firms made implementation easier. Contemporary food fortification campaigns in developing countries are faced with several challenges in public health innovation. Strong development of a local food-processing industry, the commitment and support of local governments through effective legislation and monitoring, and a consumer culture that perceives gains from investing nominal amounts for personal health continue to be key factors in the long-term success of fortification programs.

The determining role of cultural change in the long-term success of fortification in the United States underscores the need for caution in adopting the American market-based approach to fortification. In the long run, a culture that is willing and able to pay for better nutrition will make fortification sustainable, because costs could then be borne by

the actual beneficiaries, and not donors or governments, conclude the authors. (*Economic Development and Cultural Change* 51(1) October 2002, 37-54)

Infant iron. The benefits and risks of frequently-prescribed iron supplements during infancy have not been well documented. In a recent study, Kay Dewey and colleagues from University of California, Davis, examined whether iron supplements affect growth or morbidity of breast-fed infants. Full-term infants in Sweden (n = 101) and Honduras (n = 131) were randomly assigned to three groups at 4 months of age: i) placebo from 4 to 9 m; ii) placebo from 4 to 6 m. and iron supplements [1 mg/(kg. d)] from 6 to 9 m; or iii) iron supplements from 4 to 9 m. All infants were exclusively or nearly exclusively breast-fed to 6 months and continued to be breast-fed to at least 9 months. Growth was measured monthly and morbidity data were collected every two weeks.

Among the Swedish infants, gains in length and head circumference were significantly lower in those who received iron than in those given placebo from 4 to 9 mo. The same effect on length was seen in Honduras, but only at 4-6 mo among those with initial hemoglobin (Hb) > or =110 g/L. There was no significant main effect of iron supplementation on morbidity, nor any significant interaction between iron supplementation and site. But for diarrhea, with both sites combined, among infants with Hb < 110 g/L at 4 m., diarrhea was less common among those given iron than in those given placebo from 4-9 m, whereas the opposite was true among those with Hb > or = 110 g/L (P < 0.05).

The authors conclude that routine iron supplementation of breast-fed infants may benefit those with low Hb but may present risks for those with normal Hb. (*J Nutr* 2002, 132(11):3249-55). In a follow-up study the authors found that the Hb response to iron was not a useful definition of iron deficiency anemia (IDA) at 4 months of age, and called for a reevaluation of the definitions of iron deficiency and IDA in infants. (*J. Nutr.* 2002, 132:3680-3686).

Connected to the hip bone. Dietary studies have suggested that people who consume large amounts of vitamin A in foods, multivitamins, or both are more likely to suffer hip fractures than are people who ingest modest amounts. New evidence bolsters these findings. Researchers led by Karl Michaëlsson of the University Hospital, Uppsala, Sweden have correlated men's blood concentrations of vitamin A with a later incidence of broken bones

Many multivitamins contain 5,000 I.U. while the US Institute of Medicine recommends that people get 2,300 to 3,000 I.U. of vitamin A each day, setting the safe upper limit around 10,000 I.U. The study -- which found that men ingesting as

little as 5,000 I.U. of vitamin A per day had elevated fracture risk -- calls for a lowering of this upper level, and a lowering of the amount of vitamin A in multivitamin tablets and fortified foods. Elderly people may be at special risk because they're slow to clear the vitamin from their bodies. Studies of animals have established that excess vitamin A stimulates the formation of cells that dissolve bone. None of this, the authors state, changes the priority for improving vitamin A status where people are at risk of vitamin A deficiency (*New England Journal of Medicine*, 23 January 2003).

