

WHO/UNICEF Workshop on the New WHO Child Growth Standards for Children under Five

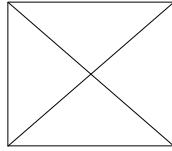


31 May–2 June 2007
Tagaytay City, Philippines



World Health
Organization

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC



REPORT

**WHO/UNICEF WORKSHOP ON THE NEW WHO CHILD GROWTH
STANDARDS FOR CHILDREN UNDER FIVE**

Tagaytay City, Philippines
31 May – 2 June 2006

Manila, Philippines
June 2010

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REPORT

**WHO/UNICEF WORKSHOP ON THE NEW WHO CHILD GROWTH
STANDARDS FOR CHILDREN UNDER FIVE**

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Tagaytay City, Philippines
31 May – 2 June 2006

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NOTE

The views expressed in this report are those of the participants in the WHO/UNICEF Workshop on the New WHO Child Growth Standards for Children under Five and do not necessarily reflect the policies of the Organization.

Keywords:

Anthropometry – methods, standards/ Growth/ Body weights and measures – Standards/ Nutrition assessment/ Child development/ Teaching materials/ Country studies/ Western Pacific

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the WHO/UNICEF Workshop on the New WHO Child Growth Standards for Children under Five, which was held in Tagaytay City, Philippines from 31 May to 2 June 2006.

SUMMARY

A WHO/UNICEF Workshop on the New WHO Child Growth Standards for Children under Five was held in Tagaytay City, Philippines from 31 May to 2 June 2006. The workshop was attended 50 people, including participants, temporary advisers, observers and secretariat.

The objectives of the workshop were:

- (1) to review the current practices of growth monitoring in the Region and become familiar with the new WHO child growth standards;
- (2) to discuss how to introduce and apply the new WHO child growth standards;
and
- (3) to develop a plan for enhancing the capabilities of health workers on the use of the new WHO child growth standards.

The workshop consisted of country presentations, technical presentations by WHO and UNICEF staff, discussions in plenary and small groups, and site visits to nearby health centres to observe the current use of growth standards, illustrating a real-life context where the new standards may be introduced.

The WHO/UNICEF Regional Child Survival Strategy accommodates the key life-saving interventions for childhood mortality and morbidity reduction in the Western Pacific Region in line with the Millennium Development Goals (MDGs) and lays a foundation for the healthy growth and development of children under five.

At the end of the workshop, each country endorsed the following:

- (1) The new WHO child growth standards offer renewed opportunity to strengthen commitment and action for child survival and development.
- (2) The new standards provide a technically robust tool to measure, monitor and evaluate the growth of all children worldwide, regardless of ethnicity, socioeconomic status or type of feeding.
- (3) Adoption of the new WHO growth standards should be advocated.
- (4) The actions presented during the workshop should be pursued, with support sought from the governments as well as development partners and other interested parties/stakeholders.

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1. INTRODUCTION

1.1. Background

Growth references are among the most valuable and widely used tools we have to measure how well we manage to fulfil children's basic physical needs and to assess the general well-being of populations. Growth references have been used to assess and monitor the nutritional situation of communities. At individual level, growth monitoring is used to evaluate the growth of the child, to detect risks and to orient parents in the care of the child. United Nations and governmental agencies responsible for promoting, securing, and sustaining children's well-being rely on growth references for a wide range of tasks, such as assessing general health status, promoting equity, formulating health and related policies, planning interventions, and monitoring the effectiveness of their efforts and those of others who share commitments and responsibilities to children.

