

SIMPLIFIED APPROACHES

SESSION 4: COMBINED NUTRITION PROTOCOL

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16 DECEMBER 2021

8.00 – 9.30 EST

Presenters and Panelists

Martha Nakakande, GNC-TA CMAM Advisor, IMC

Dr. Salimou Dembele, Health & Nutrition Coordinator, IRC-Mali

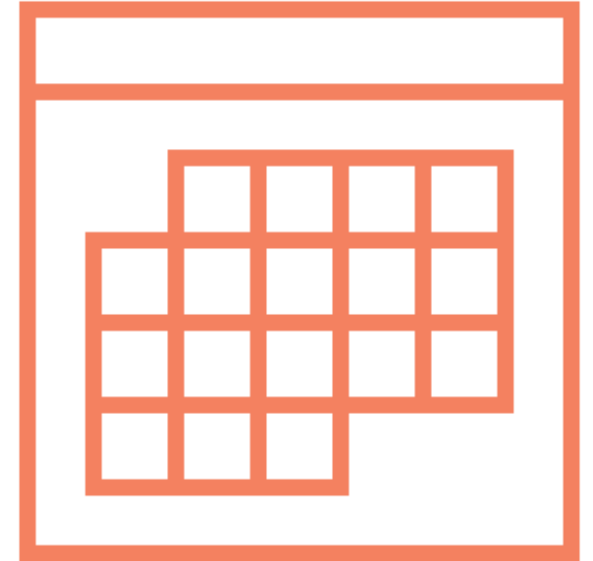
Dr. Rosette Tshiende, Nutrition Officer, Emergency, UNICEF-RDC

