

EDITOR'S NOTE

Dear readers,

Starting from this issue, I will be taking over editorship of the Abstract Digest. This issue features a special issue of the Lancet on childhood pneumonia and diarrhea that updates severe disease and mortality estimates, examines cost estimates of effective interventions, and programmatic barriers to reduction of these two illnesses. In addition, the issue brings to you a variety of publications that discuss aspects related to vaccinations and nutrition. Two studies illustrate the role of civil society organizations in achieving the goals of improved vaccination coverage- one using multi-country case studies and another discussing the role of self-help groups in eradicating polio in Uttar Pradesh. The publications on nutrition highlight the importance of infant and young child feeding for child growth outcomes and provide evidence for how health workers can play a role in improving them. The findings from a multi-country study suggest that in addition to the critical 1000 day window for addressing undernutrition, adolescence presents another opportunity for interventions to improve nutrition into adulthood.

As always, we hope you find this useful, and look forward to any comments you might have!

Warm regards,

Dr. Rasmi Avula

About the POSHAN Abstract Digest:

In each issue, the POSHAN Abstract Digest brings to your fingertips some of the new and noteworthy studies on maternal and child nutrition. It focuses on India-specific studies and also brings to you other relevant global or regional literature with broader implications for maternal and child nutrition. The Abstract Digest is based on literature searches to identify selected studies that we think are most relevant to nutrition issues in India and to Indian programs and policies. We share with you a collection of abstracts from articles published in peer-reviewed journals; as well as selected non peer-reviewed articles by researchers in reputed academic and/or research institutions and which demonstrated rigor in their research objectives, methodology, and analysis. The abstracts in this document are reproduced in their original form from their source, and without editorial commentary.

About POSHAN

POSHAN (*Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India*) is a 4-year initiative which aims to build evidence on effective actions for nutrition and support the use of evidence in decision-making. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.



The Institute for Development Studies, Sussex is a POSHAN partner who bring global expertise in mobilizing knowledge for development.



The Health Communication Division at the Public Health Foundation of India is a POSHAN partner who brings national level communications and advocacy experience in India.

PEER-REVIEWED LITERATURE

Special Issue of the Lancet: Childhood Pneumonia and Diarrhoea

The Lancet Series on Childhood Pneumonia and Diarrhoea, led by Aga Khan University, Pakistan, provides evidence for integrated control efforts for childhood pneumonia and diarrhoea. The first paper assesses the global burden of these two illnesses, comparing and contrasting them, and includes new estimates of severe disease and updated mortality estimates for 2011. Findings from the second paper show that a set of highly cost-effective interventions can prevent most diarrhoea deaths and nearly two thirds of pneumonia deaths by 2025, if delivered at scale. Furthermore, the paper estimates the cost of scale up. The third paper presents the results of consultations with several hundred frontline workers in high-burden countries and explores the barriers and enablers they face in dealing with these two diseases and potential ways forward. The final paper represents a call to action and discusses the global and country-level remedies needed to eliminate preventable deaths from these illnesses by 2025.

Global burden of childhood pneumonia and diarrhoea

Walker, CLF, Rudan, I, Liu, L, Nair, H, Theodoratou, E, Bhutta, ZA, O'Brien, KL, Campbell, H, Black, RE. *The Lancet*, 381, pages 1405–16, April, 2013. [http://dx.doi.org/10.1016/S0140-6736\(13\)60222-6](http://dx.doi.org/10.1016/S0140-6736(13)60222-6).

Interventions to address deaths from childhood pneumonia and diarrhoea equitably: what works and at what cost?

Bhutta, ZA, Das, JA, Walker, N, Rizvi, A, Campbell, H, Rudan, I, Black, RE. *The Lancet*, 381, pages 1417–29, [http://dx.doi.org/10.1016/S0140-6736\(13\)60648-0](http://dx.doi.org/10.1016/S0140-6736(13)60648-0)

Bottlenecks, barriers, and solutions: results from multicountry consultations focused on reduction of childhood pneumonia and diarrhoea deaths

Gill, CJ, Young, M, Schroder, K, Velez, CL, McNabb, M, Aboubaker, S, Qazi, S, Bhutta, ZA. *The Lancet*, 381, pages 1487–98, April, 2013. [http://dx.doi.org/10.1016/S0140-6736\(13\)60314-1](http://dx.doi.org/10.1016/S0140-6736(13)60314-1)

