

10. **Overall recommendations**

10.1 **For Member States**

1. Current practices and programmes should be evaluated to determine how anthropometry may be used most effectively to improve the health and nutrition of individuals and populations.
2. The Expert Committee's recommendations should be implemented by adapting general guidelines for anthropometric applications, including the setting of cut-off values, and by training appropriate personnel to use the recommended techniques within existing programmes of health and nutrition screening, public health interventions, and preventive services.
3. Anthropometry should be employed in national and local surveillance systems, and coupled with appropriate assessment of remediable causes and intervention targets in order to guide policies and programmes in health and other sectors.
4. The implementation of research recommendations should be supported in order to achieve better understanding and use of anthropometric indicators, and to develop international anthropometric reference data to improve health and nutrition.

10.2 **For WHO**

1. WHO should encourage the use of anthropometry as a social and technical instrument for assessing health and nutritional status, and more broadly for evaluating social and economic conditions and the impact of development.
2. WHO should facilitate and support the accomplishment of the recommendations for Member States by providing expert consultation, appropriate training and related materials, and technical assistance.
3. WHO should develop guidelines for the implementation of the Expert Committee's recommendations in the context of existing WHO programmes in areas such as nutrition, adolescent health, human reproduction, health of the elderly, and cardiovascular diseases, and encourage the participation of WHO collaborating centres.
4. WHO should support the recommended research agenda on the use of anthropometry to improve health and nutrition of individuals and populations worldwide.
5. WHO should foster the development of international anthropometric reference data and values, and appropriate anthropometric indicators of health, nutrition, and social and economic welfare throughout life.

10.3 For research

1. Practicable methodologies for setting locally appropriate cut-off levels for anthropometric indicators should be developed, taking account of the prevalence of the conditions to be addressed and the resources available locally for interventions.
2. Anthropometric indicators should be developed for specific uses: to assess past or present threats to health, to predict risk, to predict benefit from interventions, and to reflect responses to interventions or other influences.
3. Methods should be developed that allow assessment and monitoring of national problems of stunting, thinness, and overweight; this should be done within the context of health and nutritional surveillance and other relevant programmes, so that the information may be linked to policy formulation, and programme planning and implementation.
4. The theory and practice of anthropometric monitoring in individuals should be developed with a view to improving preventive and curative health services.
5. Appropriate international reference data for anthropometry from birth to adolescence should be developed.

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