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Editorial

In this issue of the journal we have papers reporting work undertaken in India, China, Japan, Nigeria, Indonesia, South Africa, Australia and the UK. I will highlight findings from just two of these later in this editorial.

I have been discussing with colleagues the best way to describe groups of countries from different parts of the world in a way that is not patronising and too long-winded. I would like readers to tell me what they think, so that we can agree a language that is internationally acceptable and that we can adopt for our journal.

Most commonly, countries are divided into developed and developing, or sometimes North and South, based on a measure of economic status, such as GDP. So, for example, even though Australia is in the South geographically, it is described as a North country. In some reports countries are divided on the basis of being above or below an infant mortality rate of 50. The terms 'developed' and 'developing' have connotations of hierarchy that some may find unacceptable; economic measures are not the only way to describe the level of development in a society. Personally – and it is just my view, not a consensus view of editors or the Nutrition Society – I think a developed society is one that has a clear and strong sense of collective social responsibility, where individuals express their social responsibilities rather than their individual rights. I may be naïve, but I have seen the most developed approach to community welfare and support in some of the poorest areas of the world. When I work in India I am struck by the sense of community responsibility that my Indian colleagues have – the sense of volunteerism (if such a word exists) to work for the good of the community. To me, India is a very developed society. Is it possible to summarise the heterogeneity of any country in a single category such as 'developed' or 'developing'? In England, life expectancy at birth differs by ten years depending on where a child is born and the level of family income and education. Should England be considered a developing country? Within any country there is a wide diversity of access to economic and other resources that have a powerful effect on health and well-being.

Perhaps the question to ask is what is the purpose of grouping countries? If it is simply a shorthand way of making communication more efficient, without conveying any sense of 'better or worse' in terms of culture or values, then that would seem acceptable. If it then enables resources and support to be targeted to reduce differences between countries, and within countries, then perhaps it does not matter what label is used. Please tell us what you think. Remember, one aim of our journal is to foster debate and discussion.

In this issue there are two papers that report the evaluation of programmes aimed at reducing vitamin A and iodine deficiency in Indonesia and Nigeria respectively[1,2]. Serum retinol was measured in semi urban and rural samples of children aged between 1 and 5 years in Semarang district, Central Java[1]. After supplementation, among recipients, the prevalence of low serum retinol fell from 19% to 14%. The coverage rate of supplementation was only 60%, and among non-recipients the prevalence of vitamin A deficiency rose by 6% from 32% to 38%. Non-recipients were different at baseline from those who subsequently received the supplementation. The authors argue for an integrated approach that covers more than one micronutrient and that targets malnourished children as a short term measure in high risk areas. They argue that consideration should be given to other longer term approaches such as fortification, and ultimately to improving food security through sustainable dietary diversity for the whole population.

In Nigeria, UNICEF[2] assessed the impact of universal salt iodisation during the last five years, with reference to estimates from sentinel sites during a 1995 baseline survey. Urinary iodine excretion was measured in 8 to 12 year old children randomly selected from schools in 11 government areas throughout the country. The results suggested that the goal of universal salt iodisation has been successful, and the authors concluded that attention must now be directed towards monitoring the sustainability of the programme.

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Editor-in-Chief

References

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2 Egbuta J, Onyezili F, Vanormelingen K. Impact evaluation of efforts to eliminate iodine deficiency disorders in Nigeria. *Public Health Nutrition* 2003; **6**: 169–73.

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