Editorial

In this issue we have an interesting mix of papers, covering a spectrum from methodological papers to reviews of the provision of emergency relief in Africa. This editorial highlights results from five of these papers.

Kaluski et al. 1 reviewed the current famine and food programmes in Ethiopia using the conceptual framework of food and nutrition security. One of their key conclusions was that the present crisis demonstrates that emergency surveillance and the response to the emergency was not timely, was not harmonised, and was uncoordinated. The authors call for a centralised data collection system that provides early warning indicators based on land status, crop performance and deterioration of alternative income sources, that are mapped and then disseminated locally to aid workers. The authors argue against the use of later indicators such as anthropometric measurements. This implies that it may be too late by the time you see changes in anthropometric measures, at least in adults. The authors concluded that food aid was inadequate in terms of quantity and quality, and that there are problems relating to poor infrastructure. The authors called for a national food and nutrition policy to support an holistic and concentrated effort by all sectors (food aid, agriculture and industry, environment, health care) to address short, medium and long term problems and to devise and deliver solutions.

The paper by McGrath et al. 2 critically reviewed the approaches and indicators used internationally for assessing infant feeding practices and morbidity. The authors based the review on work undertaken in Kosovo between 1996 and 1999. A total of six surveys were reviewed. The comparison of indicators used in the six surveys highlighted inconsistencies in the definition of exclusive breast feeding (length varied between 4 and 6 months), timely initiation of breast-feeding, artificial feeding, and timely complementary feeding. Anthropometry was only undertaken in three of the six surveys and was not measured in infants younger than six months. The authors made a number of recommendations: infants under six months should be included in emergency assessments and monitoring; there is a need to broaden the terms of reference for programme evaluation to include both process and outcome evaluation; clear definitions of feeding indicators should be agreed; and that there is a need to review the sampling strategy for surveys to ensure that a reliable sample is drawn.

Pomerleau *et al.* ³ undertook a survey of household food security in Baltic Republics (Estonia, Latvia,

Lithuania). Based on representative samples of about 3000 adults surveyed in each country they found that cost was given as the main reason for choosing foods, more so in older subjects and those in the lowest income category. Home-grown foods were widely consumed, particularly in rural areas. Given the low current consumption of vegetables and fruit in these countries there is a need to explore whether increasing home consumption may be an important way to reduce the burden of poor diet on health. The authors suggest that increased local production and distribution may not only help reduce dietrelated morbidity and mortality, but may also stimulate local economic growth. They conclude by highlighting the need for monitoring to allow ongoing assessment of change.

Rose and Charlton⁴ defined households in food poverty if their income was less than the cost of a nutritionally adequate subsistence diet using data from the Income and Expenditure Survey of 28704 households, and basing expenditure patterns on data from the Household subsistence level series. On this basis, they found that 43% of households in South Africa were in food poverty, and that rates varied across provinces (from 21% to 62%), between urban (27%) and rural (62%), by gender, household size and ethnic group. The authors compared their measure of food poverty with two other previously used methods and found comparable results. The authors concluded that this measure will provide a means for monitoring progress and targeting interventions aimed at improving food security.

Hall et al. 5 describe the results of a trial of the effectiveness of delivery of iron using teachers in a school health and nutrition programme. All children were dewormed and given vitamin A before the intervention. The study showed that the intervention could not only reduce the prevalence of anaemia (from 63% to 53%), but that it could also change the distribution shape of haemoglobin in the population. The authors demonstrated that children with the lowest levels of intervention experienced improved haemoglobin, while those with intervention levels above 120 g/l actually declined. In the control group, levels tended to decline across the range of haemoglobin levels during the 4 months of the study and the prevalence of anaemia rose from 61% to 66% in the control. The study was conducted during the dry season when transmission of malaria is less intense, but it is the time when food is most scarce. The way the authors displayed their data enabled a more subtle analysis of the effects of the intervention, and revealed important

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biological effects related to the baseline level of haemoglobin. The study is a practical demonstration that teachers and schools can play an important and effective role in helping address the problem of anaemia.

Although not directly comparable, the studies in Mali, South Africa, Ethiopia, Kosovo and the Baltic States highlight some important issues and raise some general principles. In order to understand causes, and to suggest interventions aimed at reducing the problems, valid and appropriately sensitive measures are required. Tools are required for surveillance and monitoring and these tools need to be used in the same way in different studies to allow comparability of data. We need to know what to do, and what works. This applies urgently to acute shortage/famine relief, as well as achieving longer term household food security, whether it is in the Baltic States or Africa. If our interventions are not effective, or only effective in certain circumstances, it is important to know this so that we do not waste time and resources, and more importantly waste lives.

Barrie Margetts Editor-in-Chief

References

- 1 Kaluski DN, Ophir E, Amede, T. Food security and nutrition the Ethiopian case for action. *Public Health Nutr.* 2002; **5**: 373–81.
- 2 McGrath M, Seal A, Taylor A. Infant feeding indicators for use in emergencies: an analysis of current recommendations and practice. *Public Health Nutr.* 2002; 5: 365–72.
- 3 Pomerleau J, McKee M, Robertson A, Vaask S, Pudule I, Grinberga D, Abaravicius A, Bartkeviciute R. Food security in the Baltic Republics. *Public Health Nutr.* 2002; 5: 397–404.
- 4 Rose D, Charlton KE. Prevalence of household food poverty in South Africa: results from a large, nationally representative survey. *Public Health Nutr.* 2002; 5: 383–9.
- 5 Hall A, Roschnik N, Ouattara F, Touré I, Maiga F, Sacko M, Moestue H, Bendech MA. A randomised trial in Mali of the effectiveness of weekly iron supplements given by teachers on the haemoglobin concentrations of schoolchildren. *Public Health Nutr.* 2002; 5: 413–8.