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# New & Noteworthy in Nutrition

Issue #36 January 1, 2002



**New and Noteworthy in Nutrition** started life in 1988 as an internal memo from Alan Berg to his nutrition-friendly compatriots in the World Bank. It grew in scope, size and readership, and by the time the “final” issue (number 35) was distributed in July 2000, it had well and truly defined its niche in this golden age of the newsletter. NNN stood out as a pithy, irreverent and highly informative read on nutrition matters worldwide, which often helped connect people through revealing shared ideas and initiatives. There was no place for institutional PR or design wizardry. Following its premature demise, Alan received calls for NNN to be revived, and came to us (see next column). As avid readers ourselves, we welcomed the challenge.

So, after an 18 months break, here is issue number 36. NNN will be written and edited by Stuart Gillespie, and produced by Bonnie McClafferty and Nik Harvey of IFPRI. We aim to broadly keep the style of the original, whilst broadening the scope to include the news and views of a range of actors in international nutrition. The idea is that NNN will provide a conduit for a dynamic interchange between research and development communities on nutrition-relevant issues. It seeks to inform and stimulate, not to educate. We welcome and encourage your contributions, ideas, items if you feel you have anything new and interesting to say (please contact: [s.gillespie@cgiar.org](mailto:s.gillespie@cgiar.org)). NNN will initially be produced three times per year, via print, email and web-postings. We hope you find it stimulating and useful. Let us know!

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## Friends of Nutrition...

To many it will come as no surprise that when I went shopping to locate a new home for our little nutrition newsletter it was IFPRI that graciously agreed to take it on. IFPRI, after all, has in recent years become more and more central to the international nutrition community. It is doing markedly more work in nutrition at a time nutrition budgets have declined in certain institutions -- some of whose nutrition programs are even struggling for survival. Under Per Pinstrup-Andersen's noble leadership (words that are not used loosely here), IFPRI has been prolific in getting out its nutrition-related reports, a number of them on the cutting edge of thinking in the field. (No doubt this was a factor in Per being selected as the recipient last month of the World Food Prize.) IFPRI also has taken on a load of work of broader interest to the nutrition community -- for instance, it undertook most of the work for last year's ACC-SCN *Fourth Report on the World Nutrition Situation*, worked with ADB on defining nutrition policies and priorities in Asia, helped support *The World Bank-UNICEF Joint Nutrition Assessment* (coming out shortly), and has agreed to manage and host the annual Martin J. Forman Memorial Lecture.

The old NNN, we were told, apparently met quite different needs of quite different readers. For some it was the information about innovative programs and new technologies that they found helpful. For others it was the look at the implications for nutrition of larger political (and development) news. Some say they appreciated the candor about programs being touted by this or that major institution. (Stuart has committed himself to present his findings and views about them in unvarnished form.) And seen as most useful and relevant to their work by the largest group of respondents to the last evaluation of NNN were the reports of important research findings, as soon as the research was completed or even, sometimes, as the results were unfolding. (Otherwise, we were told, it often took up to two years from the time a manuscript or a professional journal was dropped in the mail in, say, Boston or Capetown and when it was published and available for reading in, say, Jakarta or Delhi.) A good illustration of such timeliness appears in this issue with the remarkable -- and potentially potent -- preliminary results of the *Morinda Revisited* study by Jim and Dora Levinson; the fieldwork for this was completed the week before Christmas.

Thank you IFPRI for taking this on. I look forward to reading and enjoying future issues. And learning from them.

*Alan Berg*

We are very grateful to the United Nations Childrens 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.

## FANATICS OR FOOD?

"We have seen the human toll from the recent attacks....But there is another human toll that is largely unseen and one that will be felt in all parts of the developing world, especially Africa. We estimate that between 20,000 and 40,000 more children will die worldwide and some 10 million people will be condemned to live below the poverty line of one dollar a day because of the terrorist attacks....When you have a combination of global downturn and severe drops in commodity prices and a huge reduction in international trade, the people who suffer most are clearly in the developing countries." (*World Bank President James Wolfensohn, quoted in the International Herald Tribune after the September 11 terrorist attacks on the USA*)

