

New & Noteworthy in Nutrition

Issue 37 May 20, 2002



This issue is dedicated to Dr. Abraham Besrat who sadly passed away, early last month, in Addis Ababa after a brief illness. Dr Besrat, a former Vice Rector of United Nations University, oversaw the university's postgraduate education program and was a staunch advocate for nutrition-relevant capacity development. He will be very much missed.

TABLE OF CONTENTS	
	PAGE
FAMINE IN SOUTHERN AFRICA _____	1
WORLD SUMMIT NEWS _____	1
HIV / AIDS _____	2
OBESITY _____	3
GENDER _____	4
CHILD GROWTH AND DEVELOPMENT _____	5
MICRONUTRIENTS _____	6
CAPACITY DEVELOPMENT _____	7
THE BACK PAGE _____	8

FAMINE IN SOUTHERN AFRICA

"During the drought in the early 1990s, you would see people eating green maize, but you didn't see people eating the roots of trees." Sister Agnes Eneyasicio, of St. Mary's Catholic Church, Ludzi, near the Malawian border with Zambia.

Southern Africa is again reeling from a devastating regional cocktail of drought, floods, economic downturn and political instability, all compounded by the raging HIV/AIDS pandemic. WFP's regional director for east and southern Africa, Judith Lewis, has warned that food has to start arriving in three-to-four months to avert an "all-out disaster."

The situation is particularly severe in Malawi. According to a recent WFP assessment, malnutrition rates are soaring in health and nutrition centers. The effect of HIV/AIDS was highlighted on the front page of *The Washington Post*, 10 May: "The epidemic has further cut into the country's crop production by leaving the elderly, children and orphans to care for the sick, assume the responsibilities of planting and

harvesting crops, or take odd jobs for extra income." *The Guardian* in the UK reported on 3 May that local organizations in Malawi are estimating up to 100 people are dying every day as a result of the worsening crisis. The UN estimates 700,000 tons of food aid are needed this year, and WFP is mobilizing resources. But it will take months for food to be channeled through Malawi's poor infrastructure.

To reduce its storage costs, and under pressure from the IMF, Malawi last year sold off virtually all of its 200,000-ton food stores. Subsequent requests to donors for help in replenishing the stores were refused on the grounds that it wasn't clear where the money had gone (though two investigations have yet to report). The government then took a \$35 million loan to import 135,000 tons of maize, only half of which has arrived. Maize prices are currently very high. The EU meanwhile is arguing that there is enough food in Malawi, and that what is needed is to provide the poorest with money, or work, to enable them to buy food. (check www.wfp.org for update).

WORLD SUMMIT NEWS

"I believe that if you took the world and you randomly re-sorted it so that rich people lived next door to poor people, so, for example, people in the United States saw millions of mothers burying babies who died from measles or malnutrition or pneumonia, they would insist something be done." Bill Gates at the World Summit for Children, 8 May 2002.

World Summit for Children. One of the most notable highlights of The UN General Assembly Special Session on Children in New York, 8-10 May, was the Children's Forum that preceded the main meeting. Four hundred young people from all over the world spent three days debating their own priorities, culminating in a pithy 700-word statement that was then read out to assembled summit delegates by Gabriela Arrieta of Bolivia and Audrey Cheynut of Monaco. This was the first time children had addressed the General Assembly. "We are not the sources of problems; we are the resources that are needed to solve them" was one memorable line.

Then the grown-ups got down to business, which unfortunately involved too much time arguing over language

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 Food and Agriculture Organization of the United Nations, the World Health Organization, 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 these funding institutions.

(this time it was the phrase “reproductive health services,” considered by some to be code for abortion services). As one delegate said, “Instead of basic information and basic health care services, women are being given ideology. Well, ideology won’t prevent HIV.” After hours grappling with four paragraphs, a 26-page declaration did emerge that solidified international commitment.

