

Anemia control in Brazil

Because of high and sometimes growing rates in some countries and regions, anemia is in reality the greatest deficiency problem in the world, affecting approximately 1.150.000.000 people. Mothers and children are the most exposed biological groups and because of this epidemiologic peculiarity are part of the population with priority interests related to public health policies.

In Brazil there is still no consistent assessment of the problem's dimension enabling the designing of a safe baseline on the situation. Nevertheless, data consolidated by the Pan American Health Organization some three years ago and specific studies made in some States (Paraíba, Pernambuco e São Paulo) agree in three very evident aspects. (It has been demonstrated that 40 to 50% of children below five years old are anemic, a pattern that does not significantly exclude the largest regions of the country, contrary to the spatial distribution of energetic-proteic malnutrition which is very well designed by the geography of poverty. Among pregnant women modal anemia distribution is related to the observation that although low income families are more at risk, anemia is a "democratic" endemic condition to the extent that it spreads in significant scales even among children and mothers with good economic and social conditions.

The third and more important fact is related to the observation that anemia tends to spread overtly growing from 22% in 1974 to 35% in 1984 and ultimately to 46% in children under five years old according to representative studies performed in the State of São Paulo. In the State of Paraíba, in 10 years (1982-1991) the incidence of anemia in pre-school kids has risen from 19% to 36%. In Pernambuco students of seven to twelve years old from the public school system of Recife, evaluated between 1982 and 2001, determined that the prevalence of anemia increased from 9% to 19%, an increase exceeding 100%.

Unfortunately there are no other studies capable of proving that this time trend could be applicable to the whole country. Nevertheless, evidence is sufficiently indicative that anemia is the principal deficiency endemic condition in our environment replacing other deficiencies such as hypovitaminosis A, the primary iodine deficiency (currently under control), energetic and protein malnutrition, possibly progressing concurrently with the condition of overweight/obesity.

Therefore, within this context, the mandatory use of iron compounds in general consumption cereals such as flour and corn meal starting June 16 of the current year by the Ministry of Health and by the Ministry of Industry and Commerce must be understood and supported as a measure with the highest reach to interrupt the presumably progressive tendency of anemia and revert the present condition of the problem in children and women in the reproductive period and other population groups.

The decision made official has become more important yet for the fact that it also mandates the enrichment of the same meals with folic acid, and it's estimated based on the Chilean and other Latin-American countries that this might reduce in 40% the severe fetal malformations such as the *spina bifida*.

At the same time in which these measures are implemented, the National Coordination of Food and Nutrition Policies of the Ministry of Health is mobilizing the cooperating regional centers and states' coordinating nutrition and food services to increment the use of iron supplements in the basic healthcare network focusing on children the pregnant women seeking assistance services. This supplementary strategy is strengthened by the education effort of valuing in everyday meals the products known as good dietary sources of bio-available iron which is at medium and long term the most adequate and natural tool in anemia control.

Therefore, a promising perspective emerges. With these basic measures (food supplements, use of iron supplements in biologic groups which are highly vulnerable and publicizing of information and education recommendations) it is expected that the problem is finally resolved. I.e. that the control of iron deficiency anemia is reduced to acceptable levels by the international specialists committees accredited by the United Nations, such as UNICEF and WHO.

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