Editor's note

The year's end is remarkable, for two relevant and notable landmarks in nutrition. The first event is the National Breastfeeding Consultative Meeting, held on 22-23 August, in the presence of the Minister of Health, Deputy Minister of Health, and other top officials in the health and nutrition terrain. In the meeting, the Tshwane declaration of support for breastfeeding in South Africa was launched, and is published in full in this issue of the SAJCN. The initiative marks renewed efforts to promote the natural, noble, and recommended feeding practice of breastfeeding. The participants in the meeting summarised their concerns, noted the health imperatives in relation to child mortality, and the positive role that breastfeeding plays in that regard, and committed themselves to support and strengthen current efforts to promote breastfeeding. The latter has been consistently and intensively supported in the past. It has been documented that such efforts have led to improvements, albeit rather limited in extent, in the overall prevalence of breastfeeding worldwide. Undoubtedly, monitoring and evaluation will provide evidence of the declaration's impact in the future. Should SAJCN's readers wish to reflect on the initiative, they are welcome to use the correspondence functions of the SAJCN.

The second event relates to the commissioning of the South African National Health and Nutrition Examination Survey (SANHANES) by the Department of Health. The survey (SANHANES-1), planned for 2011-2012, is the first in the series, and aims to determine selected aspects of the health and nutritional status of South Africans of all ages, which address and support some of the Department's priority health indicators. It is planned that this survey will be conducted annually, using a modular approach, in order to continue addressing such priorities. The SANHANES will combine longitudinal, as well as cross-sectional, design elements. A prospective cohort approach will focus on the relationships between medical, nutritional, and behavioural or societal risk factors, and subsequent morbidity, mortality, and changes in risk factors at national level. A cross-sectional design component will provide representative data at provincial level.

The objectives of SANHANES-1 are:

• To evaluate the health status of South Africans with respect to the prevalence of non-communicable diseases (specifically

cardiovascular disease, diabetes and hypertension), and their risk factors (diet, physical activity and tobacco use).

- To evaluate the knowledge, attitudes and behaviour of South Africans with respect to non-communicable and communicable infectious diseases.
- To evaluate the nutritional status of South Africans as an outcome of food security, dietary intake or behaviour, including alcohol consumption, and body weight management.
- To evaluate South Africans' general perceptions of health and healthcare services.
- To evaluate the health status of children under the age of five years, with respect to early childhood development, breastfeeding, treatment of illness, immunisation, and use of the road to health booklet.
- To evaluate the health status of children between the ages of 2-9 years, with respect to physical and mental disabilities.
- To determine the behavioural and social aspects of health of South Africans, in terms of smoking, dietary quality, and physical inactivity, as well as household composition and amenities, education level, age, gender, race, socio-economic status and geotype, and relate these to the health and nutritional status of the South African population.

Among other advantages, the SANHANES-1will combine questionnaires with physical examination and disease/ determinant specific biomarkers, thus allowing health and nutrition to be explored in much greater detail in order to better inform policy, as practised in the US,¹ Canada,² China,³ and Europe.⁴

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