Iodine networking. The new Network for Sustained Elimination of Iodine Deficiency (see NNN 37) is off to a quick start. Following the 2002 Salt Producers Meeting in Miami, where salt industry CEOs from 14 countries committed themselves to galvanizing national political will for sustaining salt iodization through Country Watches, the Network held a harmonization workshop in Cape Town to launch a network of resource laboratories for iodine determinations. Twelve resource laboratories, 2-3 in each of the WHO regions, are organizing their networks for providing quality assurance service in their respective areas. The governments of Panama, Zimbabwe, Bhutan, Macedonia, Peru and Thailand have made requests for assessments of national progress toward optimum iodine nutrition, and the Network partners are organizing a joint response in each case. This and other information on the progress to reach the UN goal is regularly posted on a Network's website www.IodinePartnership.net (contact: iodine@sph.emory.edu).

CHILD SURVIVAL, GROWTH & DEVELOPMENT

Underweight and mortality. A recent study by David Pelletier (Cornell/IFPRI) and Ed Frongillo (Cornell) has quantified the effects of changes in child weight-for-age on changes in child survival in 59 developing countries, using aggregate, longitudinal data at national and sub-national levels from 1966 to 1996. Mixed model analysis was used, to take advantage of the multilevel and longitudinal nature of these data sets. Changes in weight-for-age have a statistically significant effect on changes in child mortality, independent of socioeconomic and policy changes represented by the secular trend. The secular trend in mortality began earlier and leveled off at higher mortality rates in populations with a higher prevalence of malnutrition. Gaps in coverage of selective interventions are more likely and more serious in the more malnourished populations. Continued reduction in mortality, the authors state, will require improved targeting of selective interventions and general nutritional improvement to the most marginal populations (*J. Nutr.* 133, 107-119)

Three to five saves lives. The key finding of recent USAID-sponsored DHS analyses on birthspacing and mortality and morbidity is that children born three to five years after a previous birth are healthier at birth and more likely to survive at all stages of infancy and childhood through age five, than children born before three years. Risks increase after five years.

Compared to births occurring at 36 to 41 month intervals, births at 24 to 29 month intervals are associated with the following excess mortality risk: 26 % newborn deaths, 43% infant deaths, 51% under-five deaths. Longer birth intervals were also found to be associated with nutritional status improvements. Compared to 24-29 month intervals, 36-41 month intervals are associated with reductions of 28% and 29% in stunting and underweight rates, respectively (*USAID Research Update, December 2002, www.usaid.gov*).

Stunting and stress. In a case control study among Jamaican school children, Lia Fernald of the University of California, Berkeley, and Sally Grantham-McGregor of the Institute of Child Health in London found that stunted children were less happy, more inhibited and more frustrated than non-stunted children.

In an earlier study the authors had showed that 8-10 year old children from a longitudinal cohort who experienced early childhood stunting had altered hypothalamic-pituitary-adrenocortical (HPA) and sympathetic-adrenomedullary (SAM) system activity. This present study was a repeat with 31 newly recruited, stunted Jamaican school children and 31 non-stunted controls matched for sex, age and school. After controlling for covariates, stunted children were also found to have faster resting heart rates and higher concentrations of urinary epinephrine and norepinephrine, compared with non-stunted children. These results, the authors conclude, suggest that growth retardation is associated with alterations in stress-sensitive systems, particularly the SAM system, and that this connection may contribute to the poor levels of development observed in stunted children (*J. Nutr.* 132, 3674-3679)

Renewing commitment. WHO and UNICEF have jointly developed a Global Strategy for Infant and Young Child Feeding to revitalize world attention to the impact that feeding practices have on the nutritional status, growth and development, health and the survival of infants and young children.

The Global Strategy, endorsed in 2002 by the World Health Assembly and the UNICEF Executive Board, is based on the evidence of nutrition's significance in early life, and of the crucial role that appropriate feeding practices play in achieving child potential. The Strategy is the result of a

careful two-year participatory process that involved a re-examination of the fundamental factors affecting survival, growth, and development as mediated by feeding practices for infants and young children. At the same time, it renewed commitment to continuing joint action consistent with the Baby-friendly Hospital Initiative, the International Code of Marketing of Breast-milk Substitutes, and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.