Major successes since the first World Summit of Children in 1990 include the near eradication of polio and the reduction in annual child deaths by nearly 3 million. Among the negatives are the rise of the AIDS pandemic and the slow and patchy progress with malnutrition reduction. The summit plan of action reaffirms many goals, including the reduction of child malnutrition among under-fives and low birth weight by at least one-third by 2015. This is followed by some specific elimination targets, for IDD (by 2005) and vitamin A deficiency (by 2010) and one-third reduction of anemia, including iron deficiency, by 2010. Other nutrition highlights of the Summit included the launches of GAIN and the IDD network described below.

GAIN launch. The Global Alliance for Improved Nutrition (GAIN) – a new alliance of public- and private-sector partners – was launched 9 May at the Children’s Summit in New York. Headed by Rolf Carriere, ex-UNICEF, GAIN seeks to leverage cost-effective food fortification initiatives aimed at alleviating micronutrient deficiencies and the devastation they cause to health, cognitive development and productivity in developing nations.

This is the first time major funding has gone into such a partnership aimed at preventing malnutrition. It is hoped that such an opportunity can be built upon to identify and implement sustainable national solutions to the full array of malnutrition’s causes. Unusually, the Board of GAIN is made up of ten voting members who each represent a constituency, not an organization, including four members representing developing countries and one each representing bi-laterals, foundations and private donors, UN and other multilateral agencies, industry, international NGOs, and scientific agencies. Funds available for the first year of GAIN activities will be between US\$20-25 million with more than US\$70 million committed over five years, including US\$50 million from the Bill & Melinda Gates Foundation (www.gainhealth.org)

New IDD network. On 8 May, The Network for the Sustained Elimination of Iodine Deficiency was launched at the New York summit. Panelists included Khaleda Zia, Prime Minister of Bangladesh, Ali Mohamed Shein, Vice President of Tanzania and Gro Harlem Brundtland, Director General of WHO. The event celebrated global progress on

salt iodization and announced a public, private, civil society partnership to eliminate IDD forever. In closing, the newly appointed UNICEF Regional Ambassador for CEE/CIS and the Baltics, Anatoly Karpov, referred to salt iodization as “a matter of national security in each and every country.”

New York Call to Action. The International Pediatrics Association announced a written pledge to support initiatives of WHO and UNICEF, including the Baby Friendly Hospital Initiative and the International Code of Marketing of Breastmilk Substitutes.

HIV/AIDS

“The way that the threat of transmission of HIV/AIDS from mother to infant is now being dealt with is a bigger threat to breastfeeding than the virus itself.” Announcement for World Alliance for Breastfeeding Action Global Forum 2, 23-27 September 2002, Arusha, Tanzania.

Global Fund. Many proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, whose governing board met in New York, 23 April, had to be significantly scaled down to make the first round awards deadline. Earlier, Richard Feachem (lately of University of California) had been selected as the Fund’s Executive Director. The fund allocated US\$616 million of the three-year pledged total of \$1.9 billion to prevention and treatment programs in more than 40 countries. Jeffrey Sachs of Harvard, who led the Commission on Macroeconomics and Health that led to the targets described below, hailed the first-tranche funding as “a tremendous breakthrough...the first shot of the Mercury program on the way to the moon.” But a lot more is needed, and fast.

Scaling up. As part of the background analysis for the commission, researchers led by Lilani Kumaranayake of the London School of Hygiene and Tropical Medicine investigated the likely costs of scaling-up antiretroviral (ARV) treatment for HIV/AIDS. The cost analysis included all countries in Sub-Saharan Africa and every nation with a per capita GNP below \$1200. It is estimated that less than one percent of all people currently living with HIV/AIDS and with access to health services receive ARVs. The estimated total annual amount (drug and infrastructure costs) that would be required from 2002 to scale-up ARV treatment to 65 percent of people living with HIV/AIDS by 2015 is US\$7-9 billion. The analysis assumed that ARV would only be delivered in the context of strengthened clinical management of HIV-related illnesses, which would require an additional US\$7 billion to provide this for 70 percent of patients by 2015. (*Commission for Macroeconomics and*

Health, Working Group Five Discussion Paper No. 19 (2001) www.who.int).

