Questions related to the feeding practices of infants and children to prevent overweight and obesity and other risk factors for noncommunicable diseases (e.g. cardiovascular disease or diabetes mellitus) in children and adolescents

1. What proportion of infants and children (6 – 59m) classified as very low weight, namely weight-for-age < -3 Z score, are also wasted (weight-for-height < -2 Z score) or stunted (height-for-age < -2 Z score)?
   *(disaggregated by region, year and time periods)*

2. What is the relationship between select anthropometric indicators, metabolic or physiological markers† in infants and children and the risk of becoming overweight / obese in adolescence or adulthood, or with the risk of developing other risk factors* for noncommunicable diseases (e.g. cardiovascular disease or diabetes mellitus) in later life?
   † - Anthropometric indicators/measures include, skin fold thickness, weight-for-age, weight-for-height; body mass index-for-age
   - Metabolic risk markers include abnormal glucose tolerance or resting glucose, elevated HBA1c, elevated age-related lipid profiles
   - Physiological risk markers include increased age-specific blood pressure
   *(disaggregated by wasted [weight-for-height < -2 Z score] and stunted [height-for-age < -2 Z score] or only wasted)*

3. In infants and children (6 – 59m) classified as very low weight, namely weight-for-age < -3 Z score, what is the effect of supplementary foods or nutrition counselling on their height-for-age and weight-for-height, and the risk of them having abnormal anthropometric, metabolic or physiological markers in childhood, or becoming overweight/obese or developing other risk factors* for noncommunicable diseases (e.g. cardiovascular disease or diabetes mellitus) in later life?
   *(disaggregated by wasted [weight-for-height < -2 Z score] and stunted [height-for-age < -2 Z score] or only wasted)*

4. In infants and children (6 – 23 m) who are classified by IMCI as ‘Not Very Low Weight’, namely WFA < -3 Z score, what is the effect of complementary feeding based on the WHO Guiding Principles for Complementary Feeding and feeding practices that significantly differ from these Guiding Principles on the risk of developing anthropometric, metabolic or physiological markers or becoming obese or having other risk factors* for noncommunicable diseases (e.g. cardiovascular disease or diabetes mellitus) in adolescents and adults?
   *(disaggregated by infant feeding practices e.g. continued breastfeeding between 6-23 months of the age)*

5. In infants and children (6 – 59m) classified as moderately wasted, namely weight-for-height < -2 Z score and ≥ -3 Z score, what is the effect of supplementary foods on height-for-age and weight-for-height, and on the risk of abnormal anthropometric, metabolic or physiological markers, or becoming overweight/obese or developing other risk factors* for noncommunicable diseases (e.g. cardiovascular disease or diabetes mellitus) in later life?
   *(disaggregated by if also stunted [height-for-age < -2 Z score] or not)*

6. In infants and children (6 – 23m) with a history of birth weight <2500 g, what is the effect of complementary feeding based on the WHO Guiding Principles for Complementary Feeding, and feeding practices that significantly differ from these Guiding Principles including follow-on replacement foods, on their height-for-age and weight-for-height, and on the risk of abnormal anthropometric, metabolic or physiological markers in childhood, or becoming overweight/obese or developing other risk factors* for noncommunicable diseases (e.g. cardiovascular disease or diabetes mellitus) in later life?
   *(disaggregated by infant feeding practices e.g. continued breastfeeding between 6-23 months of age)*

7. What is the effect of giving pregnant women balanced energy supplements or other nutritional interventions such as improved protein or multiple or single micronutrients, on height-for-age of infants and young children in the first two years of life and the risk of abnormal anthropometric, metabolic or physiological markers, or becoming overweight/obese or developing other risk factors* for cardiovascular disease or diabetes mellitus in later life?

8. In children 2 – 10 years of age what is the effect of the quantity and quality of family or other foods and drinks on weight-for-height and height-for-age and on the risk of abnormal early anthropometric, metabolic or physiological markers, or becoming overweight / obese, or developing other risk factors* for noncommunicable diseases (e.g. cardiovascular disease or diabetes mellitus) in later life?

*Other risk factors for cardiovascular disease in adulthood include: increased adiposity, abnormal glucose tolerance or resting glucose, elevated HBA1c, elevated age-related lipid profiles and increased age-specific blood pressure.*