

In this issue

If capacity refers to the ability of individuals, groups, organisations or societies to achieve stated objectives, such as the promotion of infant and maternal nutrition, obesity prevention and ensuring food security, then building capacity is logically a core strategic priority of public health nutrition. In this issue, three papers focus on aspects of capacity building in practice that should help clarify what capacity building means in different contexts. The paper by Baillie *et al.*⁽¹⁾ describes a conceptual framework for capacity building in practice and describes the determinants of capacity, with a view to directing strategic capacity-building effort, assessment and evaluation. These authors challenge practitioners to keep capacity building central to public health nutrition practice and strategy considerations.

Partnerships have been identified as a strategic priority for capacity building⁽¹⁾. Consistent with this theme, Pavlovic *et al.*⁽²⁾ describe the rationale and development of the Central and Eastern European (CEE) network for capacity development in nutrition. Initiated by the United Nations University/UN System Standing Committee on Nutrition, this network of ten CEE countries has worked in partnership to identify major regional nutrition challenges and prioritise public health nutrition workforce development as a prerequisite for effective action.

Workforce development is a core strategy component of capacity-building approaches in public health nutrition⁽¹⁾. In this issue, Torheim *et al.*⁽³⁾ report in an invited article the results of a survey among potential employers that has been used to model a curriculum for public health nutrition workforce development in Norway. The paucity of scholarship in this area suggests there is limited consideration by academia of the perspectives of employers when designing

curricula, so this approach from Norway to make curricula responsive to employers' needs and wants is commendable. The assumption, of course, is that employers know what they want and/or have adequately reflected on the attributes required to be effective in their workplaces. It also assumes that the curriculum needs of the present workforce are the priority, rather than having an aspirational or future-oriented view that recognises the time lags associated with workforce development. Nevertheless, this intelligence is a useful addition to the literature relevant to capacity building via workforce development.

The paper by Pavlovic *et al.*⁽²⁾ explicitly states that capacity development is a long-term process, that builds on existing capacities, persists under difficult circumstances and remains accountable to the beneficiaries of our work as public health nutritionists. Isn't this what makes public health nutrition such an interesting and challenging discipline to practise?

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References

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