Ending of preventable deaths from pneumonia and diarrhoea: an achievable goal

Chopra, M, Mason, E, Borrazzo, J, Campbell, H, Rudan, I, Liu, L, Black, RE, Bhutta, ZA. *The Lancet*, 381, pages 1499–506, April, 2013. [http://dx.doi.org/10.1016/S0140-6736\(13\)60319-0](http://dx.doi.org/10.1016/S0140-6736(13)60319-0)

Early childhood diarrhea and cardiometabolic risk factors in adulthood: the Institute of Nutrition of Central America and Panama Nutritional Supplementation Longitudinal Study

DeBoer, MD, Chen, D, Burt, DR, Zea, MR, Guerrant, RL, Stein, AD, Martorell R, Luna, MA. *Annals of Epidemiology*, 23 (6), pages 314–320, June, 2013. doi : 10.1016/j.annepidem.2013.03.012

[http://www.annalsofepidemiology.org/article/S1047-2797\(13\)00087-2/abstract](http://www.annalsofepidemiology.org/article/S1047-2797(13)00087-2/abstract)

Background: Nutritional deficits in early life have been associated with a higher prevalence of the metabolic syndrome (MetS) in adulthood. Early childhood diarrhea contributes to undernutrition and may potentially increase the risk for adult non-communicable diseases. Our objective was to examine associations between early childhood diarrhea burden and later development of MetS. **Methods:** We studied individuals who participated in the Institute of Nutrition of Central America and Panama Nutritional Supplementation Longitudinal Study (1969–1977) and were followed up in 2002–2004. We used logistic regression to determine associations of diarrhea burden at ages 0 to 6, 6 to 12, and 12 to 24 months with odds of MetS and elevations in its components as adults. **Results:** Among 389 adults age 25 to 42 years at follow-up, the prevalence of MetS was 29%. Adjusting for several confounders including adult body mass index (BMI), each absolute 1% increase in diarrhea burden at age 0 to 6 months (but not at other time periods) was associated with increased odds of MetS (odds ratio [OR], 1.03; 95% confidence interval [CI], 1.01–1.06). This was attributable primarily to associations with elevated blood pressure (OR, 1.03; 95% CI, 1.00–1.06) and waist circumference (OR, 1.03; 95% CI, 1.00–1.06). **Conclusions:** Childhood diarrhea burden at 0 to 6 months is associated with MetS in adulthood after controlling for childhood growth parameters and adult BMI.

Age-appropriate vaccination against measles and DPT-3 in India - closing the gaps

Awofeso, N, Rammohan, A, Iqba, K. *BMC Public Health*, April, 2013, 13:358. doi:10.1186/1471-2458-13-358

<http://www.biomedcentral.com/content/pdf/1471-2458-13-358.pdf>

Background: In 2010, India accounted for 65,500 (47%) of the 139,300 measles-related deaths that occurred globally. Data on the quality of age-appropriate measles vaccination in rural India is sparse. We explored the following issues: (i) What proportions of Indian children were appropriately vaccinated against measles at 9 months of age, and DPT-3 at 4 months? (ii) Which health facilities administered measles vaccine to children prior to 9 months of age and DPT-3 prior to 14 weeks? **Methods:** We analyzed data from the 2008 Indian *District Level Health Survey* (DLHS-3) to determine the extent of age-appropriate measles and DPT-3 vaccinations. Among 192,969 households in the dataset, vaccination

cards with detailed records were available for 18,670 children aged between 12 and 23 months. **Results:** Among this cohort, 72.4% (13,511 infants) had received the first dose of measles vaccine. Only 30% of vaccinated infants received the measles vaccine at the recommended age of 9 months. Similarly, only 31% of infants in the cohort received dpt-3 vaccine at the recommended age of 14 weeks. About 82% of all prematurely vaccinated children were vaccinated at health sub-centres, ICDS and pulse polio centres. **Conclusions:** Age-inappropriate vaccination impacts adversely on the effectiveness of India's measles immunisation program due to sub-optimal seroconversion, if premature, and increased vulnerability to vaccine preventable diseases, if delayed. Capacity building approaches to improve age-appropriate vaccination are discussed.

