

September blog
Reggie Annan



Here we are again trying to make things better for the people we serve. This means addressing issues affecting children and infants, who are the adults of the next generations when we are old and then gone, and on whose leadership capabilities Africa's future depends.

Meanwhile there are a lot of beautiful things in the world, such as the sun above shown setting over the Elgro River in the interior of the North West province of South Africa. Pictures such as these provide some serenity in the midst of the chaos that we sometimes go through. This month I include some issues that are not always beautiful, and this picture should cheer you up. Don't forget to scroll up to it anytime you feel down.

Child health
Honouring Nelson Mandela



I've just got back from Johannesburg, where I attended the 26th Congress of Paediatrics, held at the Sandton Convention Centre, above. This International Paediatric Association congress was held for the first time in Africa on the occasion of the IPA's 100th anniversary, making this particular congress very special.

This month's commentary
World Nutrition



C Gopalan
My life in nutrition

**The testimony of our first
honorary life member**

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Geoffrey Cannon



Burgers, fries and statin, please
Let's make nutrition sexy
What Aldous Huxley tells us

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Reggie Annan



Malnutrition: physicians' pledge

So I would like to share with you my highlights of the congress and some lessons I learnt in the course of those six days in South Africa. I call them 'my highlights' because the congress was so huge that individual highlights will be different. Also different professions have different viewpoints, and I am not a paediatrician but a public health nutritionist.



The Convention Centre is located at the heart of Sandton City, shown above. Opposite the Centre is Mandela Square which has a massive statue of Nelson Mandela, below, the size of which I have not seen in my entire life.

It's easy to understand why Mandela is honoured in such a way. He has the health of children and the world at heart. His initiatives to prevent the spread of HIV infection, to reduce mother-to-child transmission of the virus, and to make anti-retroviral drugs available for those infected, attest to this fact. He once said: 'Wasting words and energy in worthless ridicule distracts us from our main course of action, which must be not only to develop an AIDS vaccine, but also to love, care for, and comfort those who are dying of HIV/AIDS. A vaccine shall only prevent the further spread of HIV/AIDS to those not already infected; we must also direct our concern towards those who are already HIV-positive'. He deserves all the honour bestowed on him by South Africans and the world at large.



Locals told me that what draws people to Sandton is shopping. The city has many huge buildings, including the Sandton twin towers. Shopping malls are everywhere. Sandton is known as the shopping paradise of South Africa, and you can get everything to buy if you can afford. Even though the World Cup is over, vuvuzelas were still on sale when I was there. I think they have come to stay.

Level of commitment

The 26th IPA congress was the most attended, in terms of the number of countries from which delegates came from, and also the number of participants – around 3,500 in all. The number of countries reflected the number of national paediatric associations represented. The number of delegates signified the level of engagement within this group, its unified front, and one large voice proclaiming:

Honouring Nelson Mandela
MDGs: just a dream in Africa?

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July commentary
Urban Jonsson



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food & nutrition policy**

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Fabio Gomes



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'Healthy children mean a healthy world'.

I was also impressed by the number of delegates from lower-income countries, especially within Africa, and specifically Nigeria which had over 120 delegates. These numbers show the level of importance that paediatricians and trainees within the country attach to continuous professional development and seeing the need to engaging the world body. The large representation from Asia and Africa is also important considering that the burden of disease and death of children is greatest in these countries. For instance in Nigeria, under-5 mortality is still about 176 per 10,000 live births, and progress over the years has been extremely slow. The Millennium Development Goal of reducing under-5 mortality by two thirds by 2015, at global level or in most countries, is not likely to be achieved in most countries in Africa, including Nigeria, judging by the rate of progress. The level of interest and participation at the IPA congress may indicate renewed zeal and hope to turn the situation around.