Under the leadership of the World Health Organization (WHO), the United Nations undertook in 1993 a comprehensive review of the uses and interpretation of anthropometric references. The working group focused on incongruities presented by the apparent poor growth of healthy breastfed infants of well-nourished mothers and decided it was time to update the current references (United States National Center for Health Statistics [NCHS] and WHO). As a result of this review, the World Health Assembly in resolution WHA 47.5 endorsed the development of a new set of tools to assess infant and young child growth. The World Health Assembly also stressed the need to move beyond past approaches designed to describe how children grow in a particular region and time, to the more desirable goal of describing how all children should grow when their needs are met. To accomplish this more ambitious goal, WHO and its principal partner, the United Nations University, undertook the Multicentre Growth Reference Study between 1997 and 2003, involving primary data collection in Brazil, Ghana, India, Norway, Oman and the United States of America. The WHO Multicentre Growth Reference Study has generated standards for assessing the growth and development of children under five years old around the world, considering as the referral group children appropriately fed according to WHO recommendations, in contrast with the more widely used curves (developed by NCHS and WHO), which were the product of surveys conducted in one country and mostly on artificially fed infants. The new WHO child growth standards aim to establish growth under optimal environmental conditions including the breastfed infant as the normative model for growth and development. Additionally, the new references will include development milestones.

This workshop aims to introduce the new WHO child growth standards to countries in the Region and to improve detection of nutritional problems (underweight and overweight) and encourage health workers to promote better diets in children, including exclusive breastfeeding for the first six months. It is expected that the new standards will help Member States in their efforts to improve the survival of children, including through the implementation of the Regional Child Survival Strategy.

1.2 Objectives

- (1) To review the current practices of growth monitoring in the Region and become familiar with the new WHO child growth standards.
- (2) To discuss how to introduce and apply the new WHO child growth standards.
- (3) To develop a plan for enhancing the capabilities of health workers on the use of the new WHO child growth standards.

1.3 Participants

The workshop was attended by about 50 people, including participants, temporary advisers, observers and Secretariat (see Annex 1). Participants included representatives from nine countries in the Western Pacific Region, namely, Cambodia, China, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam. Observers represented a variety of institutions. The WHO/UNICEF Secretariat represented regional and country offices.

1.4 Meeting structure and organization

The workshop was conducted from 31 May to 2 June 2006 at the Phinma Training Centre in Tagaytay City, Philippines.

Dr Juanita Basilio was selected as Chairperson, Dr David Mokela as Vice-Chairperson, and Madam Zalma Abdul Razak and Mrs Azizan Khan as Rapporteurs.

The workshop agenda is attached as Annex 2. In addition to presentations and discussions in plenary and small groups, site visits were made to nearby health centres to observe the current use of growth standards, illustrating a real-life context where the new standards may be introduced.

2. PROCEEDINGS

2.1 Opening

Opening remarks were given by the WHO Representative for the Philippines, UNICEF Representative for Philippines and a representative from the Department of Health, Philippines. They highlighted the WHO/UNICEF recommendations for the best practices in child nutrition, especially exclusive breastfeeding for the first six months of life and continued breastfeeding up to two years and beyond with appropriate complementary feeding from six months onwards, and welcomed this as a basis for the development of the new WHO child growth standards. It was recognized that the new growth standards will provide an excellent opportunity within the context of the implementation of the

WHO/UNICEF Regional Child Survival Strategy to review and renew our efforts to ensure that all children enjoy a healthy start in life with optimal nutrition.

2.2 Session 1: Review of growth monitoring situation in the Western Pacific Region and background on the new growth standards

There were three presentations in relation to this objective. The first presentation addressed the importance of growth, the second presented the current use of child growth charts in the Region and the third referred to the process of development of the WHO child growth standards.

2.2.1 Importance of growth

Growth is "arguably one of the best expressions of overall well-being", is considered to be a human right and can impact on economic development as well as health and development. The presenter summarized the articles from the Convention on the Rights of the Child that related to growth. She also quoted from the document, *World Fit for Children*, where it stated that children must get the best possible start in life, with their survival, protection, growth and development in good health and with proper nutrition as essential foundation of human development. The fact that malnutrition slows economic growth and perpetuates poverty was highlighted as well as the substantial economic costs secondary to malnutrition, due to productivity losses and lost gross domestic product. In a 2006 publication, the World Bank stated: "Improving nutrition is therefore as much—or more—of an issue of economics as one of welfare, social protection, and human rights." The presenter referred to the impact of growth on health and development, with a perpetuation of poor growth through the life cycle. In other words, children born small stay small and have a reduced cognitive function. The relation between nutrition and the Millennium Development Goals (MDGs) was also summarized. The final points referred to the potential effect of the WHO growth standards to reconfirm the right to the "highest attainable standard of health" – how children *should* grow if they receive optimal care, if breastfeeding is reinforced as the best source of nutrition for infants, and if an opportunity is provided to strengthen growth promotion programmes and improve assessment of poor growth and monitoring of progress towards the MDGs. The presenter closed by indicating the need to consider the "window of opportunity" that stays open from pre-pregnancy to about 24 months.

