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WHO/NCHS international reference population. In the past few decades, child growth monitoring, to assess health and nutritional status, has become a powerful tool for identifying those individuals and groups for which particular nutrition interventions are needed.

The WHO/NCHS reference has been the subject of close technical scrutiny, and a number of limitations have been identified, for example its limited geographical coverage. It is now probable that a new reference will be developed by incorporating new data on the growth of healthy children from several countries (5). Meanwhile, a major question of principle remains: Is it appropriate to compare the growth of children living in deprived environments with their counterparts in the radically different environment of affluent populations? If, as is frequently pointed out, a reference is no more than a comparison-making tool—as opposed to a standard to be upheld or a target to be attained—does this really answer the question or merely evade the larger issue?

The WHO/NCHS reference relates to healthy children. It is now widely, if not universally, accepted that children the world over have much the same growth potential, at least to seven years of age. Environmental factors, including infectious diseases, inadequate and unsafe diets, and all the handicaps of poverty appear to be far more important than genetic predisposition in producing deviations from the reference.

We are more aware than ever before that the underlying causes of impaired growth are deeply rooted in poverty and lack of education.