Civil society organizations, the implementing partners of the Global Vaccine Action Plan

Thacker, N, Vashishtha, VM, Akaba, AJ, Mistry, RF. *Vaccine*, 31S, pages B97-B102, April, 2013. doi:

<http://dx.doi.org/10.1016/j.vaccine.2012.12.040>

The authors illustrate by way of civil society (CS) experiences in Pakistan, India, and Ghana how the guiding principles of CS and civil society organizations (CSOs) align with those of the Global Vaccine Action Plan (GVAP); (i.e., country ownership, shared responsibility and partnership, equity, integration, sustainability, and innovation). These experiences show how CS is contributing to GVAP goals such as global polio eradication and improving vaccination coverage by removing barriers and ultimately working toward achieving Millennium Development Goal (MDG) 4—reducing child mortality. A number of CSOs working in the field of child health share some of the objectives enlisted in GVAP: that immunization becomes a national health priority; individuals, families, communities understand the importance of immunization; benefits of immunization are equitably extended to all people; and vaccination systems are part of an integrated health system.

Successful polio eradication in Uttar Pradesh, India: the pivotal contribution of the social mobilization network, an NGO/UNICEF collaboration

Coates, EA, Waisbord, S, Soloman, R, Dey, R. *Global Health: Science and Practice*, 1(1), pages 68-83, 2013. doi:

10.9745/GHSP-D-12-00018

<http://www.ghspjournal.org/content/1/1/68.full.pdf+html>

In Uttar Pradesh, India, in response to low routine immunization coverage and ongoing poliovirus circulation, a network of U.S.-based CORE Group member and local nongovernmental organizations partnered with UNICEF, creating the Social Mobilization Network (SMNet). The SMNet's goal was to improve access and reduce family and community resistance to vaccination. The partners trained thousands of mobilizers from high-risk communities to visit households, promote government-run child immunization services, track children's immunization history and encourage vaccination of children missing scheduled vaccinations, and mobilize local opinion leaders. Creative behavior change activities and materials promoted vaccination awareness and safety, household hygiene, sanitation, home diarrheal-disease control, and breastfeeding. Program decision-makers at all levels used household level data that were aggregated at community and district levels, and senior staff provided rapid feedback and regular capacity-building supervision to field staff. Use of routine project data and targeted research findings offered insights into and informed innovative approaches to overcoming community concerns impacting immunization coverage. While the SMNet worked in the highest-risk, poorly served communities, data suggest that the immunization coverage in SMNet communities was often higher than overall coverage in the district. The partners' organizational and resource differences and complementary technical strengths posed both opportunities and challenges; overcoming them enhanced the partnership's success and contributions.

Age-appropriate infant and young child feeding practices are associated with child nutrition in India: insights from nationally representative data

Menon, P, Bamezai, A, Subandoro, A, Ayoya, MA, Agyauo, V. *Maternal & Child Nutrition*, April, 2013. doi:

10.1111/mcn.12036. <http://www.ncbi.nlm.nih.gov/pubmed/23557463>

Age-appropriate infant and young child feeding (IYCF) practices are critical to child nutrition. The objective of this paper was to examine the associations between age-appropriate IYCF practices and child nutrition outcomes in India using data from ~18 463 children of 0–23.9 months old from India's National Family Health Survey, 2005–06-3. The outcome measures were child height-for-age z-score (HAZ), weight-for-age z-score (WAZ), weight-for-height z-score, stunting, underweight and wasting. Linear and logistic regression analyses were used, accounting for the clustered survey data.

Regression models were adjusted for child, maternal, and household characteristics, and state and urban/rural residence. The analyses indicate that in India suboptimal IYCF practices are associated with poor nutrition outcomes in children. Early initiation of breastfeeding and exclusive breastfeeding were not associated with any of the nutrition outcomes considered. Not consuming any solid or semi-solid foods at 6–8.9 months was associated with being underweight ($P < 0.05$). The diet diversity score and achieving minimum diet diversity (≥ 4 food groups) for children 6–23 months of age were most strongly and significantly associated with HAZ, WAZ, stunting and underweight ($P < 0.05$). Maternal characteristics were also strongly associated with child undernutrition. In summary, poor IYCF practices, particularly poor complementary foods and feeding practices, are associated with poor child nutrition outcomes in India, particularly linear growth.