In his 2001 World Food Prize Laureate Address, Per Pinstrup-Andersen, IFPRI's director-general, started by drawing the links between the extreme misery caused by widespread poverty and malnutrition and burgeoning fundamentalism. Fanatics like bin Laden are not poor, but they derive their justification from poverty, and thrive on desperation. It has been said many, many times, and it remains a source of deep global shame, that we continue to live in a world where 5-7 million children die every year from nutrition-related illnesses, when the means exist to prevent them from dying. Last month, WHO released a powerful report, dryly titled *Investing in Health for Economic Development*" by its Commission on Macroeconomics and Health. The commission, politically fireproofed with Harvard's Jeffrey Sachs as its chair, Eduardo Aninat, the IMF's deputy managing director and Supachai Panitchpakdi, designate director-general of the WTO among its members ([www.who.int](http://www.who.int)), spells it out once again...poverty causes disease and malnutrition, which in turn causes poverty.

But it goes much further and much deeper to provide a roadmap for what can and should be done to achieve the 2015 development targets, and how much this would cost. If the richer countries were to allocate just 0.1 per cent of their collective GDP, that is, around \$30 per head of basic health spending in the developing world, 8 million lives would be saved. In this light, Britain has called for another 'Marshall Plan' which would dramatically increase spending on global anti-poverty, education and health programs by up to \$50 billion annually, doubling official foreign aid at one stroke. The usual excuse – that it is not clear what can be done, and moreover done cost-effectively -- no longer exists (moral imperatives aside!). It is now a matter of political choice, between choosing to act to help develop the ability of people to ensure their health and well-being, or choosing "business

as usual" and the perpetuation of desperation and all that goes with it.

## HIV/AIDS

**The most devastating disease in history.** In December 2001, UNAIDS released more chilling figures on the extent of the HIV/AIDS global pandemic ([www.unaids.org](http://www.unaids.org)). Every day, 8,000 adults and children die (that's one every 10 seconds) and a further 14,000 become infected with HIV -- which itself is effectively a death sentence for the majority in the developing world. Life expectancy in Sub-Saharan Africa is now below 40 years for many countries. Demographic pyramids are no longer pyramids, they're more like apple cores, with children and the elderly significantly outnumbering young adults. 40 million individuals are currently living with HIV/AIDS.

**Declining capacity and the imperative for international action.** One of the most profoundly disturbing aspects of HIV's grim progression, is that as the prevalences rise, so the capacity to act declines, as health workers and government officials die. Many ministries in sub-Saharan Africa have instigated funeral attendance rotas. Meanwhile, the international response, despite Kofi Annan's continual striving, remains not only woefully inadequate but, unless the situation turns around soon, a major blot on our global conscience. Future historians will have much to puzzle over. As Amil Attaran of Harvard's Kennedy School of Government put it in the Boston Globe: "For an effort meant to save millions of lives, our contribution is about what it costs to build 20 miles of freeway." A bipartisan bill does exist that authorizes \$1.3 billion to prevent new HIV infections; to care for those with AIDS; to feed, clothe, and teach AIDS orphans; to supply life-saving AIDS medicines; and to research vaccines. \$1.3 billion still only scratches the surface, but it would be an excellent start. \$9 billion per year is required for the UN Global Fund.

**Mainstreaming the response.** In recognition of the growing impacts of HIV/AIDS on food and nutrition security, the Consultative Group on International Agricultural Research (CGIAR) recently launched a Global Initiative on HIV/AIDS, Agriculture, Food and Nutrition Security (GIAAFS). The aim is to increase understanding and communication of the two-way links between HIV/AIDS, agriculture, food and nutrition security; to develop and disseminate innovative gender-sensitive policies, technologies and methodologies emanating from such research; to step up efforts in information sharing and capacity development for national and international R&D

agencies in the context of the HIV/AIDS challenge. National-level ownership will be maximized through the proactive involvement of relevant local networks and alliances at all stages in the project development process -- including in particular the forging of partnerships between the public health and agriculture sectors (contact [s.gillespie@cgiar.org](mailto:s.gillespie@cgiar.org))

**Negative spillover.** Parent to child transmission is clearly one of the major nutritional issues regarding HIV, and one still mired in controversy. A recent paper has examined the effects of the "informed decision" policy on child survival. How can informed decisions be made without information (in this case, on the survival rates of artificially-fed babies)? There is evidence of spillover effects whereby HIV-negative mothers are choosing not to exclusively breastfeed. Factoring in reasonable estimates of these spillover effects, a recent simulation (*Walley et al., Medical Science Monitor (2001, 7 (5), 1043-51)*) suggests that infant mortality will increase, even in middle-income countries. The International Baby Food Action Network (IBFAN) warns that baby food companies are exploiting this situation.