Severely malnourished children (1) **Core competencies needed**

One of my highlights at the IPA was the pre-congress workshop on 4 August organised by the International Malnutrition Task Force. Its theme was 'Caring for children with severe malnutrition as a core competency'. The aim was for paediatricians to resolve to make the care of severe malnutrition fundamental to their work. This implies that paediatricians and trainees need to appreciate the magnitude of malnutrition (in the sense of undernutrition) and the impact it has on child survival. Health workers, especially those to whom the care of children is entrusted, should also understand that prevention and treatment of severe malnutrition in children will contribute immensely to reduction of under-5 mortality.

Scale and urgency



The workshop included presentations made by renowned paediatricians and nutritionists such as Ricardo Uauy (picture above), Alan Jackson, Zulfiqar Bhuta, and Tahmeed Ahmed, who all showed that the problem of malnutrition is still massive globally. But malnutrition can be controlled and prevented. Evidence of effective interventions exist. There are basic principles for treating severe malnutrition in hospitals. Treatment can be scaled up at the community level to include the wider population, and deaths from severe malnutrition can be reduced with effective case management.

Front line experience

Later on, presentations were made by front line paediatricians. From Africa these included Adenike Grange, past president of the IPA and former Minister for Health of the Federal Republic of Nigeria (picture below), Ruth Nduati from Kenya, Alamin Osman from Sudan, and Beatrice Amadi from Malawi.

There is no need for industry support
Vitaminwater in the dock?

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May commentary
Michael Latham

The great vitamin A fiasco



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Claudio Schuftan



The human right to nutrition
Problems with the medical model
Nutritionists, the time to act is now!

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Working together



There are immense opportunities to improve child survival and provide better opportunities for children and infants, if nutrition issues are properly addressed. But there are also immense challenges, some caused by the HIV-AIDS epidemic, some caused by lack of trained staff and resources, which influence the quality of care and thus the outcome.

High prevalence of HIV infection in many African countries means that more children are presenting on admission with severe malnutrition, and end-stage AIDS, tuberculosis or persistent diarrhoea. Lack of adequate staff and supplies and even health facilities also plague the system of health delivery in Africa and caring for these children. One of the presenters showed a picture of a 'health centre' whose 'building' and 'beds' were just an open tent and mats. Such challenges can be addressed with a strong political will.

The workshop resolution

The final highlight of this workshop was a resolution agreed by all participants, and presented to the IPA, that the care of malnourished children should indeed be a core competency for every paediatrician. This is a major achievement. We rely on paediatricians to care for sick children, among whom some are malnourished. They need to know how to recognise and treat malnutrition, and also how to prevent it. Our job as nutritionists is to provide basic training. If we really want to make a difference then we need to engage all stakeholders, and paediatricians are among these stakeholders.

One thing that was remarkable was the high level of interest of these paediatricians in malnutrition, evident in the number who attended and participated in the workshop. Maybe paediatricians are more interested in malnutrition than nutritionists! The full report of the workshop is available at www.imtf.org.

Severely malnourished children (1) **Deep causes and the MDGs**

A symposium on severe malnutrition was held on the final day of the congress. Here I highlight one of the presentations, on the role of paediatricians in achieving the Millennium Development Goals, by Haroon Saloojee of the department of community paediatrics at the University of Witwatersrand.

He attributed failure in achieving the MDGs in Africa to reasons such as increased food prices, increased fuel prices, global warming, and global and civil wars. These are outside the control of many poor households, and countries where malnutrition is high, poverty and hunger are common, and where under-5 mortality rates are high. Many countries are at the mercy of global forces.



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supplementation is
a global life-saver**

Look at the above picture and what it indicates of living conditions for many children in South Africa. Any increases in food prices for a household probably living below \$US 1 a day means that the same amount of money can provide less food. It is not surprising that progress by poor countries towards achieving the MDGs is slow. The slum conditions shown in the picture only make things worse. But sometimes it is not just global forces at work. The most important causes may be national neglect. Or it may be public health nutritionists forgetting to advocate for better policies to protect the health of the people. Or may be we are not communicating well enough the evidence which would influence decision making and policies. Yes, we too can be part of the problem.