Effectiveness of nutrition training of health workers toward improving caregivers' feeding practices for children aged six months to two years: a systematic review

Sguya, BF, Poudel, KC, Mlunde, LB, Shakya, P, Urassa, DP, Jimba, M, Yasuoka, J. *Nutrition Journal*, 12(66), May, 2013. doi:10.1186/1475-2891-12-66

<http://www.nutritionj.com/content/pdf/1475-2891-12-66.pdf>

Background: Nutrition training of health workers can help to reduce child undernutrition. Specifically, trained health workers might contribute to this end through frequent nutrition counseling of caregivers. This may improve child-feeding practices and thus reduce the risk of undernutrition among children of counseled caregivers. Although studies have shown varied impacts of health workers' nutrition training on child feeding practices, no systematic review of the effectiveness of such intervention has yet been reported. Therefore, we conducted this study to examine the effectiveness of nutrition training for health workers on child feeding practices including feeding frequency, energy intake, and dietary diversity among children aged six months to two years. **Methods:** We searched the literature for published randomized controlled trials (RCTs) and cluster RCTs using medical databases including PubMed/MEDLINE, CINAHL, EMBASE, and ISI Web of Knowledge, and through WHO regional databases. Our intervention of interest was nutrition training of health workers. We pooled the results of the selected trials, evaluated them using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) criteria, and calculated the overall effect size of the intervention in meta-analyses. **Results:** Ten RCTs and cluster RCTs out of 4757 retrieved articles were eligible for final analyses. Overall, health workers' nutrition training improved daily energy intake of children between six months and two years of age. The pooled evidence from the three studies reporting mean energy intake per day revealed a standardized mean difference (SMD) of 0.76, 95% CI (0.63- 0.88). For the two studies with median energy intake SMD was 1.06 (95% CI 0.87-1.24). Health workers' nutrition training also improved feeding frequency among children aged six months to two years. The pooled evidence from the three studies reporting mean feeding frequency showed an SMD of 0.48 (95% CI 0.38-0.58). Regarding dietary diversity, children in intervention groups were more likely to consume more diverse diets compared to their counterparts. **Conclusion and recommendations:** Nutrition training for health workers can improve feeding frequency, energy intake, and dietary diversity of children aged six months to two years. Scaling up of nutrition training for health workers presents a potential entry point to improve nutrition status among children.

Critical windows for nutritional interventions against stunting

Prentice, AM, Ward, KA, Goldberg, GR, Jarjou, LM, Moore, SE, Fulford, AJ, Prentice, A. *American Journal of Clinical Nutrition*, 97(5): 911-8, 2013 May. doi: 10.3945/ajcn.112.052332.

<http://ajcn.nutrition.org/content/97/5/911.full.pdf+html>

An analysis of early growth patterns in children from 54 resource-poor countries in Africa and Southeast Asia shows a rapid falloff in the height-for-age z score during the first 2 y of life and no recovery until ≥ 5 y of age. This finding has focused attention on the period 29 to 24 mo as a window of opportunity for interventions against stunting and has garnered considerable political backing for investment targeted at the first 1000 d. These important initiatives should not be undermined, but the objective of this study was to counteract the growing impression that interventions outside of this period cannot be effective. We illustrate our arguments using longitudinal data from the Consortium of Health Oriented Research in Transitioning collaboration (Brazil, Guatemala, India, Philippines, and South Africa) and our own cross-sectional and longitudinal growth data from rural Gambia. We show that substantial height catch-up occurs between 24 mo and midchildhood and again between midchildhood and adulthood, even in the absence of any interventions. Longitudinal growth data from rural Gambia also illustrate that an extended pubertal growth phase allows very considerable height recovery, especially in girls during adolescence. In light of the critical importance of maternal stature to her children's health, our arguments are a reminder of the importance of the more comprehensive UNICEF/Sub-Committee on Nutrition through the Life-Cycle approach. In particular, we argue that adolescence represents an additional window

of opportunity during which substantial life cycle and intergenerational effects can be accrued. The regulation of such growth is complex and may be affected by nutritional interventions imposed many years previously.