**Meanwhile....**Quote from a Nestle manager concerning the establishment of a "Nutrition Institute" in South Africa "The long term goal is to improve nutrition in southern and east Africa, in particular nutrition used [*sic*] in the HIV vertical transmission programme through infant formula."

**Safe feeding.** A recent report by the SARA program (Support for Analysis and Research in Africa) of the Academy of Educational Development (AED) recommends an approach of exclusive breastfeeding for six months followed by an early transition to exclusive replacement feeding for reducing postnatal transmission of HIV. The report by Ellen Piwoz and others offers guidelines and a step-by-step process for easing such a transition. ([www.aed.org/sara](http://www.aed.org/sara)). This follows the excellent *HIV/AIDS and Nutrition* by Piwoz and Preble, now a year old, but still essential reading.

**Power of A.** Delayed growth among children suffering from HIV, malaria and persistent diarrhea could be alleviated with vitamin A supplements, a new Tanzanian study in the January 2002 issue of *Pediatrics* indicates ([www.pediatrics.org](http://www.pediatrics.org)). Researchers from Muhimbili University College of Health Sciences in Dar es Salaam and Harvard University claim that vitamin A supplements "could constitute a low-cost, effective intervention to decrease the burden of growth retardation in settings where infectious diseases are highly prevalent." Over a 12-month period, the researchers studied 554 Tanzanian children under age 5, 24 percent of who suffered from malaria, 9

percent of who were infected with HIV and all of whom were initially hospitalized with pneumonia. The researchers found two initial doses of vitamin A (higher than standard doses, yet still within a safe range) followed by another two doses four months later led to an average height increase of one inch more than the average for children given a placebo. Height increases were particularly significant among HIV-positive subjects. Weight increases were also attributed to the vitamin, with those who got supplements registering an average gain of one pound more than those taking the placebo.

**The orphan crisis.** Research in Tanzania by Martha Ainsworth and her colleagues at the World Bank has shown that maternal orphans and children in households with recent adult deaths have delayed primary school enrolment and a higher risk of stunting. The bulk of the burden of the orphan crisis is being borne by poor households, and public response has been slow, according to an excellent working paper *Social Protection of Africa's Orphans and Other Vulnerable Children* by K. Subbarao and colleagues at the Bank. Traditional coping mechanisms including extended families are being overwhelmed by the numbers, but any public response needs to start by strengthening, not supplanting, these mechanisms. The paper goes on to review existing initiatives with a view to distilling good practices in program design, particularly the difficult issue of targeting ([www.worldbank.org](http://www.worldbank.org)).

**Recently published.** FANTA has published *HIV/AIDS: A Guide for Nutrition, Care and Support* which aims to help development program managers make recommendations on food management and nutritional issues for households with members who are HIV-infected or living with AIDS ([www.fantaproject.org](http://www.fantaproject.org)).

## HUMAN RIGHTS

**United Peoples.** The secretary general of the United Nations, Kofi Annan used his acceptance of the Nobel Peace Prize to challenge those who run the U.N. member states to put individual rights ahead of outdated notions of sovereignty and national advantage. "In the 21st century I believe the mission of the United Nations will be defined by a new, more profound, awareness of the sanctity and dignity of every human life, regardless of race or religion. This will require us to look beyond the framework of states, and beneath the surface of nations or communities. We must focus, as never before, on improving the conditions of the individual men and women who give the state or nation its richness and character."

**New roles.** A similar language is being spoken elsewhere. “NGOs need to reject the role of apolitical welfare provider and move towards adoption of a human rights-based framework to guide their language, standards, goals, relationships and activities” said Tim Frankenberger of TANGO International in a special lecture at the Vienna IUNS in August. And in order to shift in this direction, there’s a need to dig deeper in the analysis of contextual factors that condition the nutrition problem. The sustainable livelihoods approach, Frankenberger suggests, could be used to facilitate this, as it puts the poor at the center of the analysis, it emphasizes people’s capabilities as participants in their own development and it facilitates the linkage of local perspectives with higher-level policy design processes.