Another development in treatment was the recent announcement by WHO to add anti-HIV drugs to the official Essential Drugs List, used as a basis for regional discount buying of patented pharmaceuticals.

Unanswered questions. What is the impact of malnutrition on ARV efficacy? The impact of ARVs on metabolism? On milk composition in malnourished lactating women? What about the interactions of ARVs with specific micronutrient deficiencies? These are some, but by no means all, of the outstanding questions relating to nutrition and HIV/AIDS. Not only do these remain unanswered, many are not even being asked, according to Dan Raiten of NIH in recent presentations at the Berlin SCN meeting and the recent Washington DC International Food and Nutrition Forum meeting. What works in Cleveland may not work in Botswana, argues Raiten. The need to act now is no reason to bypass the development of an evidence base for programming.

AIDS and inequity. "It is ironic to think that donor campaigns to popularize condoms as a protection against HIV infection in modern Congo are in part necessary because of the conditions under which latex was collected for manufacture of European condoms in the early twentieth century." This from *AIDS in the 21st Century: Disease and Globalization* by Tony Barnett of the University of East Anglia in the U.K. and Alan Whiteside of the University of Natal in South Africa. To be released shortly, the book sounds a wakeup call that HIV/AIDS is a long wave "epidemic of globalization" that, as it unfolds inexorably, is leading to unprecedented intergenerational impoverishment. Published by Palgrave-Macmillan, the book has contributions from a number of influential individuals, including Peter Piot of UNAIDS and Jeffrey Sachs of Harvard (www.palgrave.com/catalogue).

Care of women. The JHPIEGO Corporation has begun working with the US Department of Health and Human Services and USAID to develop training and education programs in limited-resource settings on the Care of Women with HIV. The first product of this collaboration is a series of tutorials designed to provide physicians, faculty and healthcare trainers with the technical knowledge they need to provide high quality healthcare services to women with HIV/AIDS and to train other healthcare providers. To date, eight tutorials have been developed using, among other resources, AED's *HIV/AIDS and Nutrition* by Ellen Piwoz and Elizabeth Preble (www.reproline.jhu.edu).

OBESITY

The rise of size. During the 1990s the prevalence of obesity in the US almost doubled and now stands at nearly one in three. One in ten children are obese, according to the American Association for the Advancement of Science (AAAS) which met 14-19 February in Boston. The problem is particularly severe for groups of people from the developing world who have been exposed to developed-world diets (see also *NNN 36* on the fetal origins of disease).

Barry Bogin, a biological anthropologist at the University of Minnesota has studied a group of Mayans from Guatemala and compared them with Mayans who migrated to Florida and California about 25 years ago. After one generation of American food, children in the immigrant communities weighed, on average, 12kg (26lbs) more than their equivalents in Guatemala. The most striking example comes from the Pacific islands, home of the world's most obese communities. Stan Ulijaszek of Oxford University examined data from Rarotonga, the most economically developed of the Cook Islands. In 1966, 14% of the men on this island were obese. By 1996, that proportion was 52%, including, astonishingly, 100% of men under the age of 30.

Another Barry (Popkin), of the University of North Carolina, who has compiled studies of poor- and middle-income nations in Asia, Africa, the Middle East and Latin America, says that the emerging epidemic of obesity in the developing world could have even more severe consequences than elsewhere. Popkin claims that the obesity epidemic in the developing world will affect the poor more than the rich, for much the same reasons as in the developed world. A series of studies in Latin America shows that in urban areas, richer people eat more fruit and less sugar, and do more exercise, than their poorer compatriots.

The knock-on effects of this weight gain on patterns of disease will be dramatic. The number of new cases of adult-onset diabetes in China and India already exceeds new cases in the whole of the rest of the world. The challenge is to convince governments that malnutrition comes with different faces and that each one needs to be confronted. For a compilation of relevant papers on the nutrition transition and its health implications, see the special issue of *Public Health Nutrition* (volume 5, number 1A).