Participants stressed the need to use information, education and communication (IEC) materials for showing the advantages of the new growth standards to the scientific community and the community in general.

2.2.2 Current use of child growth charts in the Region: results of a questionnaire survey

The objectives of the survey were to assess the current use of growth charts in the Western Pacific Region in terms of types of growth charts used and the corresponding references and classification systems applied; to determine the extent and nature of use of the information derived from the child growth charts; and to identify the problems

encountered by health workers in using the child growth charts. Data were available for 21 out of 26 countries. The main findings of the survey included: all countries use weight for age charts and one third use height for age charts; and the references most frequently used are those of NCHS/WHO. Countries and areas reported different problems in relation to use of existing growth charts. The presenter closed by summarizing the recommendations provided by surveyed countries and areas, including: conduct parent education to increase awareness on the importance of growth monitoring; review growth charts currently used; collect and record subnational information; reprint international references; ensure availability and distribution of new standards to countries; conduct staff training on recording and interpretation of information from growth charts – use new growth charts; include academia in teams reviewing charts; and partner with donors to ensure financial support and capacity-building.

2.2.3 The WHO child growth standards: why and how they were developed

The presenter indicated that the current NCHS/WHO international reference is inappropriate for assessing nutritional status, interferes with sound nutritional management of breastfed infants thus increasing risk of morbidity and mortality, and provides inaccurate community estimates of under- and overnutrition. The milestones in the development of the new child growth standards were presented, resulting in the design of the Multicentre Growth Reference Study based on a prescriptive approach, considering optimal nutrition, optimal environment and optimal health care. The eligibility criteria for sites and individuals were summarized. The total sample for the study included 8440 children; rigorous scientific standards were applied to a complex cross-cultural, field-based project. The presenter summarized the main aspects of the research and referred also to the funding sources that were available.

2.3 Session 2: Country experiences and introduction of the new growth standards

This session included presentations by seven of the participating countries on the use of growth references at country level.

2.3.1 Cambodia

A representative from Cambodia presented the country's maternal and child health policy and strategy development, starting with a summary of the main interventions of the National Nutrition Programme, such as the training and implementation of the Minimum Package of Activities for Health Centres, which includes infant and young child feeding, micronutrients, growth monitoring and promotion. The Ministry of Health recognizes the importance of growth monitoring and promotion, but implementation has been slow. Barriers in implementation have included: lack of material and equipment, the fact that most caretakers do not provide accurate data on the age of children, lack of experience of health workers in managing the growth chart, and lack of time resulting in absence of growth promotion, feeding assessment and counselling. Steps that need to be taken in the future include: expand training and capacity-building of health workers, improve the type and quality of weighing scales, determine if the programme will be part of outreach

activities or usual clinic services, improve the referral system for sick and malnourished children, motivate health staff to conduct this activity, and build awareness and knowledge of caretakers about growth monitoring/promotion as well as child feeding.

2.3.2 Fiji

In Fiji, health facilities use weight for growth monitoring. The growth monitoring chart is both facility- and community-based and is incorporated in the Child Health Record Card; the chart is used in all facilities and private practitioners' outlets. The presenter summarized the content of the Child Health Record as well as strengths and weaknesses of the system. She then summarized the current situation, with the country in process of reviewing growth monitoring tools, reviewing the indicator-based reporting system, forming a Child Health Taskforce (policy matters), developing strategies to increase parental awareness on infant and young child feeding practices, and strengthening baby-friendly hospital initiatives (BFHI) – community promotion. As for the way forward, Fiji needs to seek assistance for the development of advocacy packages for the new WHO child growth standards for children under five, collaborate with donor agencies in the country for the above mission, develop national child health policies relating to child survival and development, and explore available resources.