**Value added.** But what is different or better about a rights-based approach to development? A recent book *To Claim our Rights* by Caroline Moser and Andy Norton of the Overseas Development Institute in London, reviews key elements in human rights, livelihoods and sustainable development debates and identifies areas of common concern. They suggest the concepts of livelihoods and sustainable development both require a stronger analysis of power relations, institutions and politics. A human rights framework provides a useful entry point for the analysis of asymmetries in power and the institutions which reinforce these unequal relations. A conceptual framework for the analysis of the human rights dimensions of livelihoods is developed, supported by case study material ([www.odi.org.uk](http://www.odi.org.uk))

## SUCCESS STORY

**Morinda revisited.** If there still is doubt in development institutions about the possibility of improving dramatically the nutrition status of young children, it should be dispelled by a new study by Jim and Dora Levinson (he of Tufts; she of Putney) of children from villages surrounding the town of Morinda in India’s Punjab. In 1971 Jim did his doctoral dissertation (later published as *Morinda: An Economic Analysis of Malnutrition Among Young Children in rural India*, as part of the Cornell/MIT International Nutrition Policy Series), based on an examination of 500 children, aged 6-to-24 months, in 18 villages. Now, exactly 30 years later, a return study was made to assess changes in nutritional status, malnutrition causality, mortality, and gender discrimination. The striking results show that severe malnutrition, 8.3% in 1971, has disappeared. And the percent of moderately malnourished children is down from 39.5% to 13.7%. The current nutrition status figures are comparable to those in such semi-industrial countries as Turkey and Mexico. The figures for those agriculturalists owning their land are comparable to those in Russia. Importantly, gender differences narrowed considerably. Over the 30-year period,

moderate plus severe malnutrition among the girls dropped from 69% to 17%; among boys from 35% to 11%. Of the severely malnourished children in 1971, 87.5% were girls, the most extreme gender difference in nutritional status ever recorded in India.

What caused the striking improvements? Although regression analysis for the study is yet to be completed, the doubling of food grain yield per hectare and the related doubling of income (relative to the cost of living) – even among landless agricultural laborers – no doubt played a significant role. But it wasn’t just that. For instance, in 1971, 55.8% of mothers held the belief that marasmus was caused by the casting of a shadow. Now not a single mother could be found who believed that. Clearly some effective nutrition communication had taken place. Although the literacy rate of the mothers nearly quadrupled during the three decades-- to 84.8%, it is noteworthy that today the number of years of schooling of mothers of well-nourished children is not all that different from mothers of malnourished children. For those intrigued by the notion that much low birth weight and related early childhood malnutrition is a consequence of mothers consciously ‘eating down’ during pregnancy to avoid a difficult delivery, it is of interest that 25% of the mothers of moderately malnourished children decreased their food consumption during pregnancy, compared with 13.7% of mothers of children with normal nutritional status.

## NUTRITION AND CARE

**Education, education, education....** A study by Marie Ruel, Margaret Armar-Klemesu and Mary Arimond in urban Ghana has found that children whose mothers had poor childcare practices were up to three times more likely to be stunted compared to those whose mothers had good care practices ([www.ifpri.org](http://www.ifpri.org)). Optimal feeding practices during the first 6 months of life contribute to the prevention of growth faltering among young infants in Accra and the benefits may linger beyond the first year of life. Education was the characteristic most strongly associated with good childcare practices. A related study found that good (or bad) practices tend to cluster, both within dimensions of care such as hygiene or feeding, and across dimensions. Also, research suggests that there may be a threshold or a minimum number of good practices necessary for health benefits to be obtained. For these reasons, composite indices or summary measures that combine various practices in one index seem promising.

**...and education.** In another study by Luc Christiaensen and Harold Alderman of the World Bank which examined household data from three consecutive welfare monitoring surveys in Ethiopia over the period 1996-1998, household

resources, parental education, food prices and maternal nutritional knowledge were identified as key determinants of growth faltering. Income growth is important but it will not be enough. Universalizing access to primary schooling for girls has slightly more promise. The study, however, suggest that to reduce child growth faltering in Ethiopia in a significant and timely manner, targeted child growth monitoring and maternal nutrition education programs will be needed in conjunction with efforts to promote private income growth and formal schooling. ([www.worldbank.org/afr](http://www.worldbank.org/afr)).