Old, gold, bold strategies

Haroon Salojee described what he called old, gold and bold approaches for addressing malnutrition. Old approaches include growth monitoring and school feeding programmes. These are still used but are not very effective. There is no use in just weighing the child, plotting on the growth chart and giving it to the carer to take home without going further or tackling some real issues. That carer may be going an empty home without food. Hence the child will definitely end up malnourished.

Gold strategies are direct interventions that have demonstrated effectiveness on maternal and child health. These include breastfeeding initiatives, interventions including legislation, food fortification initiatives, and policies that improve education, women empowerment, birth spacing, hygiene, and access to water, policies etc. These work, but very few countries are implementing them, and even those that do, are not scaling them up. There are excellent exceptions. For instance in Ghana, exclusive breastfeeding rates have increased from 7 per cent to 54 per cent following direct national intervention in the form of legislation, mass media campaign, training of health staff, the baby friendly hospital initiative, and other activities. Gold strategies do work.

Support for agriculture

Subsidies tilt the balance...



Two of the 'bold' approaches caught my attention. These are support for agriculture, and cash transfers. Agricultural interventions such as land rights issues, crop diversification, bio-fortification, effective legislation of the labour market, economic support such as subsidies for agricultural inputs, and improved access to markets really make a difference in nutritional health and well being. The picture above (sorry it's a bit out of focus) helps to illustrate the point that rich countries provide large subsidies for farming and food production. No wonder that such countries are food-secure.

Cash transfers

Giving poor families some money has also been showed to improve nutrition and health of children. In South Africa, cash transfers improve the growth of children, benefit health generally, and are associated with increased heights in children. Moreover, the parents or other family members who receive the money typically use it well, contrary to what is often alleged.

These 'bold' strategies caught my attention, because they show once again that the underlying and basic causes of malnutrition are crucial. If these are not addressed, the immediate causes cannot be dealt with sustainably. A problem can be addressed properly only by addressing its root causes.

I noted with fascination that the above issues, which are what public health nutritionists should be addressing, were a major discussion topic in a paediatric

medical congress. We public health nutritionists can be sure that the multi-sectoral and multi-faceted nature of the issues that affect population health cannot be over emphasised. We should not get tired of talking about these issues. If we neglect them, other professions will take over our jobs.

The Millennium Development Goals **What for?**

I have referred to the Millennium Development Goals (MDGs) a lot in this column. Some readers will be interested to know more. What are they? What indicators are used to measure their success? Where does nutrition fit in? What progress has been made so far? What accounts for the success of those countries that are making most progress, and why are others falling behind? What lessons can we learn? What can our Association and the whole profession of public health nutrition do to help achieve these goals? In my next column I will address some of these issues

The MDGs, set at the turn of the 20th century by governments around the world, include quantified benchmarks for tackling extreme poverty by 2015. The eight goals were adopted by 189 nations and signed by 147 heads of governments during the UN Millennium Summit in September 2000 (1). They are the most broadly supported comprehensive and specific development goals the world has ever agreed on. It is not just paediatricians who are interested in the MDGs. For example, football stars such as Zinedine Zidane and Didier Drogba are two leaders in the global campaign.

The eight MDGs seek to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, and develop a global partnership for development. They are expressed in terms of 21 quantifiable targets that are measured by 60 indicators.

The MDGs are a path to achieving a world free of hunger and extreme poverty, which we all want to see. Nelson Mandela has said: 'If there are dreams about a beautiful South Africa, there are also roads that lead to their goal. Two of these roads could be named Goodness and Forgiveness'.

References

1. Millennium Development Goals. Basic Facts. Accessed at <http://www.undp.org/mdg/basicfacts>

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This column is reviewed by Geoffrey Cannon. Many thanks for the first photograph and many like them, taken by Johann Jerling, the brain behind the African Nutrition Leadership Programme.

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