Editorial

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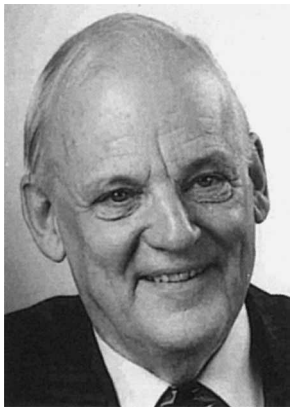
Infant global health: A challenge for the rich world



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Child mortality in developing countries reduced markedly in the 1970s to early 1990s, but during the past decade the improvements have decelerated. More than 10 million children under 5 years of age die annually, mainly in South Asia and sub-Saharan Africa, and about 200 million people are undernourished. In a review article in this issue of Scandinavian Journal of Nutrition, Lars Åke Persson presents the current situation, reviews recent scientific publications and discusses the impact of undernutrition on child deaths. Direct causes of death include bronchopneumonia, diarrhoeal diseases, diseases of the newborn, malaria, measles and HIV/AIDS, but undernutrition is often an underlying cause. Effective intervention programmes are well known and must be reintroduced, e.g. information on and support for exclusive breast-feeding, safe supplementary feeding, zinc and vitamin A supplements and the use of oral rehydration therapy. All governments, as well as international and non-governmental organizations, are responsible for promoting and supporting infant nutrition. The cost is affordable.

IUNS focus on Africa

Africa today represents the biggest challenge for the International Union of Nutritional Sciences (IUNS). Not only are nutrition problems for many countries in most sub-Saharan countries not improving, but the situation will be worse by 2010, as emphasized by Ricardo Uauy, President of IUNS 2005–2009, in his closing speech "IUNS focus on Africa: work ahead in the next 4 years", at the 18th International Congress of Nutrition in Durban, South Africa, in September 2005. The responsibility is global. Today, we live in a global society, which means that all governments and nutrition scientists must work together with regional and community representatives to promote better socioeconomic situations for most people, particularly for the mother–child dyad. This means international co-operation on all levels. There is also a need for innovation in practical approaches to find new partnerships for better nutrition and health of individuals in these countries.

Milk intake in Estonian children

The consumption of milk and milk products in Estonian children aged 3–4 years, followed up at the ages of 9–11 years, was studied using 3 day records. The types of milk as well as other milk products consumed had changed between the two examinations. Milk as a beverage remained almost the same. Cheese and yoghurt had increased, probably because of an increase in living standards, but the intake of foods prepared with milk declined, Raivo Vokk et al. conclude in an article in this issue. Rural children did not drink milk with a fat content less than 2.5%. The intake of calcium was lower in 9–11-year-old children, whereas the vitamin D content in the diet in both age groups was low, on average 40% of recommended daily intake. Fish as a source of vitamin D was sparsely consumed by Estonian children, whereas meat, poultry, eggs and margarine fortified with vitamin D were the main sources of vitamin D. More effective educational efforts are needed to encourage consumption of milk products with a high nutrient content, as well as fortification of milk with vitamin D.

Helicobacter pylori: the 2005 Nobel Prize in Physiology and Medicine

Inflammation of the stomach, as well as peptic ulcer of the stomach and duodenum, is caused by the bacterium *Helicobacter pylori*, a discovery made by Barry Marshall and Robin Warren in Australia. In most individuals the infection is asymptomatic. Antibiotics and proton pump inhibitors are the therapy of choice. In this context it may be valuable to remind our readers of the review on the role of probiotics in *H. pylori* infections by Cazzato et al. [Scand J Nutr 2004;48(1):26–31] and the summary of the International Conference in Stockholm 2003 on the topic "Probiotics in gastric and intestinal disorders", published in the same issue.

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