



## Editorial

One of the privileges of being the editor-in chief is that I get to read all the papers accepted for publication, and have the opportunity to comment on those that I feel offer important insights in to subjects that I am particularly passionate about. This does not mean that those papers that I do not comment upon are not of interest; I enjoy reading all the papers we publish and I hope you, our readers (and fellow contributors, reviewers, editors), also enjoy the diversity. If you have any comments about any papers or related matters to do with *Public Health Nutrition*, please get in touch.

In this editorial I want to highlight two papers published in this issue of the journal. The objective of the study by Aguayo and colleagues was to quantify the consequences of malnutrition on human capital and productivity, and to assess the potential benefits of improved policies and programmes to reduce malnutrition in Sierra Leone<sup>1</sup>. The paper arose out of a two-week workshop on nutrition policy and advocacy using PROFILES analytical and communication tools. The workshop was organised by The Ministry of Health and Sanitation of the Sierra Leone government, with technical support from Helen Keller International and UNICEF. The analysis was conducted by an intersectoral and inter-agency group of senior policy advisors representing eight different Ministries and the National Commission for Social Action. After ten years of civil war (with the first democratic elections in 2002), it was perhaps not surprising that the prevalence of both macro and micro-nutrient deficiency was serious; 46% of deaths were attributed to malnutrition, over five years this represents 74 000 deaths. Vitamin A, iodine, and iron deficiency affect large numbers of people, with both personal and community costs. The team analysed the economic and human capital costs of the burden of malnutrition; the impact on the countries capacity to solve their problems is severely affected by community wide impairment of intellectual function (associated with iodine deficiency), and work capacity (associated with anaemia). The government is developing a poverty reduction strategy, which the authors stress must give urgent policy and programme priority to: protect, promote and support optimal child feeding practices in the first two years of life; and to ensure that vitamin A, iron, folic acid, and iodine requirements are met. The authors propose a three-pronged approach to meeting requirements: appropriate supplementation; promotion of locally available nutrient rich foods, and where appropriate to explore fortification. All salt should be fortified with adequate levels of iodine. Aguayo *et al* conclude that a sustained investment in nutrition in Sierra Leone would avoid thousands of deaths,

improve the intellectual capacity of the population and reduce the enormous economic costs of malnutrition. They state that three conditions need to be met to achieve these benefits: to recognise that adequate nutrition is a prerequisite for poverty reduction and economic growth; that political commitment to improving nutritional status of the population be unambiguous and sustained; and that the programmes target the most vulnerable through cost-effective interventions. We await the results of this important activity and hope they provide a case study for successful and effective action; we hope that the government and international agencies involved will monitor the situation and report good news in a few years time.

Chopra<sup>2</sup>, in a sample of under five year old children in Hlabisa health district 200km north of Durban, KwaZulu-Natal, South Africa, has attempted to delineate risk factors for undernutrition within a broader ecological framework. He developed a conceptual framework linking in a hierarchical manner socio-economic, environmental and care factors to both acute (wasting) and chronic (stunting) undernutrition. He concludes while there are individual health and feeding behaviours that need to be addressed, maternal and socio-economic factors lead to constraints in the social environment that affect infant feeding and caring practices employed by women. Without addressing these 'deeper' constraints he concludes that nutrition promotion activities will not achieve their full potential. Undernutrition can not be viewed solely as an infant health problem that can be addressed only by improving maternal health care. Unless a broad multi-sector community-based approach is used to address the 'deeper' – or in the UNICEF model, basic and underlying – causes, together with improved 'clinical care', community health gain will be slower than it should be.

From a public health perspective the aim should be to solve the key problems of the most vulnerable within each community in the best and most effective way possible. There are important lessons to make sure that both the quantity and quality of diet are considered. It should not be assumed that what works to reduce acute undernutrition will also be effective for chronic undernutrition. It is tempting to suggest that if the basic and underlying causes of malnutrition are addressed communities may have greater scope to deal with acute problems as they arise, and that therefore our effort should be most vigorously directed toward alleviating poverty and inequity at a local, community, national, regional and international level. What these two papers highlight, again, is that if we are to really make a difference we have

to address the big picture stuff, and to make sure that nutrition figures high on the political agenda. Further, we need to make sure that if we are given an opportunity to engage at a high political level, that we make it work, for the politicians, but mainly for the people.

Barrie Margetts  
Editor-in-Chief

## References

- 1 Aguayo VM, Scott S, Ross J on behalf of the PROFILES Study Group in Sierra Leone. Sierra Leone – investing in nutrition to reduce poverty: a call for action. *Public Health Nutrition* 2003; **6**: 651–5.
- 2 Chopra M. Risk factors for undernutrition of young children in a rural area of South Africa. *Public Health Nutrition* 2003; **6**: 643–50.