

EDITORIAL

Transition from Journal of Diarrhoeal Diseases Research to Journal of Health, Population and Nutrition

With this issue, the Journal is changing its name from the Journal of Diarrhoeal Diseases Research (JDDR) to the Journal of Health, Population and Nutrition (JHPN). Along with the change in name comes a change in the mission of a journal that focused on diarrhoeal diseases and associated complications to be a more broad-based journal reflecting developments in international health. This change may seem like a sudden and major shift in direction, but in fact, it is an evolution that reflects changing concepts in international health. The JDDR, published by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), was initiated in 1983 to disseminate important research findings on issues relating to diarrhoeal diseases. Emphasis was given on papers from scientists of developing countries.

In 1978, when the ICDDR,B was created from the former Cholera Research Laboratory, diarrhoeal diseases were the leading cause of death in nearly all developing countries, and the emphasis on diarrhoea as the critical research issue for developing countries was appropriate. These were exciting times in diarrhoeal disease research with the discovery and application of oral rehydration therapy, the discovery of important new pathogenic agents, such as rotavirus, enterotoxigenic *Escherichia coli*, and exciting new approaches for public health interventions to alleviate diarrhoea-associated problems.

The ICDDR,B has evolved into the Centre for Health and Population Research, and in a similar vein, the World Health Organization's Control of Diarrhoeal Diseases (CDD) Programme has evolved into a programme advocating an integrated management of childhood illness (IMCI). Most public health programmes recognize the critical relationship among common infectious diseases, malnutrition, and population trends. It is because of these changing concepts that the Journal has decided to change from being a highly-focused journal limited to studies on diarrhoeal diseases to one that includes a much broader range of interests, describing important research findings relating to health, population, and nutrition.

The current issue continues to publish articles that were more appropriate for the JDDR. These articles were in the pipeline, and the authors who contributed

these deserved to have their work published according to the understanding at the time they submitted these. Future issues will evolve considerably however, and will reflect the changing priorities of the Journal.

The mission of the JHPN is to provide a forum for publishing new findings on issues pertinent to maternal, child and family health and related issues of population and nutrition. Issues of fertility, birth-spacing, maternal and children's nutrition, immunizations, and common illnesses are integrally related to overall health status, and papers which especially deal with these interactions are welcome. The Journal has a special interest in publishing original research of relevance to developing countries. To increase the Journal's availability to readers in developing countries, it will be freely available through the Internet (<http://www.icddrb.org/jhpn>).

To illustrate the types of articles that are welcome in the JHPN, consider the changes that have occurred in Bangladesh over the last 35 years in the health and population issues. Infant mortality has declined from over 120 to about 50-60 in different areas. The contraceptive prevalence rates among married couples have risen from less than 4% to about 50% nationwide and 60% in the ICDDR,B field sites in Matlab. Correspondingly, the fertility rates have declined from 7 to 3.3 children per mother during her reproductive life. Women tend to be marrying at a later age, and the interval between births is increasing. Women are becoming better-educated, more of them are earning wages, and have greater mobility outside the home.

Figure 1 illustrates the changing neonatal and postneonatal mortality rates that have been seen in the Matlab field site of ICDDR,B over more than 30 years. Figure 2 shows the changes in childhood mortality in the same area. These two figures show some impressive trends. Neonatal mortality has dropped by about 30% during the period, but this decrease appears largely to be the result of successful immunization of mothers with tetanus vaccine, thereby preventing neonatal tetanus. Other than prevention of neonatal tetanus, there have been relatively fewer interventions to prevent neonatal deaths until recently.

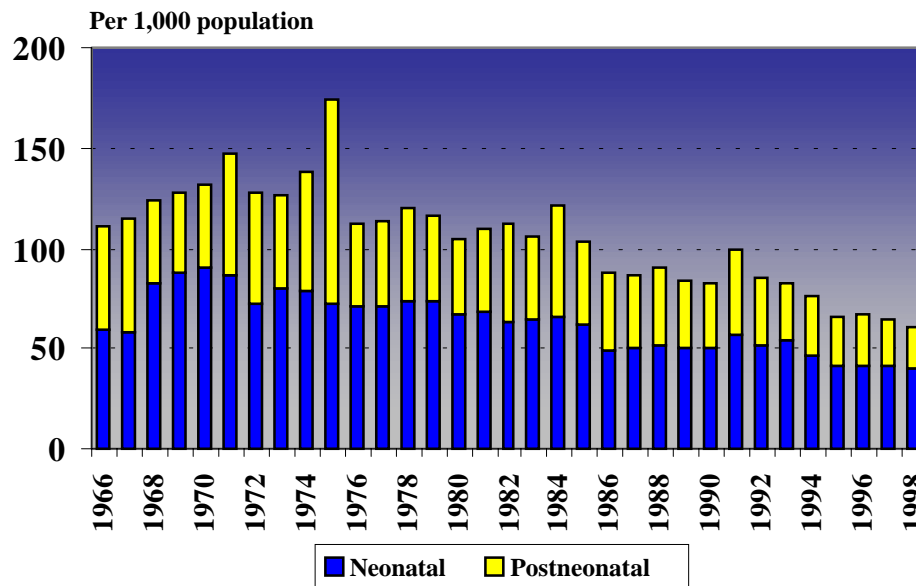


Fig. 1. Neonatal and postneonatal mortality rates, Matlab, Bangladesh, 1966-1998

In contrast to neonatal mortality, postneonatal (deaths between 1 and 11 months after birth) and child mortality has decreased more dramatically and seems to be the result of a range of primary healthcare programmes: immunizations (especially for measles), use of ORS for diarrhoea, antibiotics for pneumonia, and vitamin A distribution.