Catch 'em early. That's the message of a longitudinal study in China of nearly 1000 children initially aged 6-13 years whose dietary intake patterns were tracked over a six-year period. The study by Wang and others concluded that, even under conditions of rapid socioeconomic change, children are likely to maintain their dietary intake patterns from

childhood into adolescence. Efforts to promote healthy eating behaviors may need to focus more on younger children (*J. Nutr.* 132, 430-438, 2002).

But it may not be easy... A recent study by Donna Spruijt-Metz and others is the first to clearly demonstrate that child-feeding practices explain more of the variance in total fat mass than does energy intake in a bi-ethnic US population of young boys and girls (7-14 years). Total fat mass was positively correlated with parental concern with a child's weight and parental restriction of certain palatable snack foods, while it was negatively associated with parental pressure to eat.

As a cross-sectional study, nothing can be said about cause and effect and it may be that it highlights the fact that parents try (perhaps not successfully) to restrict food intake of heavier children and pressure thinner children to eat more. But it does support earlier work that shows that highly controlling feeding strategies may be related to problems of energy balance by interfering with children's ability to self-regulate their energy intake. Preventive strategies, the study argues, need to target caregivers as well as children, and well beyond the preschool years (*AJCN* 75(3), 581).

GENDER

Behind the enigma. More light has been shed on the "Asian Enigma," that curious interregional difference wherein South Asia has significantly higher child underweight rates than Sub-Saharan Africa, despite doing much better with regard to many long-accepted determinants of nutrition. The phrase was first coined by the late Vulimiri Ramalingaswami, Urban Jonsson and Jon Rohde some six years ago in a paper for UNICEF's *Progress of Nations* publication.

While the gap may be narrowing (if trends revealed in the ACC/SCN's *Fourth World Nutrition Report* persist), a recent IFPRI/Emory University study supported by SIDA, undertaken by Lisa Smith, Usha Ramakrishnan and others is generating some interesting findings. In 1996, Ramalingaswami et al. postulated that the difference is "rooted deep in the soil of inequality between men and women." The main finding of this recent study is that differences in absolute levels of women's social status between regions do not contribute substantially to the nutritional status gap (in fact, these differences are minor). It is the *impact* of women's status on the nutritional status of their children, however, that is much greater in South Asia than Africa, possibly three times as great.

The total contribution of women's relatively low social status (i.e., differences due to both levels and effects) explains

roughly 50% of the variation. The study goes on to estimate that gender parity in social status (as proxied by Norwegian data) would lead to a massive 24% reduction in child underweight in South Asia compared to just over 8% in Sub-Saharan Africa. Other important factors contributing to the nutritional status gap between South Asia and Sub-Saharan Africa included poor sanitation and the effects of rapid urbanization.

Women's status in Bangladesh. Data from the Helen Keller-supported Nutritional Surveillance Project (NSP) released in their November 2001 Bulletin No. 8 show that women are principal decisionmakers in less than 5% households with preschool children, but that these households "spend more on food, make better choices and enjoy a better nutritional status, even though they have a lower income than households with a male decisionmaker." The findings challenge the rationale of some programs that focus on caring practices without paying attention to social status and the need for empowerment. The earlier September 2001 Bulletin No 7 had presented disturbing data on the extent of female malnutrition in Bangladesh: 45% of the 57,000 adult women measured in 2000 had a BMI below 18.5 (contact: cd@hkidhaka.org).

Population slowdown. Replacement-level fertility is evidently not necessarily hard-wired in the evolution of populations, according to a recent UN report that reviews the status of the fertility transition and the processes that have led to the nearly universal reductions of fertility achieved so far. Until very recently it was conventional wisdom that population growth was accelerating and the earth would soon have to support upwards of 11 billion people (versus 6 billion today). According to this new scenario, slower population growth, with lengthy periods of below-replacement fertility, throughout this century will result in a peak population between 8-9 billion. (www.un.org/esa/population/publications).

