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# Editorial

Welcome to 2003, we hope you all have a safe and peaceful year. This year we are producing eight issues to cope with the increased volume of articles submitted and accepted for publication. We continue to be pleased about the breadth of countries represented by our authors, and by the topics covered. It remains our ambition to provide a forum for research into the causes of nutrition-related health, as well as research and experience into the best ways to improve nutrition-related health. We have to get the balance right between publishing papers that describe current patterns of nutrition and health, that elucidate new potential causes, and that describe the effectiveness of interventions or policies aimed at improving health and well-being. I welcome contributions that challenge current paradigms; I want the journal to provide space for ideas that may be controversial, but that make us think. In the spirit of this, we have introduced a column written by Geoffrey Cannon entitled 'Out of the Box'. I want us to use an evidence-based approach, because without evidence we are only guessing as to what is most effective. The journal should provide a forum to not only present the evidence, but also to discuss what it means and what action we should take to do something about the problems raised. This editorial highlights three papers.

Gundaard *et al.*[1] modelled different assumptions about the cost of changing fruit and vegetable intake and the impact that this would have on life expectancy and healthcare costs. Their model suggested that between 19 and 32% of cancer incidence could be prevented, and that life expectancy could be increased by just over a year if fruit and vegetable intake increased from 250 to around 500 grams per day. The aggregate healthcare costs were modelled to not go down as a results of these changes. This was because the resources saved by lower cancer incidence were offset by the fact that people lived longer and required more healthcare (hospitalisation and primary care costs) later on in their lives. The cost model did not allow for the cost of education and materials etc. associated with changing consumption. This paper raises some challenging issues about how to judge the value of a life to society, and how best to pay for it. Few would argue against improving the quality of life as well as reducing inequalities in life expectancy, but how these are paid for is likely to be more widely debated.

Khan and Ahmed[2] compared the relative cost efficiency of community nutrition centres (CNCs) run either by the Government of Bangladesh (GOB, 21 centres) or run by Non-Government Organisations (NGO, 14 centres) as part of the Bangladesh Integrated Nutrition programme (BINP: aims to enrol all pregnant women with a BMI less than 18.5 at three months of pregnancy as well as children with a weight for age less than 60% of the reference median). The cost of providing nutrition services per enrolee was US $24.33 for GOB and US $29.78 for NGO-run CNCs. As the authors acknowledge, they were only able to measure process (who received the supplement compared to who should have received it) measures, rather than measuring the impact the supplement had on nutritional status. Although the NGOs enrolled more subjects than the GOB-run centres, the number of 'active' participants was higher in the GOB centres; that is fewer of the NGO-enrolled subjects actually turned up for supplementation. It was expected by the authors that the NGO-run centres would ensure higher grass roots participation than the GOB-run centres, but this was not the case and the authors argued that the reasons for the relatively poor active participation in the NGO-run centres should be explored further.

The authors concluded with a very important further analysis: the BINP costs 20 cents per day to deliver 480 kcals; the same amount of money could buy 2000 kcals in the local market. There may well be other benefits of the BINP (such as education and community involvement), but the current scheme can not easily be justified on the basis of the cost of delivering energy to these vulnerable groups, irrespective of whether the GOB or NGOs run the programme. A more targeted approach using the same amount of money may be more effective, but without objective data as to the impact on nutritional status it is difficult to justify continuing the programme in its present form. To run the BINP for the whole country would cost US $150 million, the question must be asked as to how best to use this resource to improve the nutritional status of the most vulnerable.

Another paper published in this issue is a review of the underlying issues related to dietary change in the Federal States of Micronesia (consists of four States; 607 islands, and just over one hundred thousand people)[3]. Most of us know very little about this part of the world. The review suggested that nutritional status (low rates of malnutrition and little evidence of specific micronutrient deficiencies) prior to contact with Europeans was reasonable. Dietary patterns changed substantially since the second world war, with a shift away from starchy staples, fish and

seafoods to higher consumption of imported rice and more refined foods. Disease patterns over the same time changed from those associated with infectious diseases and intestinal parasites to increased rates of diabetes and hypertension. Vitamin A deficiency has also become more prevalent. It is not clear what the net effect on life expectancy and quality of life has been. It is becoming clear internationally that the worst off in any society, and in particular those living in countries going through the nutrition and epidemiological transitions, suffer the adverse effects of excess as well as deficiency. It is a global challenge to reduce the burden of over and undernutrition that occurs within and between countries.

Englberger *et al.*[3] conclude that inconsistent internal and external government policies and food aid programmes have contributed to the problem in the Federated States of Micronesia. I suspect the same could be said of the situation in most countries. The Indaba declaration published in Public Health Nutrition late last year[4], calls for "the protection, development and creation of food systems that are appropriate, sustainable and dynamic, designed to preserve, strengthen and improve the human and also the living and natural world". Enough said.

Barrie Margetts
Editor-in-Chief

## References

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