

# Nutrition Info

Quarterly  
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## Contents

- ✓ Introduction
- ✓ Nutrition Security and Emergencies
- ✓ Infant and Young Child Feeding & Care
- ✓ Micronutrients
- ✓ Meetings/Workshops/ Training

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## INTRODUCTION

We are happy to bring you the Nutrition Mailing for the first quarter of 2005, which is available for the first time on intranet. We hope that this makes it easier for you to access the documents and papers that we have selected for you.

The Nutrition Section attended a two-day retreat on 4 and 5 April, where we worked on improving teamwork and began to identify the future directions and thrust of our work. We acknowledged that the organisation is going through a significant period of transition, with the on-going development of the new MTSP and the Health and Nutrition Strategy, and the arrival of the new Executive Director, Ms. Ann Veneman, and the new Director of Programme Division, Mr. Alan Court. However we still felt we could identify a clear path forward for the Nutrition Section and for Nutrition in UNICEF. The Section will be working over the next few years to strengthen the response to nutrition in emergencies, to foster and strengthen partnerships, and to support the development and implementation of the Health and Nutrition Strategy, under the umbrella of the MTSP. We hope to be able to share a first draft of the H&N Strategy with you as soon as we have it ourselves. Since it will not be put to the Executive Board until January 2006, there is plenty of time for consultation and your input. We look forward to working with you on these initiatives.

## NUTRITION SECURITY AND EMERGENCIES

\*UNSCN. *Nutrition Information in Crisis Situations*. Report III; 2004

UNHCR/WFP. *Integration of HIV/AIDS Activities with Food and Nutrition Support in Refugee Settings: Specific Programme Strategies*. 2004

This document provides practical guidance on the integration of food and nutrition programmes with support activities for people with human immunodeficiency virus (HIV) infection or acquired immunodeficiency syndrome (AIDS) among refugees and host populations. It has been written principally for United Nations agencies, their cooperating partners, and other organizations working with populations affected by an emergency. While the guidelines focus mainly on refugees, internally displaced populations and asylum-seekers, they are also applicable to host communities and other populations affected by emergencies.

Due to shortage of stock, a copy of this handbook is being sent to the countries with high HIV/AIDS prevalence and all the regional advisors. In case, it is required by any other country, a request can be made to UNICEF NY or contact the local UNHCR office.

## INFANT AND YOUNG CHILD FEEDING AND CARE (IYCF)

Breastfeeding Papers Of The Month  
January 2005

Brown <[ibrown@unicef.org](mailto:ibrown@unicef.org)>

Gupta A, & Rohde JE. *Infant and Young Child Undernutrition – Where Lie the Solutions?* Economic and Political Weekly 2004; 52:13-52:16

Two well known evidence-based thinkers in the world of early childhood nutrition explore the solutions to early stunting, with a focus on India. Their overall conclusion is that the solutions to the problem emerge from a clearer distinction between hunger and malnutrition, and the knowledge that child malnutrition is directly associated with inappropriate feeding practices. They note that providing food to hungry people is important, but it is unlikely to reduce the worst forms of child malnutrition. In order to demonstrate that this requires a shift in thinking, from food-based approaches towards feeding behaviour change, Drs. Gupta and Rohde explore the irreversibility of malnutrition in the first two years of life and the resultant loss of social capital. The Copenhagen Consensus results are a jumping off point: while the expert paper on hunger and malnutrition noted that low income is a significant determinant of child undernutrition, almost half of the variation in the prevalence of stunting is not explained by differences in per capita income. Some of the solutions offered include that addressing food security should include children from birth to two years, and that this must include breastfeeding; that the MDG of reduced child mortality could be achieved by improved nutrition alone; that undernutrition is important in its own right and should not be confused with hunger, food insecurity or micronutrient deficiencies, which are also important in their own right. They conclude that the costs of not addressing the issue of IYCF is unaffordable in nation building, and should be treated as an investment pillar for improved health and development outcomes, as well as poverty reduction. The authors suggest that criteria for assessing the performance of States in addressing development should include how many babies are underweight below the age of two.

## February 2005

Thairu LN, Pelto GH, Rollins NC, Bland RM, Ntchangase N. *Sociocultural Influences on Infant Feeding Decisions among HIV-infected Women in Rural Kwa-Zulu Natal, South Africa.* Maternal and Child Nutrition 2005; 1:2-10

Lucy Thairu, an Abraham Horwitz Awardee two years ago, continues to explore sociocultural influences on infant feeding decisions, in this case, among HIV-infected women in Kwa-Zulu Natal. She and her co-authors used ethnographic techniques to identify the influences on how an HIV-positive woman chooses her feeding approach. Five themes were identified: social stigma, maternal age and family, economic circumstances, beliefs about HIV transmission through breastmilk, and beliefs about the quality of human milk and formula. The authors conclude that efforts to modify infant feeding practices must do more than only increase women's knowledge about current recommendations, but must also explore the context in which her decisions are made, and the multiple influences that

come to bear. This interesting exploration of how decisions are made is an excellent read for anyone who might have thought that free choice is well served by a universal flip chart and standard messages alone.