**More or better?** Would the generous availability of a ready-to-use nutritionally adequate complementary food supported by intense encouragement to use it in optimal amounts, starting at 4 months and continued through 12 months of age, substantially prevent growth faltering in low socioeconomic settings with concurrent high morbidity rates?. Big (and long) question, but apparently not such a great impact. At least not in a recent study in an urban slum in New Delhi where only a small impact on weight gain and no significant improvement in length gain was found (*Bhandari et al, J Nutr 2001, 131, 7, 1946-51*). Kate Dewey of University of California at Davis comments later in the journal that "this is one situation in which "more" is not necessarily "better," because of the tradeoff between intake of complementary foods and intake of breast milk." Planners sometimes justify providing more complementary foods than are needed, to allow for individual variability and the possibility of catch-up growth, but in so doing they increase risks of "overshooting." Nutritional counseling alone resulted in smaller but significant increases in dietary intake without affecting breastfeeding.

In another recent study in periurban Guinea-Bissau, therapeutic feeding and micronutrient supplementation was found to have had an immediate and sustained beneficial effect on the growth of under-three year old children with persistent diarrhea (*Valentiner-Branth et al., AJCN 2001 73,5, 968-74*)

**IMCI improves child growth.** A randomized trial with a blind outcome evaluation involving all 28 government health centers in a Southern Brazil city comparing nutrition outcomes of under 18 month old patients of two groups of doctors (with and without nutritional counseling training) found that training improved doctors' performances, maternal practices and the diets and weight gain of children. (*Santos et al., Journal of Nutrition, 2001;131:2866-2873*.)

## MICRONUTRIENTS

**Just do it.** Brazil, a country of 172 million inhabitants, has recently made the decision to move from voluntary to mandatory fortification of wheat and corn flour with iron. The Micronutrient Initiative (MI) ([www.micronutrient.org](http://www.micronutrient.org)) has been providing technical and financial support to the Ministry of Health to implement the project through PAHO Washington, and directly to EMBRAPA, the research agency of the Ministry of Agriculture.

**Regional differences.** Anemia was found to be more prevalent in African than Southeast Asian school aged children, according to an eight-country study (*Public Health Nutrition 4 (3), 749-56*). And boys were more anemic than girls. The study pointed up the need for de-worming and multiple micronutrient supplementation including iron.

**Universal iron.** The MI-supported Iron Deficiency Project Advisory Service (IDPAS) has been involved during 2001 in expanding, strengthening and accelerating work to improve iron nutrition in developing countries and countries in transition. Over 800 documents including international scientific literature program guidelines, case studies and other materials related to iron nutrition have been assembled. Since February 2001, an international network *Iron World* has been available both to respond to users' questions and to contact them proactively in order to offer assistance and seek out useful lessons learned ([www.micronutrient.org/idpas](http://www.micronutrient.org/idpas)).

**Inert iron.** Weekly vitamin A and iron supplementation during pregnancy has been found to increase vitamin A concentration of breast milk but not iron status in lactating Indonesian women (*Muslimatun et al, J. Nutr. 131,2664-2669*).

**D in PRC.** Several locally published reports indicate a high prevalence of vitamin D deficiency among adolescents in China, but no systematic population-based survey has been conducted. Subclinical vitamin D deficiency was widespread among Beijing adolescent girls in winter. (*Du et al. AJCN 74,4,494-500, October 2001*)

**Folate.** An evaluation of the effect of US cereal fortification with folic acid found a 19% reduction in neural tube defect (NTD) birth prevalence. The authors however, stated that factors other than fortification may have contributed to this decline (*Honein et al, JAMA 2001;285:2981-6*). Related to this, a recent editorial in the British Medical Journal has questioned the appropriateness of implementing a national folate fortification program without any controlled studies having been conducted (*Wharton and Booth BMJ 2001;323:1198-1199*). The authors do not believe the US

data for NTD reduction are conclusive; the reduction was less than half that seen in England and Wales in the 1980s without a fortification program. They emphasize that US data are not a substitute for a controlled field trial and that no safety data or even evidence of efficacy exist.