Dr. Kalil Sagno, Coordonnateur du cluster Nutrition, UNICEF RDC

Sophie Woodhead, UNICEF HQ Nutrition Division

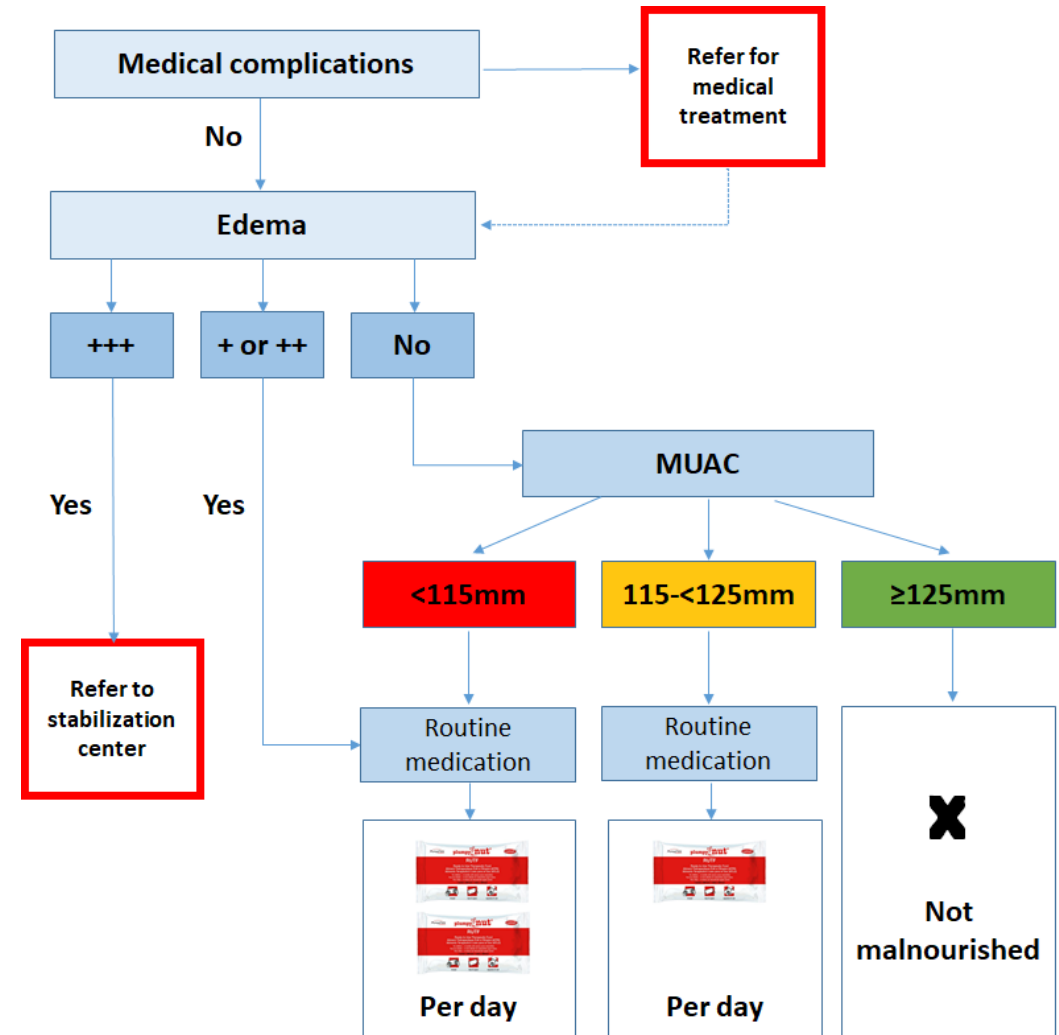
Agenda

- Introduction -what, why, where?
- State of the evidence
- Icebreaker: mentimeter poll
- Country example: DRC feasibility assessment
- Country example: Mali implementation
- Joint Q&A panel
- RUTF calculator tool
- Concluding remarks



What is a (simplified), combined nutrition protocol?

1. MUAC and/or edema only
1. Expanded admissions criteria
1. Use of a single treatment product
1. Reduced dosage



Why a (simplified), combined protocol?

- **Coverage:** treatment is made available (SAM + MAM)
- **Continuity of care:** treatment is harmonized across the continuum of care (SAM → MAM)
- **Quality:** treatment is provided at dosages that align with energy needs (e.g. 2: 1 RUTF)
- **Cost-effectiveness:** cost savings are achieved from a unified, streamlined treatment program

State of the evidence (1)

PLOS MEDICINE

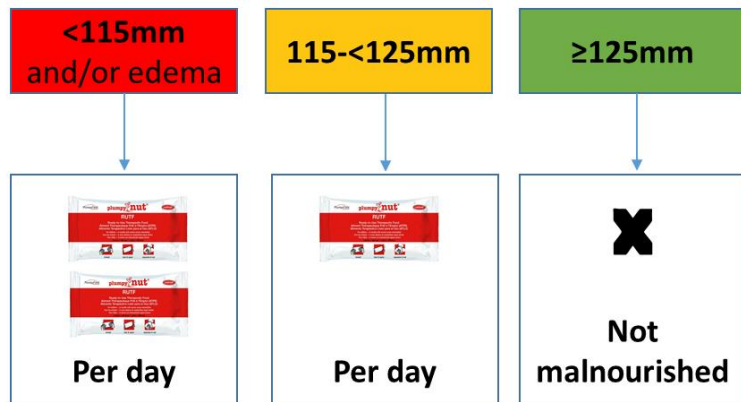
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RESEARCH ARTICLE

A simplified, combined protocol versus standard treatment for acute malnutrition in children 6–59 months (ComPAS trial): A cluster-randomized controlled non-inferiority trial in Kenya and South Sudan

Jeanette Bailey, Charles Opondo, Natasha Lelijveld, Bethany Marron, Pamela Onyo, Eunice N. Musyoki, Susan W. Adongo, Mark Manary, André Briend, Marko Kerac

Published: July 9, 2020 • <https://doi.org/10.1371/journal.pmed.1003192>



- **Non-inferior recovery:** the simplified, combined protocol is as effective as the standard treatment protocol
- **No evidence of a difference in secondary outcomes** (non-response, defaulting, length of stay, or average daily weight gain and average daily MUAC gain)
- **Similar mortality** (<2%)
- **Similar time to recovery** (median 10 weeks)
- **Cost-effective:** the simplified, combined protocol costs \$123 less per child recovered

State of the evidence (2)

MUAC and/or edema only

- MUAC identifies children at highest risk of mortality
- MUAC gain mirrors weight gain during treatment and both are affected similarly by acute illness

Expanded admission criteria

- In Sierra Leone, children who received an integrated protocol using RUTF had improved recovery, increased program coverage and lower therapeutic food costs compared to standard care (RUTF+CSB)
- In Burkina Faso, children $<125\text{mm}$ who received a graduated dose of RUTF based on weight and MUAC, had recovery in line with sphere standards

State of the evidence (3)

