

Editorial

Who or what sets the international agenda for research and public health action? Is it based on evidence, fads, political ideologies or something else? Is there a role for public health nutritionists and our journal *Public Health Nutrition*? The journal has been established for over a year now and it is clear that many people have submitted papers that they would like to have published. We have been impressed with the breadth and quality of papers submitted and published and the journal has just been accepted onto Medline. We need to ask ourselves, and our readers, as to whether our journal is hitting the targets—are we providing a forum to discuss the big issues that affect global public health? Are we attracting the right sorts of papers that are really going to make a difference?

Smitasiri¹, commenting on the perception that ‘everyone says nutrition is important but no one does anything about it’, asked if nutrition is losing its own identity and whether nutrition has a role to play in human development. He put the challenge that nutrition workers must collectively provide the evidence that investment in nutrition will make a difference. We feel that a major role for *Public Health Nutrition* should be to provide the forum in which this evidence is presented. We believe that *Public Health Nutrition* has an opportunity to provide the essential link between research and practice that can lead to progress in nutrition-related health and have an impact on the quality of lives of people all over the world.

Up to now greatest emphasis has been placed on mortality; but what about those factors that affect the quality of life in children and adults? The working group meeting of ACC/SCN on micronutrient deficiencies² suggested that progress was being made in combating iodine and vitamin A deficiencies, but not iron deficiency. WHO recently estimated that nearly a third of the world population was anaemic, suggesting that as many as two-thirds of the population of the world may be iron deficient. Another report from the World Bank suggested that 88% of pregnant women in India, 52% of pregnant women in China and 64% of pregnant women in Indonesia were anaemic³. Anaemia and iron deficiency represent major public health problems globally, not just in developing countries. The solution to these problems is likely to be complex and not quickly solved by a medical model

centred on a magic bullet approach. *Public Health Nutrition* should be a forum for discussing the role of diet and nutrition and developing an integrated understanding of the aetiology and strategies for the solution of these problems. Some of these issues are discussed in this issue in a report of a workshop convened by the Wellcome Trust and USAID, held in Southampton in 1998.

Globally, the mix of nutrition-related problems is far more diverse, complex and dynamic than perhaps previously thought. The notion that chronic diseases of lifestyle only affect people in developed countries is wrong, both in absolute and relative terms. There is good evidence that malnutrition is not just seen in children in developing countries; in the UK a third of the over 75s have subclinical micronutrient deficiencies, that are known to limit their functional capacity⁴. The changing burden of health within developing countries against a background of very limited financial resources and inappropriate infrastructures raises series questions. Urbanization globally is placing huge strains on the capacity of urban centres to cope, yet, despite this, urbanization carries many benefits for many people—not least in terms of greater choice of foods and freedom from hard physical labour associated with farming. But is there a limit to the sustainability of these growing urban centres? Do resource-poor developing countries, with restricted access to global markets, have the capacity to cope with the growing burdens of chronic diseases associated with an ageing population? Should we be engaged in discussions about the burden of debt facing many developing countries and the impact this has on their capacity to solve their own health and educational needs?

Another important challenge is raised in the current issue of *Public Health Nutrition* about bioethical considerations that are required in research aimed at improving health and quality of life. The bioethical commentary links well with a letter we published in the June issue by Schuftan⁵ arguing for better horizontal and vertical linkages between ‘researchers’ and ‘the public’ and a more appropriate input from ‘the public’ in the conduct and implementation of research and action aimed at improving health. These challenge our current paradigms, and we welcome further comment and discussion on these important issues.

References

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- 2 ACC/SCN. *The Third Report on the World Nutrition Situation*. Geneva: Administrative Committee on Coordination/Sub-Committee on Nutrition (ACC/SCN), 1997.
- 3 World Bank. *Sector Strategy: Health, Nutrition, and Population*. Washington, DC: The World Bank.
- 4 Finch S, Doyle W, Lowe C, *et al.* *National Diet and Nutrition Survey: People Aged 65 Years and Over*. Vol. 1: *Report of the Diet and Nutrition Survey*. London: HM Stationery Office, 1998.
- 5 Schuftan C. Letter to the editor. *Public Health Nutr.* 1999; **2**: 231–3.

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