

Wasting & stunting technical interest group meeting: summary points



A meeting was convened by the ENN to discuss the evidence of the relationships between wasting and stunting and the implications that this may have for programmes and policy. Key meeting conclusions were as follows:

Associations between wasting and stunting in children

- | Wasting adversely affects linear growth, and wasting recovery benefits linear growth.
- | During wasting there is a point at which linear growth slows and potentially stops. Though we do not know exactly when this occurs, it is thought that linear growth is regulated by body fat levels.
- | Both wasting and stunting often coexist in the same child.

Shared risk factors and effects

- | Both wasting and stunting are associated with increased mortality, especially where they co-exist.
- | Wasting and stunting have many common risk factors as illustrated by the UNICEF conceptual framework and evidenced by the literature which fails to identify risk factors for wasting which do not also apply to stunting.
- | There is good evidence that in-utero conditions and foetal growth contribute significantly to stunting at birth and during infancy; there is emerging evidence of contributions to wasting.
- | Evidence suggests that height trajectory during childhood is related to initial height-for-age at birth (and by association foetal growth) and to some extent, to initial weight-for-height at birth. Fat stores may play a role.
- | Infectious diseases in early childhood make an important contribution to wasting and stunting.
- | There is evidence to suggest that inflammation and gut health may also play an important role in both wasting and stunting (either via the effects of chronic inflammation, malabsorption and/or appetite effects).
- | There are efficacious treatments for wasting; there is little evidence of effective curative interventions for stunting.
- | The prevailing separation in policy, guidance and resourcing for wasting and stunting limits the impact of current efforts to reduce childhood undernutrition.
- | Given that wasting and stunting share many common risk factors, clearer policy directives are needed to encourage and facilitate practical links, for more integrated programming.
- | In view of the seasonal patterns of both wasting and stunting there is a need ensure that donor policies facilitate early preventative interventions aimed at mitigating seasonal peaks.

Potential policy implications

- | Given the evidence that weight and length at birth determine later linear growth, programmes targeting the in-utero environment, e.g. via maternal health and nutritional support, can be seen as important stunting (and potentially wasting) prevention interventions.
- | The current separation between treatment and prevention programming limits both the sustained recovery of the wasted child, and the prevention of further episodes of wasting, with potential implications for linear growth.

- | Programmes need to link services tackling the different risk factors common to stunting and wasting, rather than deal with each relationship in a linear fashion.

Research gaps were also identified. This work is ongoing and will conclude later in 2014. For the complete meeting summary and related papers, contact Tanya@ennonline.net

Taken from Nutrition Exchange 4

PDF generated 13 July 2017

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