Figure 2 well-illustrates the three peak periods of childhood mortality. These peaks occurred in 1971 at the time of the War of Liberation, in 1975 at the time of a major famine and flood, and in 1985 at the time of a major epidemic of shigellosis. Since then, the rates have decreased steadily, but the deaths, associated with war, famine, and epidemic, stand out as critical events with long-term impact on the demography of Bangladesh. Fortunately, these peaks have not been repeated in 15 years but always lurk as a threat.

Amongst health and nutrition programmes, vitamin A programmes have been successful in administering vitamin A to a large proportion of children in Bangladesh, and immunizations are reaching infants through the Expanded Programme on Immunization (EPI). Oral rehydration solution for diarrhoea is available everywhere in the country, and knowledge of its use is also almost universal, and appropriate treatment for pneumonia is becoming more common.

In spite of these encouraging improvements, the infant mortality rate is still high; the fertility rates have

not yet reached replacement levels, the neonatal mortality rates not fallen to acceptable levels, and postneo-natal and child mortality still needs to be reduced.

Multiple factors, many of which are changing rapidly and simultaneously, have profound influence on well-being of people living in developing countries. It is anticipated that the Journal will provide a forum for reporting on these changes, especially to provide a place to report the findings from new and innovative programmes. The

IMCI programme, for example, is expected to improve the health of children, but many operational questions remain as to how this programme can best be implemented. Micronutrients, in addition to vitamin A, especially zinc, are showing promise as life-saving elements among groups of children, but there is much to learn as how best this new technology can be applied. The finding that so many infants are born with a low birth-weight (about 50% in Bangladesh), and that these infants suffer from illnesses during infancy suggest that much can be accomplished to refine and intervene with the problem of low birth-weight. Interventions for neonatal mortality and maternal mortality are areas of active programme development, and findings from these programmes need to be disseminated widely. Immunization with the standard package of EPI vaccines has had tremendous impact, and new vaccines may be added to the list of childhood and adult vaccines, including those for respiratory and enteric infections. The efficacy of these vaccines in developing countries needs to be communicated and discussed, and their impact on overall health needs to be evaluated. For example, there may be nutritional improvements from vaccines for enteric diseases and this, in turn, may have impacts on growth and survival.

An area for investigation is the interactions among the health, nutrition and population fields. Since malnutrition is an underlying factor in so many of the childhood deaths, nutrition interventions should have major health impact. Similarly, family-planning pro-

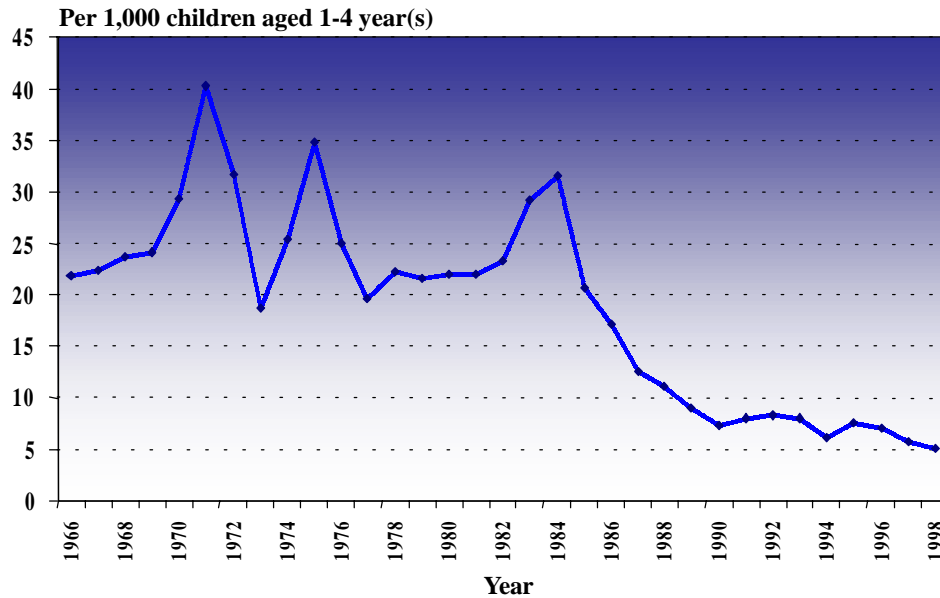


Fig. 2. Child mortality, Matlab, Bangladesh, 1966-1998

grammes have major impact on health outcomes and health indicators, and such family-planning programmes are being increasingly integrated with health programmes. The experience of this integration needs to be studied critically so as to maximize the benefits of both the programmes. The success of the family-