## March 2005

Forsythe SJ. *Enterobacter Sakazakii and Other Bacteria in Powdered Infant Milk Formula.* Maternal and Child Nutrition 2005. 1:44-50

There has been increasing concern over the presence of bacteria in powdered infant milk formula. This paper considers the bacteria present in breastmilk substitutes and the need for careful hygienic practices in preparation and feeding to minimise the risks.

## OTHER IYCF MATERIALS

IBFAN/ICDC. *Legal Update.* 2005.

The update from IBFAN's International Code Documentation Centre provides useful information on developments in the adoption of the International Code of Marketing of Breastmilk Substitutes around the world, as well as features on issues such as the warning against unsolicited donations of breastmilk substitutes for Tsunami victims, and the "baby milk bug": *Enterobacter sakazakii*.

## MICRONUTRIENTS

### Micronutrient Papers of the Month

#### January 2005

Aguayo VM, Koné D, Bamba SI, Diallo B, Sidibé Y, Traoré D, Signé P, & Baker SK. *Acceptability of Multiple Micronutrient Supplements by Pregnant and Lactating Women in Mali.* Public Health Nutrition; 8(1):33-37

#### February 2005

Shrimpton R, Gross R, Darnton-Hill I, & Young M. *Zinc Deficiency: What are the Most Appropriate Interventions.* BMJ 2005; 330:347-349

#### March 2005

Aguayo VM, Kahn S, Ismael C, & Meershoek S. Vitamin A Deficiency and Child Mortality in Mozambique. Public Health Nutrition; 8(1):29-31

\*UNU. *Food and Nutrition Bulletin* 2005; 26(1)

ICCIDD. *IDD Newsletter* 2004; 20(4)

\**International Meeting for the Sustained Elimination of Iodine Deficiency Disorders.* Beijing, China 15-17 October 2003.

The Report of the International Meeting for the Sustained Elimination of Iodine Deficiency Disorders, held in Beijing, China, in October 2003, outlines the importance of this high-

level event that gathered delegates from governments, UN Agencies, bilateral donors, salt producers, and academic institutions. The report includes major discussion topics as well as the outcome document, Beijing Statement, signed by high-level officials from countries-participants. It highlights strategic considerations and best management practices of programmes to eliminate iodine deficiency through Universal Salt Iodization.

\*WHO. *Iodine Status Worldwide: WHO Global Database on Iodine Deficiency*. 2004

Shrimpton, R & Lindsay, A. *International Research on Infant Supplementation (IRIS): Randomized Controlled Trials of Micronutrient Supplementation During Infancy*. The Journal of Nutrition 2005. 135(3S)

This supplement presents a series of papers dealing with the results and details of the International Research on Infant Supplementation (IRIS) initiative. The IRIS trials include 4 prospective studies of micronutrient supplements during infancy in Indonesia, Peru, South Africa and Viet Nam conducted between 1998-2000. The supplement includes the individual results of the 4 country trials but also a pooled analysis of the results. The trials were supported by UNICEF and are an important addition to the scientific body of evidence in this area. We encourage you to read the individual country papers but particularly to read the final paper which is an editorial comment by Drs. Roger Shrimpton and Lindsay Allen on the interpretation of the importance of the IRIS findings for both further scientific research and for programmes.

Just to update you on other developments in this area: (i) the WHO and IVACG Innocenti meeting on "Micronutrients and Health", Florence, April 17-20th, 2005 will further discuss the implications of this and other studies for scientific research; (ii) UNICEF, WHO and USAID are planning to hold a consultation in late May 2005 to discuss the implications of these findings for programmes and to determine whether a policy or guidance could be issued in this area; (iii) in the wake of the recent Tsunami disaster in Asia, UNICEF and WHO have issued an 'interim' joint statement on the use of multiple micronutrient supplements for young children (and also pregnant and lactating women). The agencies also including WFP are planning to develop a broader statement on the use of multi-micronutrients in all emergencies which we think will really improve the micronutrient status of populations in emergencies.

\*UNU. *Food and Nutrition Bulletin* 2005; 26(1)

\*The Lancet. *Newborn Health: A Key to Child Survival*. March 2005

## MEETINGS/WORKSHOPS/TRAINING

(1) Centre for International Child Health. *Breastfeeding Prac-*

*tice and Policy Course*. 13 June-8 July 2005.