**Beyond biscuits.** A recent evaluation of the long-term effect on micronutrient status of a biscuit fortified with beta-carotene, iron and iodine given to primary school age children in rural KwaZulu Natal, South Africa has shown three interesting results. First, as expected, there were significant improvements in biochemical indicators (serum retinol, ferritin, hemoglobin and urinary iodine) for the first 12 months of intervention. Second, when the school reopened after the summer holidays, all variables except urinary iodine had returned to pre-intervention levels. And finally, this pattern was repeated over two more school years, but with a *decreasing* overall trend in micronutrient status. The authors argue for additional longer term approaches including local food production combined with community-based nutrition communications (*van Stuijvenberg et al, Public Health Nutrition 4 (6), 1201-1209, December 2001*)

**Who's to GAIN?** The newly formed Global Alliance on Improved Nutrition (GAIN), an alliance of donors, foundations, multilateral agencies and private sector organizations, will be launched this year. The alliance seeks to effectively program \$100 million of Gates Foundation money to maximize short-term impact micronutrient malnutrition, primarily through fostering and supporting food fortification strategies.

## FETAL FUTURES

Low birth weight is known to be associated with increased rates of coronary heart disease, stroke, hypertension and diabetes in adulthood – possibly as a consequence of ‘programming’ whereby an insult at a critical, sensitive period of early life has permanent effects on structure, physiology and metabolism. There are strong pointers to the role of maternal body composition and dietary balance during pregnancy (*Godfrey and Barker, Public Health Nutrition 2001, 4, 2B, 611-24*)

**Behind the data.** While there are undoubtedly associations, how do we begin to uncover causation? While animal studies suggest possible mechanisms for causal links, Kathy Rasmussen of Cornell University states that “birth weight does not make an important contribution to the population attributable risk of cardiovascular disease; lifestyle factors during adulthood make much greater contributions” (*Ann Rev Nutr 21, 73-95, 2001*). She believes it is premature to target pregnant women with interventions aimed at reducing adult chronic disease risk.

Which brings us to a question -- if it is shown that birth weights are associated with later chronic disease risk, what are the relative magnitudes of chronic disease risk reductions achievable via this route compared to lifestyle modifications e.g. cutting down on cable TV and jogging more? This may further strengthen the case for action to reduce LBW, but do we *need* this as an extra rationale? Would this evidence actually result in more and better-concerted action? Evidence of the consequences of not taking maternal nutrition and low birth weight seriously has been piling up for years, yet outside the “nutrition community” the penny has still not dropped.

**Fetal origins of immunity?** Intrauterine growth retardation has been found to be associated with a lower likelihood of mounting an adequate antibody response later in life according to a study of over 100 Filipino adolescents. These findings extend the concept of fetal and early infant programming of adult diseases to the immune system and suggest that early environments may have long-term implications for immunocompetence and infectious disease risk, particularly in developing countries (*McDade et al. AJCN 74, 4, 543-48, Oct 2001*)

But in another Gambian study, the immune function of prepubertal children (6.5 – 9.5 years) was examined with regard to birth weight, season of birth, and exposure to maternal dietary supplementation during pregnancy, but no association was found (*Moore et al, AJCN, Vol. 74, No. 6, 840-847, December 2001*)

**And hypertension.** Maternal nutritional status during pregnancy has long-term implications for offspring blood pressure regulation. Low maternal energy stores during pregnancy predict higher blood pressure in adolescent boys (*Adair, Kuzawa and Borja, Circulation 2001: 104: 1034-39*)

**When does the window shut?** A recent study in the UK has shown that linear growth gains in small-for-gestational-age term infants improve after nutritional intervention during the first 9 months of life and the effects persist for at least 9 months beyond the intervention period. The study speculates on whether there is a critical window for nutritional programming of the growth trajectory during the first 9 months postnatally. (*Fewtrell et al, AJCN 74, 4, 516-23, October 2001*).

The July 2001 issue of Pediatric Research ([www.pedresearch.org](http://www.pedresearch.org)) comprises the abstracts from the First World Congress on Fetal Origins of Adult Disease held in Mumbai, India in February 2001. This meeting brought

together some 600 participants, mostly scientists, to shed light on this emerging body of research.