2.3.3 Lao People's Democratic Republic

The presentation began with a summary of the health and nutrition situation in the Lao People's Democratic Republic, including the fact that the care of women and children is facility and community based, with the support of various organizations. As for growth assessment, health facilities do not have a standard type of scale for weighing children, measurement of length is irregular and only at central and provincial hospital. Growth is recorded in the immunization card and the maternal and child health booklet. Health facilities keep daily/monthly records of growth but do not report regularly. There are no guidelines for orienting mothers with healthy children, neither in the case of children with growth problems. Programmatically, key child health programmes are integrated in the growth chart. Growth monitoring is included in the paediatric curriculum of medical schools as well as in the training of paediatricians; however, training at provincial and lower levels is not well supported. Challenges faced in the Lao People's Democratic Republic include: the lack of motivation and support for this area, the centralization of information on health and nutrition, the weak link between information and action, and the shortage of resources.

2.3.4 Malaysia

The representative from Malaysia presented the country's experience with using growth references, starting with a summary of related information, including vital statistics, data on health facilities and results of national surveillance for children under five. The presenter indicated that Malaysia carries out growth-monitoring activities for children under five and adolescents (8–18 years). Using the CDC growth chart as the reference, health clinics and hospitals measure and record the weight and length of children at every

visit. Related activities include education for mothers (individual, group, cooking demonstration). Malaysia has guidelines on the management of underweight children and a special programme for these children. The regular monitoring of child growth and use of home-based cards that encourage participation of mothers were identified as strengths of the current system. In terms of weaknesses, the programme covers only children attending government health clinics .

2.3.5 Mongolia

The team leader from Mongolia presented the implementation of growth monitoring in the country, showing the currently used child growth and development record as well as the current growth chart. Mongolia records weight for age in a chart that is gender-combined using as reference the NCHS/WHO growth standard. The growth chart is used as a record that includes not only growth data, but also immunization status, orientation guideline for interpreting growth curves for parents, family practices based on community Integrated Management of Childhood Illnesses (IMCI), child psychosocial and motor development. Mongolia has a family-based child growth record that is a tool for families to monitor and track the growth and development of their children. Challenges faced currently in relation to growth monitoring include: growth monitoring not integrated with the health information system, frequent changes with the reference, insufficient supply of scales and height gauges, limited number of trained staff, and heavy workloads of health workers. The next steps planned for the programme include: adaptation of the new WHO growth reference, increased advocacy for community participation, adaptation of the IMCI chart booklet, adaption of a more participatory approach, and adequate training of health workers.

2.3.6 Papua New Guinea

The presentation on Papua New Guinea started with a review of socio-demographic data. The presenter indicated that growth monitoring is mainly facility-based, but a few community-based growth monitoring activities are being piloted. The country does not have a policy for growth monitoring or a national standard growth chart. Weight for age is recorded in a child health record book, along with information on immunizations and vitamin A supplementation. Weight is recorded at well-child visits and when the child is brought to the clinic due to illness; health facilities have weighing scales, which are most commonly used in rural health centres, aid posts and during maternal and child health patrols. Current weaknesses include: irregular plotting of weight measurements, some delay in referral of cases that need appropriate counselling, lack of follow-up of children at risk, and absence of scales in some facilities. Possible solutions presented include: support ongoing training on IMCI including use of growth chart, follow up after training, ensure availability of scales, and look at feasibility for community-based monitoring.

2.3.7 Viet Nam

The presentation by Viet Nam started with a review of the national strategies for nutrition that cover the period 2001–2010, i.e. ensuring food security, education an

advocacy, control of malnutrition, and food hygiene and safety. Protein energy malnutrition will continue to be an important challenge in the years ahead. The nutritional status of children is assessed by national surveys or research; control of malnutrition is covered by government, nongovernmental organizations and through social mobilization. Main nutrition activities are IYCF promotion, maternal care, education, growth monitoring integrated with IMCI, and deworming.