The Strategy promotes six months exclusive breastfeeding, continued breastfeeding with adequate complementary foods and feeding for up to 2 years or longer, and related nutrition and care for the mother. The Health Assembly document containing the Global Strategy is available at: www.who.int/gb (contact: James Akre, WHO on akrej@who.int or Miriam Labbok, UNICEF on mlabbok@unicef.org).

Code violations. A recent study in the British Medical Journal says manufacturers of powdered baby milk substitutes are violating international codes when selling their product to West Africans. The research by Victor Aguayo (LINKAGES) and colleagues from AED, IBFAN and WHO was carried out in Togo - a country without legislation on the marketing of breast milk substitutes - and in Burkina Faso which has such legislation.

Focusing on health facilities, sales outlets, distribution points and the media, researchers found the code had been violated by 40 products, many made by national and international manufacturers like Danone and Nestle. Some companies failed to include a statement about the health benefits of breastfeeding, or instructions for the appropriate preparation or storage of formula milk, or a warning against the health hazards of inappropriate use. 90% of health providers in the study had never heard of the code, and almost two-thirds of mothers had never received any advice on breastfeeding.

In response, Danone was said to be "*particularly surprised*" by the allegations and said that only three of the 21 products named in the article were covered by the code of conduct. Since 1998, these three products have all carried labeling that highlighted the benefits of breast milk, it said. Nestle warned that it would scrutinize the allegations and take "*the necessary steps*" if it found any errors. (*BMJ* 326, 127, 18 January)

O B E S I T Y

Quantity or quality? In a 8 December 2002 article in the Washington Post, Douglas Besharov claimed that "*hunger has largely disappeared from America*" and that because the rise in obesity has coincided with increased spending on food programs, the solution is less food. This raised the hackles of two former local directors of the Women, Infants and Children (WIC) nutrition program who, in a letter to the Post, pointed out that periodic hunger can and does coexist with overweight and obesity, in the same family or the same person. "*Cost constraints have always limited the range of high-quality foods and the amount of education offered. Nutritionists in these programs know how to improve the food offered and how to deliver practical and motivating nutrition education. But they need the resources to do so*" stated Mary Arimond (IFPRI) and Wendy Wolfe (Cornell University).

Super-sizing comes home. Americans are eating too much at home as well as in restaurants where super-sizing has been building waiters' biceps for years, according to a recently published study by Samara Joy Nielsen and Barry Popkin (*JAMA* 289, 450-453). The study shows that, between 1977 and 1996, average portion sizes at home ballooned.

Moreover, home super-sizing seems to have been spurred by the larger portions being served in restaurants, according to Barbara Rolls, a professor of nutrition at Pennsylvania State University who recently published a study that showed people tend to eat whatever amount is put in front of them. Nielsen and Popkin examined data from two earlier surveys: the Nationwide Food Consumption Survey in 1977-78 and the Continuing Survey of Food Intakes by Individuals between 1991 and 1996. Together, the samples consist of 63,380 people ages 2 and older.

Examples of portion growth in this period include: a typical serving of potato chips jumping up from 1 to 1.6 ounces (an extra 93 calories), desserts from 4.2 to 4.8 ounces (55 more calories), hamburgers from 5.7 to 7 ounces (97 more calories), with the biggest growth apparently being in Mexican food where portions went from 6.3 to 8.0 ounces (an extra 133 calories). Multiply that over a year ...or a lifetime!

THE BACK PAGE

Malnutrition and the Global Burden of Disease.

Malnutrition is the main contributor to the burden of disease in the developing world. This is one of the main conclusions of a study by Majid Ezzati and colleagues who estimated the contributions of selected major risk factors to global and regional burden of disease in a unified framework.