Determinants of better health: a cross-sectional assessment of positive deviants among women in west Bengal

Long, KN, Gren, LH, Rees, CA, West, JH, Hall, PC, Gray, B, Crookston, BT. *BMC Public Health*, 13:372, April, 2013. doi: 10.1186/1471-2458-13-372

<http://www.biomedcentral.com/content/pdf/1471-2458-13-372.pdf>

Background: Rural women in West Bengal have been found to have low rates of formal education, poor health knowledge, high rates of malnutrition and anemia, and low levels of empowerment. Despite these difficult circumstances, some women have positive health outcomes compared to women with similarly disadvantaged backgrounds. The purpose of this study is to identify factors associated with positive health outcomes among women with primary education or less. **Methods:** Multivariable regression models were built for outcomes of positive deviance to better characterize the factors in a woman's life that most impact her ability to deviate from the status quo. **Results:** Positive deviants in this context are shown to be women who are able to earn an income, who have access to information through media sources, and who, despite little schooling, have marginally higher levels of formal education that lead to improved health outcomes. **Conclusions:** Study findings indicate that positive deviant women in disadvantaged circumstances can achieve positive outcomes amidst a host of contextual barriers that would predict poor health outcomes. Focusing on areas such as enhancing access to media sources, facilitating self-help groups for married women, and promoting prolonged education and delayed marriage for girls may improve health knowledge and behavior among married women with low levels of education.

From nutrition plus to nutrition driven: how to realize the elusive potential of agriculture for nutrition?

Haddad, L. *Food & Nutrition Bulletin*, 34 (1): pages 39-44, March 2013.

<http://www.ingentaconnect.com/content/nsinf/fnb/2013/00000034/00000001/art00005>

Background. Agriculture has the potential to have a bigger impact on nutrition status than it currently does. The pathways between agriculture and nutrition are well known. Yet the evidence on how to increase the impact of agriculture on nutrition is weak. **Objective.** To outline some of the possible reasons for the weak evidentiary link between agriculture and income and to highlight some approaches to incentivizing agriculture to give nutrition a greater priority. **Methods.** A review of literature reviews and other studies. **Results.** Agriculture does not have a strong poverty and nutrition impact culture, the statistical links between aggregate agriculture and nutrition data are weak, literature reviews to date have not been sufficiently clear on the quality of evidence admitted, and the evidence for the impact of biofortification on nutrition status is positive, but small. Some tools are proposed and described that may be helpful in raising the profile of nutrition outcomes, building nutrition outcomes into impact assessments of agriculture, measuring the commitment to undernutrition reduction, and helping to prioritize nutrition-relevant actions within agriculture. Leadership in agriculture and nutrition is also an understudied issue. **Conclusions.** Agriculture has a vast potential to increase its impact on nutrition outcomes. We don't know if this potential is being fully realized as yet. I suspect it is not. Tools that help promote the visibility of nutrition within agriculture and the accountability of agriculture toward nutrition can possibly contribute to moving "from Nutrition Plus to Nutrition Driven" agriculture.

How effective are cash transfers at improving nutritional status?

Manley, J, Gitter S. *World Development*, 48, pages 135-155, August, 2013.

<http://www.sciencedirect.com/science/article/pii/S0305750X13000934>

Cash transfer programs have not always affected children's nutritional status. We reviewed 30,000 articles relating cash transfer programs and height for age, finding 21 papers on 17 programs. Applying meta-analysis we examine the overarching relationship, finding that the programs' average impact on height-for-age is positive, but small and not statistically significant. We evaluate many programs, child and local characteristics' correlation with estimated outcome. Conditional programs statistically accomplish the same as unconditional. However, conditionalities not related to health or education strongly inhibit child growth. We see girls benefiting more than boys and more disadvantaged areas benefiting more.