2.3.8 WHO growth standards

In the second part of the session, a presentation on the WHO growth standards provided background information on the way the standards were developed, sample size, and type of studies (longitudinal and cross-sectional) in six sites. The presenter highlighted the differences between the new WHO growth standards and the NCHS/WHO references and the implications of those differences. The presenter indicated that the growth standards were field-tested in four countries (Argentina, Italy, Maldives and Pakistan), reaching the conclusion that clinical assessment matched with WHO standards' classification on weight and height and the fact that the adoption of the WHO standards will harmonize assessment of child growth within and among countries. Now WHO is supporting the implementation phase, with the growth standards related to child survival, physical growth and child development.

In plenary discussion, a WHO Headquarters representative recommended that uniscales should be used for measuring weight, that measuring boards should be locally made as they are cheaper, and that cut-offs and indicators should be standardized.

Participants agreed with the summary presented, highlighted the need to identify issues and activities that can be addressed in the short term, and discussed strategies for implementing long-term solutions.

2.4 Session 3: Site visit

Participants were divided in three groups to visit three health centres. Once they were at the health centre, each group was divided into three subgroups to facilitate the exchange with staff and mothers. Each participant was asked to: (1) assess the growth monitoring process in the health centre; (2) explore perceptions and understanding of mothers of the growth chart or growth curve; and (3) explore the knowledge and use of the growth reference or growth chart by health workers.

Representatives of each group reported on results of the visits. In relation to weight measurement, they could not find guidelines but saw that weighing is done in all sites and that it is done with clothes on. Height is not measured. During the staff interviews, they learnt that almost all children under five are weighed and that mothers are given advice on feeding.

2.5 Session 4: Implications of the WHO child growth standards

2.5.1 Comparison between the new WHO child growth standards and the Chinese growth standards

A representative from China presented a comparison between the new WHO child growth standards and the Chinese growth references, starting with background information and indicating that a national growth survey has been performed every 10 years since 1975, with the data analysed and presented and percentile growth curves being constructed for practical use. The presenter summarized the survey design, sampling method, criteria for selection, and aims; she also indicated the sites of survey with the subjects being health children, randomly selected, classified into 22 age groups and selecting 150–200 for each sex and age group per area. A summary of organization of the surveys was also provided, including measurement techniques; the surveys include weight and height. The resulting growth charts have curves for 3rd, 10th, 25th, 50th, 75th, 90th and 97th percentiles. She finalized her presentation showing a comparison between the WHO growth standards and the Chinese curves.

2.5.2 Experience with the introduction of new growth references: the Philippines

In the Philippines, growth measurements for preschoolers include annual weighing and regular growth monitoring and promotion at health centres (monthly for children 0–24 months and quarterly for those under five years). The Philippines carries out a national nutrition survey every five years using the growth references. Several types of references were used in the Philippines until national authorities in April 2000 decided to adopt international reference standards. At that time, they created a technical working group, developed tools, revised guidelines and integrated the charts in all materials and training courses. As part of the process, they conducted trainings throughout the country, issued guidelines and had an administrative order: the references were launched in July 2002. Challenges to overcome, especially if introducing the new WHO standards, include inappropriate techniques and recording.

2.5.3 Group work: implications of adopting the new WHO child growth standards

Participants were divided into three groups to discuss the implications of adopting the new WHO child growth standards.

Group one discussed both simple and complex implications on facility- or community-based growth monitoring, indicating that implications considered simple to address included: being clear on the concept of growth monitoring promotion, coordination among multiple organizations, allowing adaptation depending on the situation, identifying current resources that can be used depending on countries and communities, and providing education-counselling to caregivers. Complex issues mentioned by the group were: the new standards include length/height and BMI and will require new guidelines and training for interpretation and interventions; new charts will need to be prepared, more human

resources and funds will need to be identified; a pilot study may be required; and it might be difficult to introduce a new standard.