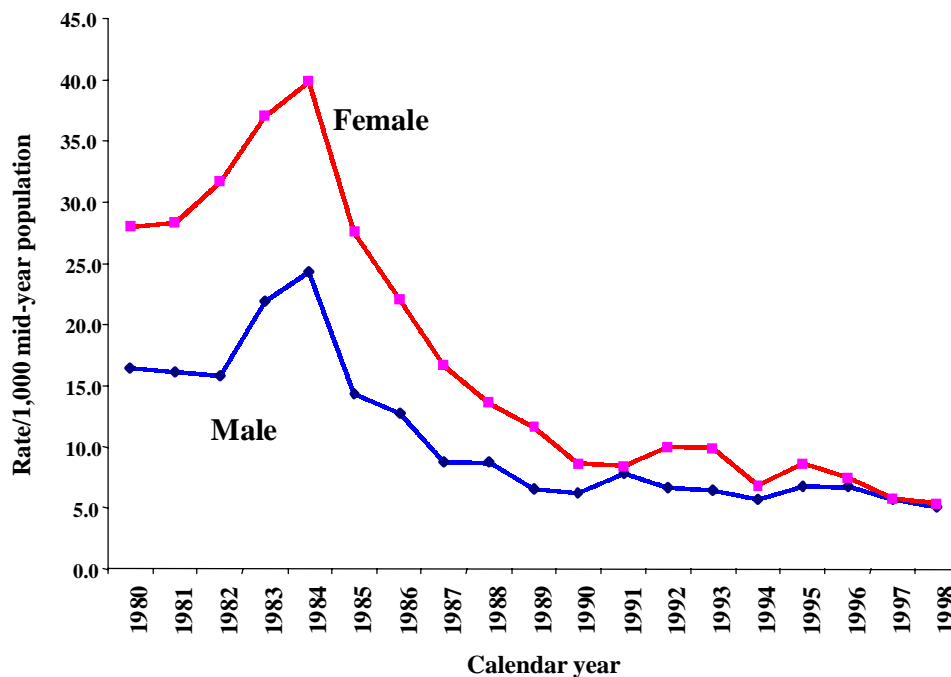


Fig. 3. Child (1-4 years) mortality rates by sex, Matlab, Bangladesh, 1980-1998

planning programmes in Bangladesh could easily lead to complacency, but it is also clear that attainment of the goal of replacement fertility by 2005 (as set by the Government of Bangladesh) will require greatly intensified efforts. Reducing fertility from 3.3 to 2.2 may, in fact, be more difficult (and require different strategies) than reducing it from 7 to 3.3.

Issues of equity have become increasingly important in international health.

Even in primary healthcare programmes where services should be available to everyone, one finds that poor families do not receive the same level of healthcare as their richer neighbours. This inequity is reflected in poorer child-survival rates in children from poor families. Similarly, female children in many developing countries have poorer survival than do male children. Truly effective programmes address the issue of inequity to insure benefit to all groups. An example of one measure of equity is shown in Figure 3. The figure shows higher childhood mortality in girls than boys, especially prominent during the 1985 epidemic. Subsequently, with the development of the primary healthcare programme, including immunizations, the gender differential disappears. The programme was not developed specifically to address gender

inequity, but it clearly had an effect on alleviating this problem, and a better understanding of inequity is needed.

With such a broad mandate, how will the Journal focus on important manuscripts for publication? As a research journal, emphasis will be given on papers that describe scientifically valid results. Unfortunately, much of the literature from developing countries report "lessons learnt" rather than providing data that have developed through planned scientific studies. The "lessons learnt" papers can be valuable in communicating ideas and experiences, but they should not be a substitute for valid, unbiased reports that provide a sound basis for policy and programme. A second emphasis will be given on reviews of issues pertinent to the relevant areas of health, population, and nutrition in developing countries. (When authors consider writing a review article for the Journal, a letter to the editorial office will help outline the concept for the review so as to avoid duplication with other possible reviews being planned.) A third emphasis will provide opportunity for publishing opinions and short reports through a correspondence section. The editors hope that this will be a lively section to discuss early findings, comment on recent publications, and discuss themes and reactions to policies.

The JHPN welcomes your manuscripts and is committed to rapid review and publication. Consistent with the JDDR, the JHPN will give priority to manuscripts from scientists of developing countries or to manuscripts dealing with issues of importance to developing countries. The editors have some advice to prospective authors whose first language is not English. The manuscript you submit will have a much better chance of acceptance if English and grammar has a high standard.

ACKNOWLEDGEMENT

The author thanks Dr. P. Kim Streatfield and the Demographic Surveillance Programme of the ICDDR,B for demographic data shown in this editorial.

David A. Sack

Editor-in-Chief, JHPN and
Director
ICDDR,B: Centre for Health and Population Research
GPO Box 128, Dhaka 1000
Mohakhali, Dhaka 1212, Bangladesh
E-mail: dsack@icddr.org