NON PEER-REVIEWED LITERATURE

Household response to food subsidies: evidence from India

Kaul, T. University of Maryland, March, 2013

http://www.aae.wisc.edu/mwiedc/papers/2013/kaul_tara.pdf

This paper uses household survey data to examine the impact of a food subsidies program on food consumption, caloric intake and calories from different food groups for poor households in India. The national food security program (PDS) for households below the poverty line takes the form of a monthly quota of food grains at substantially discounted prices; program rules differ by state and, in some states, by household size. The effect of the program is studied by exploiting geographic and household size specific variations in the value of the subsidy. Consumption data from six rounds (2002-2008) of the NSSO Socio-Economic surveys is used. In agreement with other literature on food subsidies, this paper finds small elasticities for cereal consumption and calories with respect to the value of the subsidy. However an increase in the subsidy amount is found to increase calories by more than what is implied by its impact on cereal consumption alone. This is an important indicator that households benefit from the program in terms of overall food intake and not just through the food grains directly provided by the PDS. The elasticities for overall calories and calories from all food groups are positive and significant. Compared to results from studies on pure price subsidies which find zero or negative effects, the results found here suggest that quotas may be more effective at improving nutrition. Finally, taking into account differences in the state wise functioning of the program, a smaller effect is found in states that have higher levels of corruption.

Consensus statement of the Indian Academy of Pediatrics on integrated management of Severe Acute Malnutrition

Dalwal, S, Chaudhary, P, Bavdekar, SB, Dalal, R, Kapil, U, Dubey, AP, Ugra, D, Agnani, M, Sachdev, HPS. Indian Pediatrics, 50, pages 399-404, April, 2013. <http://indianpediatrics.net/apr2013/399.pdf>

Justification: Severe acute malnutrition (SAM) is a major public health issue. It afflicts an estimated 8.1 million under-five children in India causing nearly 0.6 million deaths. The improved understanding of pathophysiology of SAM as well as new internationally accepted growth charts and newer modalities of integrated intervention have necessitated a relook at IAP recommendations. **Process:** A National Consultative Meeting on Integrated Management of Severe Acute Malnutrition was held in Mumbai on 16th and 17th October, 2010. It was attended by the invited experts in the field. Extensive discussions were held as per the program. The participants were then divided into six groups for detailed discussions. The groups deliberated on various issues pertaining to the task assigned and presented recommendations of the groups in a plenary session. The participants made a list of recommendations after extensive discussions. A Writing Committee was formed and was entrusted with the task of drawing a Consensus Statement on the basis of these Recommendations. After multiple deliberations, the following Consensus Statement was adopted. **Objectives:** To critically evaluate the current global evidence to formulate a consensus among stakeholders regarding diagnosis and management of SAM. **Recommendations:** An integrated management of malnutrition is likely to yield more dividends. Thus, management of SAM should constitute an important component of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) program. Determination of SAM on the basis of Z-scores using WHO Growth charts is considered statistically more appropriate than cut-offs based on percentage weight deficit of the median. Considering the fact that many children with SAM can be successfully managed on outpatient basis and even in the community, it is no more considered necessary to advise admission of all children with SAM to a healthcare facility. Management of SAM should not be a stand-alone program. It should integrate with community management therapeutic programs and linkages with child treatment center, district hospitals and tertiary level centers offering inpatient management for SAM and include judicious use of ready-to-use-therapeutic Food (RUTF). All sections of healthcare providers need to be trained in the integrated management of SAM.

Inclusive health in India: a disaggregated level analysis

Kumari, R. *Journal of Community Positive Practices*, XIII (1): 45-60, 2013.

<http://www.jppc.ro/reviste/JCPP%20Nr.%201%202013/articole/art03.pdf>

Recent research has witnessed considerable attraction of people and policy makers regarding health outcome and its impact on the welfare of the population. Moreover, wide heterogeneity is evident in achieving various health outcomes and health related infrastructure indicators within the states. The problem of larger states, which comprises a huge population, mass poverty and poor health status, is more severe, hence requires special attention to policy makers and planners. The study aims at measuring health disparity in Uttar Pradesh, largest state in terms of population, using different indicators, related to health outcomes and infrastructures. The paper makes an attempt to develop composite index, showing health development at district level as well as regional level during the period 2010-11. The study uses Principle Component Analysis to see the impact of different indicators in the health status of the state. The empirical result shows that there exists wide variation in different indicators of health in the state at disaggregated level.

The political economy of food price policy

Ganguly, K, Gulati, A. *World Institute for Development Economic Research (WIDER), Working Paper No. 2013/034*, April, 2013.