Group two considered implications for nutrition surveillance. The group started by summarizing the nutrition surveillance status in the participating countries. They indicated that the new standards will require at national level: a change of policy, development of a surveillance system, revision of existing guidelines, measurement indicators, tools, forms, harmonization of standards. The implications at implementing level include: how to understand changes in prevalence, the problem derived of using two growth standards (one for children under five and another for children five years or older), transition issues including the development of new training packages, height/length measurements, and provision of tools. The group also discussed the implications at family level, mentioning that the standards will lead to better diagnosis, improvement of feeding practices, and heightened awareness on the importance of measuring weight for height and height for age.

Group three discussed the implications on nutrition surveys and started its presentation by summarizing the nature of surveys in the participating countries using NCHS, Harvard and local references. Implications that the group considered simple to address included: the change of analysis software, coordination with all involved in surveys, analysis of old data by WHO standards for trend analysis, and training for researches on concepts of WHO standards. They also thought it would be simple to explain changes in prevalence rate, to advocate for the standards and the importance of comparison with other countries, as well as to identify obesity and address this problem. Complex implications identified by the group included the question of what to use for surveys if the growth monitoring programme or surveillance system cannot change to WHO standards; they suggested an international reporting mechanism using the standards as a way to advocate for adoption of the standards in countries. Another complex issue refers to what to do when surveying children five years or older. The group suggested for WHO to provide guidelines to address the age-transition so there is harmonization across countries.

2.6 Session 5: Developing a plan for introduction of the new growth standards in countries

2.6.1 Growth references/standards in the context of the WHO/UNICEF Regional Child Survival Strategy

This session started with a presentation by the WHO Regional Office on growth references and standards in the context of the WHO/UNICEF Regional Child Survival Strategy, starting with a rationale for the strategy in the Region, including slowing progress, persistence of the same causes of death, continued disparities, insufficient funding, and fragmented approach. To accelerate action towards MDG4, WHO and UNICEF developed the Regional Child Survival Strategy with a goal to reduce inequities in child survival and achieve national targets for MDG4 by taking to scale an essential package of child survival interventions with sufficient political will, human and financial resources. The presenter then summarized the effects of the WHO growth standards on

implementation, including the need to revise standard guidelines and tools for assessment, classification and treatment, including follow-up, and the need for capacity-building.

2.6.2 Application tools developed to facilitate the implementation of the WHO standards

During a presentation on application tools developed to facilitate the implementation of the WHO standards, the presenter summarized the training course on child growth assessment, which includes measuring techniques (weight, length/height), calculating BMI, interpreting growth indicators, investigating causes of poor growth, counselling mothers on growth, and feeding and caring practices. The course is for health care providers responsible for assessing growth and those who supervise growth assessment; it takes three and a half days and was field-tested from 8 to 22 May 2006 in the WHO Regional Office for the Americas.

2.6.3 Group work: national discussion on adoption of the new WHO child growth standards

Participants were then divided in groups for a national discussion on adoption of the new WHO child growth standards.

The group from *Cambodia* indicated the immediate actions to be taken included: an advocacy meeting with key policy-makers in the Ministry of Health; dissemination of and orientation on the new standards with line ministries, partner organizations and key health staff; discussion with health staff on the selection of indicators; the use of the standards in analysing national surveys; training of trainers and refresher training for health staff involved in child health-related activities; and a review of the current growth monitoring programme to plan future programming. The group presented some advocacy messages they could use. The group indicated that to take steps planned they would need technical support from WHO and UNICEF and financial assistance. Problems foreseen include: a change in the malnutrition rate with implications on the request for services, the fact that some key policy-makers might not agree to use the standards, the lack of national budget for introducing the standards, the need to ensure all health staff needs orientation and training, and the fact that growth monitoring is not considered a priority in the country.