This course is being conducted in collaboration with the World Health Organisation (Department of Child and Adolescent Health and Development) and UNICEF NYHQ (Nutrition Section). New for 2005—two x 2-week modules. Part 1: Breastfeeding and Public Health: Essential Knowledge and Skills—13-24 June 2005 and Part 2: Breastfeeding and Beyond: Addressing Challenges to Optimal Infant and Young Child Feeding—27 June—8 July 2005

### (2) Code Training

Code implementation remains central to the protection of breastfeeding, while ensuring that breastmilk substitutes are used safely when necessary. The Code is recognized as a priority in terms of the Global Strategy on Infant and Young Child Feeding and the UN Joint Framework on HIV and Infant Feeding. Nutrition Section can assist in the organization of training workshops to advocate for and build regional and national capacity in the implementation of the Code. For further information contact David Clark ([dclark@unicef.org](mailto:dclark@unicef.org)).

Sub regional workshops on Code implementation have been planned for the CEE/CIS Region - one for this year and two for next year. The first workshop for **Armenia, Belarus, Bosnia Herzegovina, Latvia, Lithuania, Serbia and Montenegro and Ukraine** will be held in Yerevan, Armenia from 4 - 8 July. It is being organised jointly by UNICEF RO and HQ, IBFAN Europe (GIFA), and the IBFAN International Code Documentation Center (ICDC), Penang, Malaysia.

(3) International Lactation Consultants Association Annual Conference: *Breaking the Barriers to Breastfeeding: Research, Policy and Practice - Celebrating 20 Years of Clinical Excellence!*

Hilton Chicago Hotel, Chicago, Illinois, USA

July 8 Clinical Day; July 9-11 Main Conference; July 12 Professional Development Day

ILCA invites participants to celebrate the 20th anniversary for both ILCA and IBLCE. Conference sessions will include internationally acclaimed speakers: Michael Woolridge, Nils Bergman, Tom Hale, Donna Ramsay, Marian Tompson, Brian Palmer, and Joan Schubert from Linkages. Why attend an ILCA conference? The ILCA Annual Conference provides a rich learning environment for lactation professionals and others worldwide who assist mothers and babies with breastfeeding. It offers current and aspiring lactation consultants information on cutting-edge lactation practices and research to equip you in giving optimal breastfeeding care and support to mothers and babies.

(4) Columbia University. *Nutrition and Capacity Building: Critical Partners in Public Health and Clinical Interventions* 31 May-11 June 2005. Mailman School of Public Health, Department of Epidemiology.

A two-week intensive Institute at Columbia University's Medical Center in New York City, focusing on the relationship be-

tween nutrition and public health, with an emphasis on prevention and intervention. Participants will receive a "Certificate of Completion" upon the conclusion of the Institute's curriculum.

abstract, please visit the conference website at [www.dohadsoc.org](http://www.dohadsoc.org).

#### Who Should Attend the Institute?

Nutrition is fast becoming a major modality in biomedical sciences, general healthcare and preventive medicine. This Institute is designed for:

- Public health professionals who influence policies that affect nutrition and health at the community, regional or national levels, and those that provide nutrition services or supervise those who do.
- Clinicians who seek to utilize nutrition in clinical practice, develop community health messages, and acquire and use knowledge related to nutritional influences on health and all stages of the life cycle.
- Health professionals who seek to expand their knowledge about basic nutrition, and the health risks of the obesity epidemic and current approaches to prevention and treatment.

For more information or to register: Contact Kellee Bartley [kb2122@columbia.edu](mailto:kb2122@columbia.edu) or tel. (212) 305 6046 or go to [http://www.cumc.columbia.edu/dept/ihn/summer\\_seminar/summer\\_05.html](http://www.cumc.columbia.edu/dept/ihn/summer_seminar/summer_05.html)

(5) 3<sup>rd</sup> Int'l Congress on Developmental Origins of Health and Disease. November 16 - 20, 2005 w The Westin Harbour Castle w Toronto, Canada

Developmental Origins Of Health And Disease, also known as Fetal Origins of Adult Disease, addresses how nutrition and other factors at the earliest stages of development influence lifelong health outcomes, e.g, obesity, diabetes, heart and lung disease, mental health, and cancers. The 3<sup>rd</sup> Congress is devoted to sharing the latest information from around the world and promoting interdisciplinary research.

#### **Who Should Attend?**

The 3<sup>rd</sup> International Congress on DOHaD will be the prime international gathering for all interested in the field. Major scientific disciplines of attendees will include the following:

#### Clinical Disciplines

- Primary: Obstetrics and gynaecology, pediatrics, internal medicine, psychiatry.
- Subspecialty: Endocrinology (including diabetes, osteoporosis), nephrology, cardiology, oncology, neurology, neonatology.

#### Research Disciplines

- Basic: Genetics, molecular and cell biology, developmental and, perinatal and adult physiology.
- Clinical: Human nutrition, clinical trials.
- Population and Policy: Epidemiology, biostatistics, public health, public policy.

Details are available at <http://www.mpi-evv.com/2005DOHaD/frameset.htm>. To register or submit an