## NUTRITION IN TRANSITION

**It's already happening in India.** According to a recent paper by Paula Griffiths and Margaret Bentley (*J. Nutr.* 131, 2692-2700, 2001). We know that half of all preschoolers are underweight, but recent findings of the 1998/99 National Family Health Survey (follow up to the 1992-93 one) show for one state (Andhra Pradesh) that although underweight remains the major problem in women (with 37% having a BMI lower than 18.5), 12% are overweight (BMI greater than 25) including 2% who are obese. The transition is happening particularly rapidly in urban areas where 37% women were overweight as compared to 8% in rural areas. Socio-economic status, educational level and time spent watching television are all significantly associated with higher risk of overweight.

**Costing chronic disease.** In a recent study by Barry Popkin, Sue Horton and Soowon Kim, the costs of chronic disease have been estimated for China and Sri Lanka ([www.adb.org/publications](http://www.adb.org/publications)). In China, for example, in 1995 diet-related chronic diseases accounted for 42% of all deaths and 23% of all hospital expenditures. The economic costs for this diet-related component are estimated as 2% of GDP. The study went further and estimated the effect of being born with a low birth weight – the LBWs of those who were adults in 1995 accounted for at least 10% of stroke and cardiovascular disease, 33% of diabetes and almost 50% of hypertension. Diet-related chronic disease is projected to increase to 52% of all deaths in China by 2025 when dietary factors (principally overweight) will account for an increased share of chronic disease, as childhood factors decline in significance.

## POLICY

**Know thy rationality.** David Pelletier of Cornell University addressed the question: “how much evidence is needed for developing nutrition policy?” at the third meeting of the International Food and Nutrition Forum in Washington DC, October 2001. We're all trapped within the confines of our rationality, Pelletier argued. “Scientists are people that know more and more about less and less”. For any one simple decision – e.g. about whether to invest in vitamin A supplementation to reduce child mortality, there are at least six forms of rationality operating in different ways for different stakeholders. In addition to a technical perspective (which drives what researchers do and say), there are legal, administrative, political, economic and social/ethical forms of rationality. Consider just the bureaucratic hurdles. In a

December 2001 lecture at IFPRI, Andrew Natsios, Chief Administrator of USAID spoke of complexity being the enemy of successful implementation, citing an example of an initiative that required 263 consecutive decision steps. It never happened.

**Which paradigm?** How far does the way that we organize and communicate our own knowledge keep us from responding to significant needs and opportunities? A recent paper *Some Things Can't Be True But Are: Rice, Rickets, And What Else* by Uphoff and Combs of Cornell's Agricultural Program suggests “paradigm traps” are common across disciplines. They cite the example of childhood rickets in Bangladesh which went unseen for years as it is 'well known' that rickets does not occur in the tropics. More “unlearning” is required to break out of paradigmatic claustrophobia, the authors suggest.

**Lying latent:** Over 1000 participants at IFPRI's *Sustainable Food Security for all by 2020* conference in Bonn, September 2001 were asked to choose the highest priority actions for making a significant impact on household food insecurity ([www.ifpri.org](http://www.ifpri.org)). The results placed "investing in human resources" and "promoting good governance" ahead of other options such as "improving markets, infrastructure and institutions", as the ones to “get right” first among the array of necessary actions. Given that nutrition is one of the most cost-effective investments in human resources, this indicates significant latent support for nutrition from a group of non-nutritionists. When added to nutrition's promotion of good governance via community-based nutrition programming and human rights, this begs the question: how to tap more proactively into such support?

**Getting the agenda onto the agenda:** More generally, one recurring question raised by the 2020 conference was "why is it so difficult to get the consensus policy agenda on to the agenda of those making key decisions? It was repeatedly asserted that, despite our knowing what to do and how much it will cost, concerted action is thin on the ground. This theme, which also emerged at the IUNS Nutrition Congress in Vienna, again suggests the need to wise up on the real driving forces of political decision-making.

**Agri-Nut.** In an IFPRI/ICRW stakeholder analysis on agriculture-nutrition linkages, 39% respondents strongly believed in agriculture, nutrition and gender linkages, that they should be taken more seriously in policy and programming. 37% were more results-oriented, possibly less ideological, and supported a wide variety of approaches (“use whatever works”), while 24% said that – while they believed in the linkages – there exist serious operational questions in exploiting these linkages productively.