The *China* group indicated that immediate actions will include: read and examine the related materials to better understand the new WHO standards, translate main materials of new WHO standards into Chinese, organize a convention to inform other stakeholders including technical experts and policy-makers, develop national advocacy materials on the new standards for the general public, provide training for pilot implementation of new WHO standards, and pilot the new WHO growth charts in some project counties to get practical experience. The group also indicated key advocacy messages they will use. As for external support, they will invite WHO/UNICEF experts to the convention to help inform stakeholders, will seek financial support for translation and printing of new growth chart materials in pilot counties, will ask WHO to support training of trainers for pilot projects in China, and will integrate pilot projects with international supporting programme

with WHO/UNICEF. Problems that they foresee include: a change in the malnutrition rate if using the new WHO growth standards, and deciding how to measure children older than five if using a standard for children under five. The group will need time to research and discuss the adoption of the new WHO standards.

The group representing *Fiji* indicated that priority areas will include: provision of workshop feedbacks and introduction of new standards at policy development level, presentation and briefing to the National Child Health Taskforce, paper presentation to NEC to seek endorsement, review of the existing growth monitoring system including tools, and identification of existing gaps. As for planning, they will collaborate with major stakeholders (WHO, UNICEF, Ministry of Health, etc.) in adoption process of new standards in Fiji; they will need technical assistance and funding. This group also developed advocacy messages. Constraints they would face include lack of awareness, lack of budget, poor supply and equipment, time limitation and poor supervision.

The group from *Papua New Guinea* will debrief the National Department of Health, Family Health Services, (FHS/Nutrition), Child Health Advisory Committee (CHAC), and will conduct a consultation meeting with Paediatric Society of Papua New Guinea (PSPNG), recommending endorsement. They will also promote the inclusion of the WHO standards in the National Nutrition Survey 2005 and conduct a stakeholders meeting. To adopt the standards, they will need to change the current single-line reference for separate boys and girls curves, strengthen current practices with Weight for Age (WFA) and IMCI, and prepare for new health disease trends, e.g. obesity and diabetes in childhood. They will need technical and financial support from WHO and UNICEF. They will also need to convince health workers to adopt the new standards and to adapt and change materials.

Priority tasks for the *Philippines* include: re-analysing national nutrition survey data, reviewing growth monitoring and promotion processes currently used, and drawing out implications of the analysis result vis-à-vis new growth references. It was suggested to convene the technical working group on growth reference to present updates and implications and draw out recommendations. Consultation with key stakeholders (government agencies, nongovernmental organizations, professional groups, academe, local government units) was also planned before present consultation agreements to a National Technical Committee and draft recommendations. The decisions should be presented to the National Nutrition Council Board for approval. Key advocacy messages should be crafted after the analysis of the existing survey data and findings from the study of the growth monitoring and OPT processes. It is anticipated that external support will be needed as well as technical and logistical support for the stakeholders meeting.

The team from *Viet Nam* planned to submit a trip report first and present the new WHO standard to stakeholders (Cabinet, Ministry of Health, related associations [paediatrics, nutrition sectors]), and develop national advocacy materials on the new standards. They also suggested to re-analyse existing data sets with the new version. As key advocacy messages, they pointed out that the new standards show that nutrition, environment and health care are stronger factors in determining growth and development than gender or ethnic background, and emphasized a breastfed infant as a standard for

normative growth. The new standards were also seen as an effective tool for detecting obesity. Overweight and obesity are becoming problems in the large cities in Viet Nam. External support was expected to be needed to update growth charts and training materials, and for training. Viet Nam was committed to applying the new WHO standard for the National Poverty and Nutrition Survey 2006 (by General Statistical Office-Ministry of Health and World Bank).

3. CONCLUSIONS

The WHO/UNICEF Regional Child Survival Strategy accommodates the key life-saving interventions for childhood mortality and morbidity reduction in the Western Pacific Region in line with the MDGs and lays a foundation for the healthy growth and development of children under five.

At the end of the workshop, each country endorsed the following:

- (1) The new WHO growth standards offer renewed opportunity to strengthen commitment and action for child survival and development.
- (2) The new WHO growth standards provide a technically robust tool to measure, monitor and evaluate the growth of all children worldwide, regardless of ethnicity, socioeconomic status or type of feeding.
- (3) The new WHO growth standards should be advocated.
- (4) The actions presented during the workshop should be pursued, with support sought from governments as well as development partners and other interested parties and stakeholders.