New partnership. The World Bank and other partners are joining forces in a new initiative, *Nutrition and Gender: Community-Based Learning to Improve Women's Nutrition*. The approach is three-pronged, comprising i) community-level 'Action Learning Centers' in which various local groups working on gender inequality may apply for support for add-on nutrition programming/research through a small grants program, ii) two 'Regional Network Hubs' in West Africa and South Asia, and iii) an external secretariat, based at the International Center for Research on Women (ICRW), which will provide technical and administrative support, help establish the global knowledge network, and develop a strategy for advocacy and policy formulation using community-level findings. The partnership is in its final stage of approval as a new Development Grant Facility

(DGF) program aimed at utilizing Bank grant monies and catalyzing resources and support of other partners for innovative programs to address issues of global significance (contact: kkurz@icrw.org).

Community childcare. The *Hogares Comunitarios* Program (HCP), a government-sponsored program established in Guatemala City in 1991, was designed as a strategy to alleviate poverty by providing working parents with low-cost, quality childcare within their community. It works, according to an evaluation by Marie Ruel of IFPRI and colleagues, and with significant nutritional benefits. In the HCP model, a group of parents elects a neighborhood woman to act as a "caretaker" mother who then receives and cares for up to 10 children in her home, 12 hours a day, five days a week. During their stay in the *hogar* (daycare), the children receive care, hygiene, early child stimulation, and food. The program provides initial training for the caretaker mothers and furniture, cooking equipment, and supplies.

On a monthly basis the program gives approximately \$.60 per child per day to the caretaker for food, fuel, and educational material, as well as an "incentive" of \$3 per child attended per month, which is complemented by a \$5 per child contribution from the parents. The evaluation shows that the HCP is well-targeted, low-cost and has had a significant and positive impact on children's nutrient intake and dietary diversity: children participating in the program consume, on average, 20 percent more energy, proteins, and iron, and 50 percent more vitamin A than do control children (*IFPRI FCND Discussion Paper 131*; (www.ifpri.org))

Food for girls, not girls for food. In February 2002, the International Federation of Red Cross and Red Crescent reported, "... girls as young as ten are being offered for marriage in exchange for bags of flour in a desperate struggle for survival in parts of Herat and Farah provinces in western Afghanistan." Drawing upon the positive gains highlighted in a recent IFPRI evaluation of the Bangladesh Government's Food for Education (FFE) program, which involves take-home rations linked to school attendance, Akhter Ahmed, a senior research fellow at IFPRI, argues that an extensive and well-functioning FFE program in Afghanistan holds great potential for transforming "girls for food" into "food for girls' education." The Bangladesh program evaluation found that FFE had been successful in increasing enrolment (particularly among girls), promoting attendance, and reducing dropout. The program was quite well targeted and also led to significant improvements in household food security (www.ifpri.org/pubs/ib/ib4.pdf).

CHILD GROWTH AND DEVELOPMENT

Breastfeeding and IQ. Infants breast-fed for nine months grow to be significantly more intelligent than infants breast-fed for one month or less, according to a study published 8 May by the *Journal of the American Medical Association* (JAMA) and highlighted on the front page of *The Washington Post*. Results from the study, of more than 3,000 young men and women from Copenhagen, Denmark, show a strong "dose effect" up to nine months, when the effect ended. The study, the first to measure the effects of breastfeeding into adulthood, took into account 13 potential confounding factors, but the difference held up.

"The question that remains is what exactly is the aspect of breast-feeding that results in the greater intelligence," says one of the study's authors, June Machover Reinisch of the Kinsey Institute for Research in Sex, Gender and Reproduction. Some possible explanations are proffered, including the unique presence in breast milk of two fatty acids (DHA and ARA) associated with brain development; the bonding effect of breast-feeding that may promote the child's intellectual development; and the possibility that duration of breastfeeding is an "indicator of the interest, time and energy that the mother is able to invest in the child during the whole upbringing period" (*JAMA*. 2002; 287: 2365-2371).

