

Nutrition no substitute for HIV/AIDS and TB drugs

An exhaustive analysis of scientific research on the links, if any, between improved nutrition and the treatment of HIV/AIDS and tuberculosis has found no evidence that healthier eating is any substitute for correctly used medical drugs.

The study, by a 15-member consensus panel of the Academy of Science of South Africa (ASSAf), also found that there is a lamentable paucity of relevant, solid data on which to base sound policies for the country.

According to the study South Africa is in the grip of three concurrent epidemics: malnutrition, brought about by a conglomeration of socio-economic factors, HIV/AIDS, caused by the human immunodeficiency virus, and active TB, caused by progressive infection with *Mycobacterium tuberculosis*. Although caused by separate factors, there is evidence that each epidemic acts synergistically to aggravate the other two.

Based on a systematic review of the clinical literature as well as scrutiny of recent guidelines from the World Health Organization, Southern African HIV Clinicians Society and the South African National Department of Health, the panel recommends that the implementation of the integrated nutrition programme of the Department of Health be evaluated and adequately resourced for implementation to address undernutrition in vulnerable groups, especially in women and very young children, and that resources should be directed to ensure food security based on locally available, affordable and traditional foods.

The nutritional care of people infected with HIV should focus on diversified diets including locally available, affordable and traditional foods, and should be complemented by appropriate macronutrient supplements. Everything possible should be done to promote and support adequate dietary intake of micronutrients at recommended levels, and HIV-infected women should be offered multivitamin supplementation.

The nutritional care of individuals infected with TB should focus on adequate diversified diets including locally available, affordable and traditional foods. In addition, the use of appropriate macronutrient supplements is recommended, especially for those patients who are demonstrably deficient in these nutrients.

The existing legislation and regulations should be enforced for all products claiming medicinal benefits with respect to HIV infection or active TB, and government should identify accessible, scientifically valid ways to accelerate the investigation of promising traditional or herbal products.

Finally, more nutritionists and dietitians should be trained and utilised in programmes addressing HIV/AIDS and tuberculosis, and the nutritional knowledge of all health care workers in community, clinic and hospital settings should be improved and extended.

The panel also identified a number of research priorities, including the need for clinical and epidemiological studies on nutritional support for HIV-infected subjects and patients exposed to active tuberculosis.

The implementation of these recommendations will require a concerted and well-coordinated series of actions by different role-players in the system, says the panel. Moreover, making this happen should be regarded as a national priority, and that focusing resources in this direction will contribute greatly to addressing effectively three concurrent epidemics that threaten the future viability, let alone prosperity, of the country.

Source: www.assaf.co.za

Food safety strategy for Africa

The burden of food-borne diseases in Africa is difficult to surmise, but available data for diarrhoea due to contaminated food and water suggest mortality to be around 700 000 persons per year in all ages. African children suffer an estimated five episodes of diarrhoea per child per year, mostly due to contaminated infant food, and

microbial and chemical contaminants are of concern. Unless these issues are addressed, countries will have difficulty in achieving the health-related Millennium Development Goals.

Despite efforts by governments and both multilateral and bilateral agencies, weaknesses remain in national food control systems. Few countries have food-borne disease surveillance systems, with only Cameroon, Ethiopia, Madagascar, Senegal and South Africa reporting data to the Global Salm Surv network, and only 13 of the 45 countries in the region that have proposed food control legislation have enacted any laws.

To check this situation, the World Health Organization (WHO) Regional Office for Africa has developed a strategy, the central aims of which are to contribute to the reduction of morbidity and mortality due to contaminated food and to provide a platform for advocacy for food safety.

Priority interventions proposed in the strategy are:

- development of food safety policies, programmes, legislation and regulations to assure the safety of food from production to consumption
- development and improvement of capacity to provide analytical skills for monitoring foods on the market
- establishment of transparent health promotion systems and procedures to ensure that producers, processors, retailers, consumers and other stakeholders are properly informed on safe food handling as well as food emergencies
- development of systems to ensure national, regional and international cooperation, collaboration and coordination to ensure that stakeholders work in a concerted manner.

The strategy, which was adopted at the 57th session of the WHO Regional Committee for Africa in Brazzaville Congo in August, also suggests that countries increase allocation of resources for food safety to facilitate its implementation.

Source: www.afro.who.int