**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN
PACIFIC**



**UNITED NATIONS CHILDREN'S FUND
REGIONAL OFFICE FOR EAST ASIA AND PACIFIC**

**WHO/UNICEF WORKSHOP ON THE
NEW WHO CHILD GROWTH STANDARDS
FOR CHILDREN UNDER FIVE**

**WPR/ICP/NUT/2.2/001/NUT(2)/2006/IB/2
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31 May to 2 June 2006

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**WORLD HEALTH ORGANIZATION
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PACIFIC**



**UNITED NATIONS CHILDREN'S FUND
REGIONAL OFFICE FOR EAST ASIA AND PACIFIC**

**WHO/UNICEF WORKSHOP ON THE
NEW WHO CHILD GROWTH STANDARDS
FOR CHILDREN UNDER FIVE**

**WPR/ICP/NUT/2.2/001/NUT(2)/2006.1
29 May 2006**

**Tagaytay City, Philippines
31 May-2 June 2006**

ENGLISH ONLY

PROGRAMME OF ACTIVITIES

Wednesday, 31 May 2006

08:00 Registration

08:30 – 09:30 Opening

10:30 – 12:15 **Session 1: Review of growth monitoring situation in the Western Pacific Region and background on the new growth standards**

10:00 – 10:30 Impact of early feeding and growth on health over the life course
Ms Karen Codling, UNICEF/EAPRO

10:30 – 11:00 Current use of child growth charts in the Region: results of a
questionnaire survey
Dr L.T. Cavalli-Sforza, NUT/WPRO

11:00 – 11:45 The WHO child growth standards: why and how they were
developed
Dr Mercedes de Onis, NHD/HQ

11:45 – 12:15 Discussion

13:30 – 17:00 **Session 2: Country experiences and introduction of the new growth standards**

13:30 – 15:15 Highlights on the use of growth references at country level

Cambodia
Fiji
Lao People's Democratic Republic
Malaysia
Mongolia
Papua New Guinea
Viet Nam

15:30 – 16:00 Discussion on highlights on the use of growth references at country level

16:00 – 17:00 Presentation of the WHO growth standards
Dr Mercedes de Onis, NHD/HQ

Thursday, 1 June 2006

08:00 – 12:30 Session 3: Site visit

08:00 – 08:30 Preparation of site visit

08:30 – 09:00 Travel to health centres (3)

09:00 – 10:30 Activity in health centres:

(1) assess the growth monitoring process in the health centre;

(2) explore perceptions and understanding of mothers of the growth chart/growth curve;

(3) explore the knowledge and use of the growth references/growth chart by health workers

10:30 – 11:00 Break

11:00 – 11:30 Travel to workshop site

11:30 – 12:30 Groups feedback, analysis of the visit, discussion

14:00 – 17:00 Session 4: Implications of the WHO child growth standards

13:30 – 14:00 Comparison between the new WHO child growth standards and the Chinese growth references
China

14:00 – 14:30 Experience with the introduction of new growth references – the Philippines

14:30 – 15:00 Group work – implications of adopting the new WHO child growth standards

15:15 – 16:00 Group work – implications of adopting the new WHO child growth standards (continuation)

16:00 – 17:00 Groups' presentations and plenary discussion

Friday, 2 June 2006

08:30 – 12:00 **Session 5: Developing a plan for introduction of the new growth standards in countries**

08:30 – 09:00 Growth references/standards in the context of the WHO/UNICEF Regional Child Survival Strategy
Dr Marianna Trias, CHD/WPRO

09:00 – 10:15 Application tools developed to facilitate the implementation of the WHO standards
Dr Mercedes de Onis, NHD/HQ

10:30 – 12:00 Group work – national discussion on adoption of the new WHO child growth standards

12:00 – 13:00 Lunch

13:00 – 16:00 **Session 5 (continuation)**

13:00 – 14:30 Group presentations, plenary discussion and agreements on ways to enhance capabilities of health workers

14:30 – 15:00 The way forward: opportunities and challenges

15:30 – 16:00 Conclusions

16:00 Closing