Fatty fish and big babies. Pregnant women who never ate fish were more than three times as likely to deliver prematurely or have underweight babies as women who ate fish at least once a week, a new Danish study, published 23 February in the *British Medical Journal*, has found. An earlier study of women in the Faroe Islands, where fish makes up a large part of the daily diet, had found unusually few premature or low-birth-weight babies there, and some experiments with fish oil supplements have suggested that n-3 fatty acids in fish can play a role in the difference. The new study, conducted at the Skejby University Hospital in Aarhus, Denmark, involved more than 8,000 pregnant women who were surveyed twice during prenatal care about their diet. Those who ate no fish were 3.6 times as likely to deliver prematurely as those in the group that ate at least one main course of fish each week. The researchers suggested that pregnant women be encouraged to eat fish or take fish-oil supplements.

Sweet sixteen. Income earnings associate strongly with height. Not so surprising. But it is the height at aged 16 years that really counts, according to a study by Nicola Persico and other economists at the University of Pennsylvania, analyzing data from the UK National Child Development Study and the US National Longitudinal Survey of Youth.

But why? The authors suggest the answer/s lies in the “social and cultural stigma” of being a short 16-year-old.

Meat power. At the April 2002 FASEB meeting in New Orleans, Charlotte Neumann of UCLA and colleagues presented findings of a unique study of rural Kenyan school children in which meat-eaters were found to have better cognitive performance, physical activity and muscle mass growth than non-meat-eating counterparts (*FASEB abstract 744.6*).

Urban growth. How do feeding practices relate to height growth in children? In bivariate analyses of seven Latin American data sets, Marie Ruel of IFPRI and Purnima Menon of Cornell University show that feeding practices were strongly and statistically significantly associated with child height-for-age, especially after 12 months of age. Among other findings, multiple regression analyses revealed that better feeding practices were more important for children from lower, compared to higher, socioeconomic status. Urban mothers had consistently higher feeding practices scores than rural mothers, and their children had higher height-for-age at all ages. Although breastfeeding rates and duration were lower in urban than in rural areas, children’s diets in urban areas of Latin America were consistently better than those of rural areas from the age of 6 months (*IFPRI FCND Discussion Paper 130; www.ifpri.org*).

MICRONUTRIENTS

“I have often thought that for real dispersal of iron through the population, we ought to add it to gasoline because it has worked so well for lead.” From Bill Foege’s stirring keynote address to the conference on “Forging Effective Strategies to Combat Iron Deficiency” (*J. Nutr. 2002, 132: 790S-793S*).

Speaking of iron... We have learnt a lot in recent years about the significant cognitive effects of iron supplementation of children three years old or older, as summarized by a 2001 review of Sally McGregor (*J Nutr. 131 (suppl) 649-66S*). Now an important study by Rebecca Stoltzfus of Johns Hopkins and colleagues in Zanzibar has provided compelling evidence of a link between supplemental iron and language development in preschool children. The study also showed that the effects of iron on motor development were limited to children with more severe anaemia (baseline haemoglobin concentration <90 g/l), and that mebendazole had a positive effect on motor and language development, but this was not statistically significant (*BMJ 2001; 323: 1389*).

Corporate gains. Excerpt from the 4 February 2002 address by UN Secretary-General Kofi Annan to the closing session of the World Economic Forum in New York City:

“Sometimes companies can make a massive difference with really small investments. Take the case of the world’s salt manufacturers. Working with the United Nations, they have made sure that all salt manufactured for human consumption contains iodine. The result is that every year, more than 90 million newborn children are protected against iodine deficiency, and thus against a major cause of mental retardation. Let me challenge all of you to follow this example, and think of ways that your company can help mobilize global science and technology to tackle the interlocking crises of hunger, disease, environmental degradation and conflict that are holding back the developing world.”

Sprinkles or drops? In a prospective, randomized, controlled study in rural Ghana including 557 anemic children aged 6-18 months (hemoglobin: 70-99 g/l), a comparison was undertaken between microencapsulated ferrous fumarate plus ascorbic acid supplied as sprinkles to complementary foods versus use of ferrous sulfate drops. The anemia reduction rates were similar and side effects were minimal in both groups. The study by Stan Zlotkin and others at the University of Toronto is the first demonstration of the use of microencapsulated iron sprinkles to treat anemia. Improved ease of use may favor the use of sprinkles to deliver iron (*Am J Clin Nutr 2001 Dec 74 (6): 791-5*).