<http://www.indiaenvironmentportal.org.in/files/file/The%20political%20economy%20of%20food%20price%20policy%20in%20India.pdf>

India did not experience any food price spikes during 2007–08 when global food prices erupted. It was partly due to India's ban on exports of wheat and common rice India resorted to. But the fiscal stimulus that the government of India provided in 2009 in the wake of G8 countries' and other major economies' call to avert economic recession, coupled with one of the worst droughts India experienced in that year, led to rising food prices in India since mid-2009. Food price inflation has hovered between 8–12 per cent per annum since then. The nature of food inflation, however, changed from being cereals-led to high value products (fruits and vegetables, and protein foods) during 2010–11 and 2011–12. While food inflation invited severe political protests, the situation did not escalate to any riots or violence. The government has been trying hard to cool down food prices by reining-in fiscal deficit, tightening monetary policy, releasing more grains from public stocks, and distributing subsidized grains through the public distribution system to targeted population. Yet it has not quite succeeded in containing an uncomfortably high level of food inflation. This is a cause for concern given that India continues to face food security challenges given the large number of people living below the poverty line and a significant part of them being susceptible to food price shocks.

Improving child nutrition the achievable imperative for global progress

UNICEF, April 2013

<http://reliefweb.int/report/world/improving-child-nutrition-achievable-imperative-global-progress>

A new UNICEF report issued today offers evidence that real progress is being made in the fight against stunted growth – the hidden face of poverty for 165 million children under the age of five. The report shows that accelerated progress is both possible and necessary. The UNICEF report highlights successes in scaling up nutrition and improving policies, programmes and behaviour change in 11 countries: Ethiopia, Haiti, India, Nepal, Peru, Rwanda, the Democratic Republic of the Congo, Sri Lanka, Kyrgyzstan, the United Republic of Tanzania and Viet Nam.

A global research agenda for nutrition science.

The Sackler Institute for Nutrition Science (2013). New York, 13 pages. <http://www.nutritionresearchagenda.org/>

The Sackler Institute for Nutrition Science, under the umbrella of The New York Academy of Sciences, and in collaboration with the World Health Organization, has launched a global initiative to formulate a research agenda for nutrition science to set the stage for new explorations, finding ways to best translate this agenda into effective action to improve human nutrition worldwide. Considering the increasing burden of diseases related to nutritional issues, and the difficulties in elaborating large-scale sustainable solutions to address them, experts agree that more research is needed to examine the various pathways, interactions, and mechanisms that influence a population's nutritional status. This agenda stems from the need to consolidate existing knowledge in this field, and identify critical questions to guide future research endeavours.

UPCOMING EVENTS

2013 Series on Maternal & Child Nutrition

On June 6th, The Lancet will publish a Series of papers featuring new data and policy recommendations on global nutrition. The papers are a follow-up to The Lancet's landmark 2008 Series, which helped put nutrition on the global health and development agenda and identified the 1,000 days of a mother's pregnancy until her child's 2nd birthday as the priority window for impact.

For more information: <http://globalnutritionseries.org/about/>

Transforming nutrition ideas, policy and outcomes 2013

The acceleration undernutrition reduction requires a transformation in the ways we think about undernutrition and the actions we take. This 5 day course, designed for both for policy makers and practitioners, will take participants through new ways of thinking about undernutrition and what to do about it.

Where: Institute of Development Studies, Brighton

When: July 15 – July 19, 2013

For more information: <http://www.ids.ac.uk/events/transforming-nutrition-ideas-policy-and-outcomes-2013>

Impact of early nutrition for long-term health

The Academy for Paediatric Gastroenterology is excited to be running this highly successful one-day course again, led by Dr Atul Singhal, which will examine the nutritional exposure during early development and the effect this has on our health in adulthood.

Through a series of lectures, issues such as complementary feeding, allergic diets, obesity and other related disorders will be presented to provide delegates with all the practical tools and information needed to have a thorough understanding of the impact of early nutrition for long-term health.

Where: UCLA Institute of Child Health, London

When: June 14, 2013 – 09:30 -16:00

For more information: <http://www.nutritionociety.org/events/impact-early-nutrition-long-term-health>

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