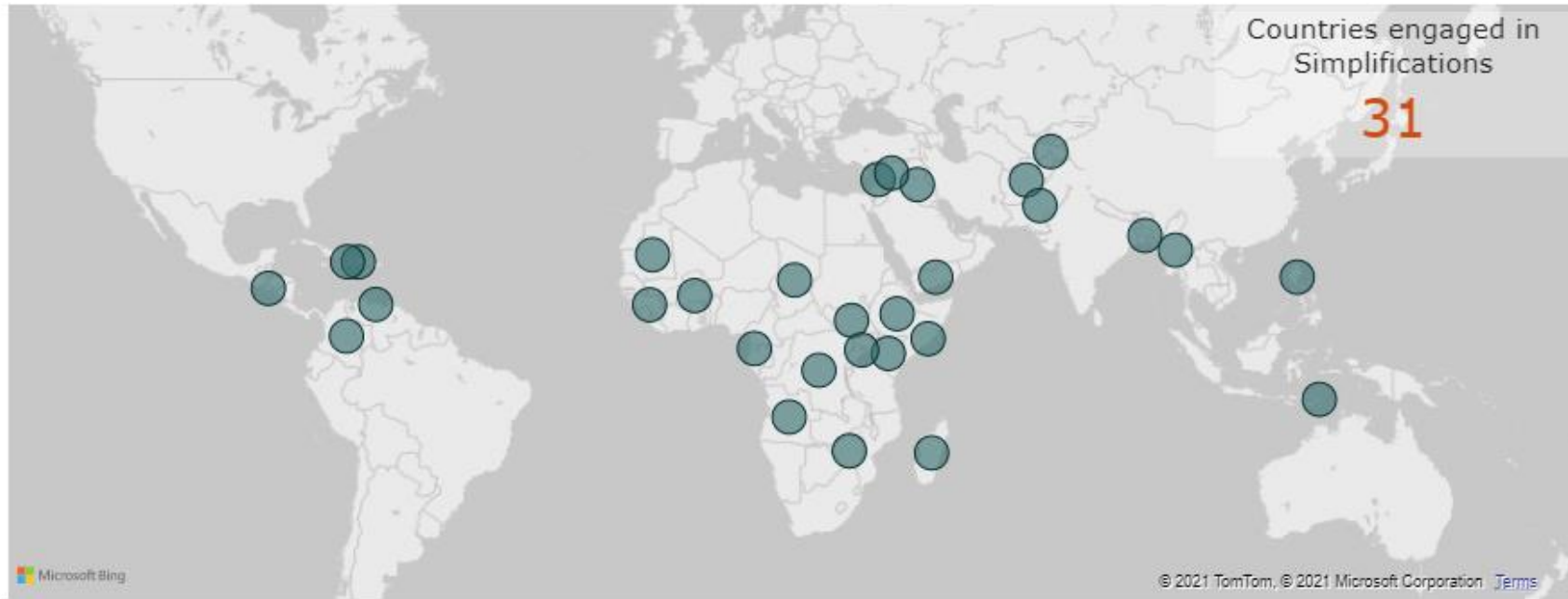
Use of a single treatment product

- Lipid-based nutrient supplements with dairy protein may be the most effective to treat MAM
- Treatment with RUTF compared to RUSF may increase MAM recovery
- MAM children treated with RUTF in place of RUSF did not have significant difference in body composition 4 months post treatment

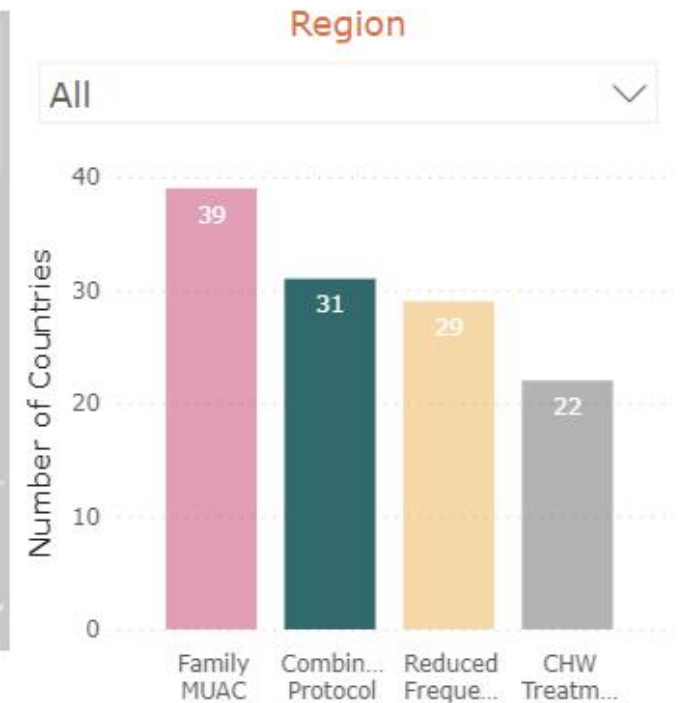
Dosage

- Rate of weight and MUAC gain is most rapid during the earliest stages of treatment. As children recover, their rate of weight and MUAC gain slows
- In children with a MUAC < 125mm, energy needs were met or exceeded with 1,000 kcal/day.

Where is (simplified) combined protocol?



Simplification ● Combined Protocol



ICEBREAKER EXERCISE

What is your current knowledge, perception and experience with simplified, combined protocol?

Website: <https://www.menti.com>

Code: 1591 8455

Or

Direct link in chat!