For 26 selected risk factors, expert working groups undertook a comprehensive review of published work and other sources -- eg, government reports and international databases--to obtain data on the prevalence of risk factor exposure and hazard size for 14 epidemiological regions of the world. Results showed that childhood and maternal underweight were responsible for 138 million disability adjusted life years [DALYs] or 9.5% of the GBD, unsafe sex (92 million DALY, 6.3%), high blood pressure (64 million DALY, 4.4%), tobacco (59 million DALY, 4.1%), and alcohol (58 million DALY, 4.0%). Looking only at the poorest regions of the world, childhood and maternal underweight, unsafe sex, unsafe water, sanitation, and hygiene, indoor smoke from solid fuels, and various micronutrient deficiencies were the major contributors to loss of healthy life. In both developing and developed regions, alcohol, tobacco, high blood pressure, and high cholesterol were major causes of disease burden. (*The Lancet* 360, 9343, 2 November 2002)

ProNut-HIV is a new electronic forum that aims to share up-to-date information, knowledge and experiences on nutrition and HIV/AIDS. The topic of the first discussion group is nutrition care and support of people living with HIV/AIDS (PLWHA), and the goal is to enhance positive living through proper nutrition care and support by promoting a constructive dialogue between PLWHA, front line workers, researchers, HIV/AIDS specialists and policy makers. To subscribe to ProNut-HIV, email: majordomo@usa.healthnet.org.

Nutrition capacity. The UNU Food and Nutrition Programme (UNU/FNP) has launched the implementation phase of its Global Capacity Development Initiative, a series of 10-year capacity development action plans outlined by *ad-hoc* groups in Southern, East, West and Central Africa and Latin America.

Programme coordinator Cutberto Garza said in a January 2003 UNU Update that efforts so far had focused on Africa, where a series of leadership workshops have begun based on formats developed in Europe and emulated in the US and Latin America. Main objectives of the workshops are to enhance leadership skills among promising young African food and nutrition professionals, to promote the development

of strong networks among future leaders and to facilitate links between junior and senior professionals.

In some regions, the objective is to provide broad-based nutrition support to those with HIV/AIDS, while others aim to enhance the acceptance of nutritional advocacy and establish policies leading to nutritional advocacy modules. Key workshops were held between July and November last year in Kenya, Côte d'Ivoire and South Africa (http://update.unu.edu/issue22_7.htm).

Chennai. The 30th Session of the UN Standing Committee on Nutrition (SCN) will be held 3-7 March in Chennai, India. The symposium this year will be on mainstreaming nutrition to improve development outcomes. (www.unsystem.org/scn).

Taking advantage. To accelerate the pace of reducing world hunger, the International Center for Research on Women and the International Food Policy Research Institute are leading a four-year project in Africa--where the problem is especially severe--that will promote greater linkages between agriculture and nutrition, with careful consideration of factors that limit women's and men's contributions to family nutrition. The Agriculture-Nutrition Advantage program, funded by USAID will work with partners in Ghana, Kenya, Mozambique, Nigeria and Uganda. (soon-to-be-launched web: www.agnutritionadvantage.org)

Assessment tool. FAO recently released a tool for strengthening nutrition-relevant assessments from macro to micro levels, with the view to better positioning and strengthen community-based nutrition programs. The publication by Suraiya Ismail and colleagues is available from the Food and Nutrition Division (www.fao.org).

Fetal origins. The Second World Congress on Fetal Origins of Adult Disease will take place in Brighton, UK from 7th - 10th June 2003. The Congress will provide a forum for presentation and discussion of new work in this area, including epidemiological observations linking early growth with later disease, underlying biological processes, from gene/environment interactions to integrative physiology, new strategies for prevention and the implications of the fetal origins of disease for future nutrition programming (www.foad2003.org).

Mea culpa. Apologies to the observant reader who pointed out the incorrect author sequencing in the recent World Bank paper "*Prospects for Improving Nutrition in Eastern Europe and Central Asia*". The correct order is of course: Claudia Rokx, Rae Galloway and Lynn Brown.