## BULLETIN BOARD

A major new body of work on nutrition in Asia can now be accessed via the ADB website ([www.adb.org/documents/books/nutrition](http://www.adb.org/documents/books/nutrition)). The six monographs and books available here comprise the culmination of over four years of work by ADB, IFPRI, UNICEF, Asian country teams and local and international consultants. They include monographs by John Mason et al. on improving child nutrition, the Popkin et al paper mentioned above on the nutrition transition, two monographs by Lindsay Allen, Stuart Gillespie and Lawrence Haddad on efficacy and effectiveness of nutrition interventions and Asia's "double burden" of malnutrition, the Report of the Manila Forum on Food Fortification, and a collection of papers from the ADB-UNICEF collaboration edited by Joseph Hunt and M.G. Quibria. Hard copies are also available from Joseph Hunt at ADB ([jhunt@adb.org](mailto:jhunt@adb.org)) or IFPRI ([s.gillespie@cgiar.org](mailto:s.gillespie@cgiar.org)).

FAO published *The State of Food Insecurity in the World* last year. Like the earlier two editions this one has a mixed message – progress is being made in providing greater access to food, but not enough to meet the 2015 target. In fact the rate of reduction of individuals who do not have enough to eat (currently 815 million) needs to be quadrupled ([www.fao.org](http://www.fao.org)).

IFAD's *Rural Poverty Report 2001* states that progress in reducing rural poverty has stalled. In the 1990s the poverty reduction rate fell to less than one third of that required to meet the 2015 target of halving poverty. Aid to agriculture – the main income source for the vast majority of rural poor – has declined by two thirds ([www.ifad.org](http://www.ifad.org)).

A very useful *Directory of Early Child Development Projects in Africa* was brought out by the World Bank last year ([www.worldbank.org/children](http://www.worldbank.org/children)). The directory covers freestanding Bank-supported ECD projects, ECD components of broader-based projects, capacity development initiatives and sector work in the area of early child development.

IUNS priorities for the 21<sup>st</sup> century, as revealed in an overview distributed in Vienna in August, include the following: biotechnology, HIV/AIDS, chronic disease risk, sustainable intervention programs to reduce malnutrition (both deficiency and excess), implications of the nutrition transition, distance learning and capacity development for research, training professionals and community enhancement of livelihood quality. The 18<sup>th</sup> ICN will be held in Durban, South Africa in April 2005 ([www.iuns.org](http://www.iuns.org)).

For highlights of USAID's micronutrient program, MOST, check [www.mostproject.org](http://www.mostproject.org)

A recent IFPRI set of policy briefs, edited by Agnes Quisumbing and Ruth Meinzen-Dick, considers different strategies for empowering women by strengthening their asset base— with regard to natural, physical, human, social and financial capital—and by providing the legal and institutional framework to guarantee their command over resources (*2020 Focus Number 6* [www.ifpri.org](http://www.ifpri.org))

The Development Gateway is a web-based portal designed to "help communities, organizations, and individuals build partnerships, share ideas, and work together to reduce poverty" ([www.developmentgateway.org](http://www.developmentgateway.org)). Of particular interest are the HIV/AIDS and food security sites and the recently started country-level gateways.

The International Society of Public Nutrition (ISPN) was launched on 28 August 2001 in Vienna. ISPN aims to serve as a forum for simultaneous discussions on a range of public nutrition issues revolving around the following: nutrition and human rights, biotech and public nutrition, human capacity, public nutrition planning and programming, and the translation of research into effective action. The Secretary, Aaron Lechtig can be contacted on [alechtig@terra.com.pe](mailto:alechtig@terra.com.pe)

A new website, SciDevNet ([www.scidev.net](http://www.scidev.net)), launched in London in December, has been created on the premise that those who stand to benefit most from science and technology tend to be those with least information about either. An integral part of the website will be a series of 'dossiers' – news items, opinion pieces, policy briefs – that aim to bridge the divide between the knowledge-rich and knowledge-poor.

Development Experience Clearinghouse (DEC) is the largest online resource for USAID funded, international development documentation including a section on health, nutrition and population ([www.dec.org](http://www.dec.org))

ChildLine is the monthly bibliographic e-newsletter of the BASICS II Project (Basic Support for Institutionalizing Child Survival), which focuses on child survival in the developing world. Selections include online documents, articles, and abstracts of copyrighted peer reviewed articles. ([www.basics.org](http://www.basics.org)).