Fortified and fine. As part of the WFP-supported Vulnerable Group Development (VGD) program in Bangladesh, a pilot project is underway to gradually phase in micronutrient-fortified, ready-milled wheat in place of coarse grain food aid. Ultra poor ex-VGD women are employed in a Milling and Fortification Unit, managed by a local NGO, Jagorani Chakra. The initiative is showing such promising results in terms of improved nutritional status and economic empowerment of participating women, as well as reduced leakages, that plans are already afoot for scaling out to all other VGD areas by 2005, completely substituting coarse grain with milled and fortified wheat.

Maternal micronutrient supplementation and infant sequelae. Vitamin A supplementation in conjunction with iron supplementation of pregnant women once weekly from ~18 weeks of pregnancy until delivery did not improve growth or reduce morbidity of their infants during the first year of life, according to a randomized double-blind trial conducted in rural Indonesia by M K Schmidt and colleagues (*Eur J Clin Nut 56 (4) 338-346, April 2002*).

In another study by researchers from the National Institute of Public Health in Mexico and Emory University, presented at the April 2002 Experimental Biology meeting in New Orleans, multiple micronutrient supplementation of pregnant

women was found to have limited ability to improve early child growth (*FASEB abstract 744.8*).

In a study in Nepal, Parul Christian and colleagues from Johns Hopkins and the National Society for the Prevention of Blindness in Kathmandu found that whereas supplementation of pregnant women with either folic acid or folic acid/iron or folic/iron/zinc resulted in significantly lowered perinatal, neonatal and infant mortality, multiple micronutrient supplementation did not. The study suggests maternal nutrition may benefit infant survival by mechanisms that are not mediated by improved birth weight (*FASEB abstract 569.4*).

CAPACITY DEVELOPMENT

“All development agencies should contribute 2% of payments for external technical assistance to IUNS/UNU fund for advanced nutrition education/training.” Suggestion by Ted Greiner at the ACC/SCN Working Group on Capacity Development, Berlin, in March.

Systematizing capacity development. In January, two important papers aimed at strengthening professional capacity in nutrition management and capacity development were released by the World Bank's Human Development Network. The first paper by Richard Heaver provides a framework for looking at management and capacity development issues in community nutrition programs, and concludes by outlining a priority work program.

The second, by Heaver and Yongyout Kachondham, unravels the driving forces behind the dramatic reduction of malnutrition that occurred in Thailand in the 1980s and early 90s. The authors highlight several factors, including the development of *operational* nutrition investment plans, the massive mobilization of community-based volunteers, an inclusive planning and management process, community contributions facilitating ownership, targeting to high-risk groups and areas, strong technical backstopping and the judicious use of small amounts of aid for training and building program support capacity, rather than funding large-scale service delivery projects (www.worldbank.org/nutrition).

Fortifying capacity. In the first of its kind, the Micronutrient Initiative and the International Agriculture Centre in the Netherlands organized a short training course in March 2002 that aimed to expand the global pool of technical experts in order to assist agencies and governments to deliver a variety of food fortification programs and activities in developing countries (www.micronutrient.org).

Flexi-lending. The first Adaptable Program Lending operation for nutrition in the World Bank was approved in mid-March 2002, with the aim of assisting Senegal in attaining the Millennium Development Goal of halving child malnutrition by the year 2015. The Program aims to support Senegal's Nutrition Policy and strengthen institutional and organizational capacity through supporting public and private sector partners to develop, implement and monitor sustainable nutrition interventions. It represents a shift in paradigm away from therapy to prevention, from supplementary feeding to the proactive empowerment of mothers themselves to improve the growth of their children, using resources already available to them. A second innovative feature is the use of child growth data as indicators of community development, thus prompting communities themselves to analyze the situation, prioritize interventions and monitor improvements.

CDCynergy. A new interactive CD-ROM training and decision-support tool has been devised by CDC. *CDCynergy* is designed to help CDC staff and other public health professionals systematically plan communication programs within a health context by answering questions offered in a specific sequence. CDCynergy has three parts: a step-by-step guide, a reference library containing case studies, additional resources, consultants, tools for research, and media, and a workbook. A recently released communication guide focuses on micronutrient interventions (www.cdc.gov/cdcynergy)

THE BACK PAGE

AJFNS. The inaugural issue of the *African Journal of Food and Nutritional Sciences* (AJFNS) was launched in August 2001 in time for the Vienna IUNS Congress. As editor-in-chief, Ruth Oniang'o puts it in her foreword to the second issue, which came out in March 2002: "the baby AJFNS is now crawling and needs more nourishment from all of us..."

AJFNS aims to disseminate both academic research as well as information on national nutrition programs, with sections on policies, research, programs, reflections, student contributions and even abstracts in French. Recent highlights include articles on health-sector actions to improve nutrition by Robert Mwadime and a call for revitalizing agriculture-nutrition links by Ruth Oniang'o (www.ajfns.net).

Nutrition News for Africa (NNA) aims to disseminate state-of-the-art research and policy papers to African researchers, program planners, policy-makers, and opinion leaders working in the field of Public Health Nutrition. Distributed bi-monthly, NNA is supported by Helen Keller International (www.hki.org).

News from the new SCN. The SCN has been renamed whilst retaining its acronym. Following the 2001 reform of the UN ACC, the ACC/SCN will henceforth be called the United Nations System Standing Committee on Nutrition (SCN). The latest SCN News focuses on civil society and the UN system and contains a series of articles on preparations for the World Food Summit: Five Years Later, to be held in Rome in June 2002.

At the annual session in Berlin, March 2002, a collection of briefs, "Nutrition: A Foundation For Development," was released. The briefs are designed to facilitate the mainstreaming of nutrition within development policy. At the Berlin session it was also announced that, as from 1 August 2002, Catherine Bertini (ex-Executive Director of WFP) will be the new chairperson of the SCN. Participation in annual SCN Sessions continues to grow, in particular amongst NGOs and civil society. The 30th Session will be held from 3-7 March 2003 in Chennai, hosted by the M.S. Swaminathan Research Foundation (<http://acc.unsystem.org/scn>).

Opening portals. On 31 January, many thousands of doctors, researchers, health policy-makers and others in about 70 developing countries gained free Internet access to one of the world's largest collections of biomedical literature. The "Access to Research" initiative launched by WHO and the world's six biggest medical journal publishers enables accredited universities, medical schools, research centers and other public institutions in the developing countries to gain

access to journals that, until now, required subscriptions of up to US\$1500 per year or more (www.healthinternetwork.net)

WHO and the publishers will work with the Open Society Institute of the Soros Foundation network and other public and private partners to extend the initiative; for example, through training for research staff, and improving Internet connectivity.

Data. The University of California-Los Angeles (UCLA) has recently launched a website that contains an extensive collection of household data, including nutrition, for developing countries (www.ucla.edu).

Biotech. FAO has launched FAO-Biotech News, an e-mail listserv aimed at informing policymakers and technical decisionmakers about current developments and issues in agricultural biotechnology (www.fao.org/biotech/index.asp).

World Food Summit. The "World Food Summit: five years later" hosted by FAO in Rome, 10-13 June, will track progress since the 1996 Summit and consider ways of accelerating it. An electronic discussion on political will and resource mobilization, two major themes of the Summit, will precede it, organized by the Development Gateway (<http://developmentgateway.org/foodsecurity>). The next issue of NNN will focus on some of the nutrition-relevant highlights of the Summit.

MICS. UNICEF has developed technical tools for conducting Multiple Indicator Cluster Surveys (MICS) to monitor the well-being of children (www.childinfo.org/index2.htm)

NutritionNet is an interactive platform for nutrition professionals to share detailed knowledge about nutrition research and operations, has been initiated by MSF-Holland (www.nutritionnet.net).

Martin J. Forman Lecture, 2002. To be delivered by David Beckmann, Director of Bread for the World, at IFPRI in Washington DC this fall. Provisional date: October 15.