Combined Protocol for Acute Malnutrition Study (ComPAS)

Primary Objective: To develop and test a combined protocol for the treatment of severe and moderate acute malnutrition that improves the coverage, quality, cost-effectiveness and continuity of care.

The global approach to treating malnourished children requires a new way forward. Although acute malnutrition is a continuum condition, severe and moderate acute malnutrition are treated separately with different protocols and therapeutic products managed by separate UN agencies.

Due to logistical constraints, many Community-based Management of Acute Malnutrition (CMAM) programs only offer treatment of severe acute malnutrition (SAM) despite the fact that children with moderate acute malnutrition (MAM) are three times more likely to die than well-nourished children. MAM is also associated with more nutrition-related deaths than SAM.

ComPAS will produce a new treatment protocol within the CMAM model that allows admission anywhere along the continuum of SAM and MAM, uses one therapeutic product at tapered doses as children progress through treatment, and discharges based on response to treatment.

What is ComPAS?
Combined Protocol for Acute Malnutrition Study, known as ComPAS, is a research consortium led by the International Rescue Committee and Action Against Hunger | ACF-USA and funded by USAID’s Office of Foreign Disaster Assistance (OFDA) and Children’s Investment Fund Foundation (CIFF). ComPAS is supported by an expert task force of scientists at the London School of Hygiene and Tropical Medicine, Washington University School of Medicine, and University of Tampere.

Expected Duration
October 1, 2014 - December 31, 2016

Treating MAM with a ready-to-use supplementary food (RUSF) that contains whey has been shown to have better outcomes (sustained recovery) than soy-based RUSF or Corn Soya Blend ++ (CSB++). Ready-to-use therapeutic food (RUTF) for the treatment of children with SAM includes whey. Treating MAM with RUTF would simplify the protocol if SAM and MAM were treated together and provide MAM children with a high-quality nutritional supplement. It would also reduce the logistics of procuring a second product and managing a separate program for supplementary feeding.

Background
Currently there are no globally accepted standards for the management of MAM, and Supplementary Feeding Programs (SFP) to treat MAM have been shown to be ineffective at reducing the prevalence of MAM, or in preventing SAM. There are several dozen studies testing the efficacy or effectiveness of different products for the treatment of MAM, but the focus in MAM research has concentrated on the testing of different products rather than different approaches, with MAM treated as a separate condition from SAM.
The ComPAS project will investigate:

- The potential to define a more sensitive treatment protocol that takes into account physiological needs throughout the course of treatment for SAM and MAM and how these may differ by region and context.
- How to ensure an improved continuum of care along the spectrum of acute malnutrition. The protocol will not differentiate between severe and moderate acute malnutrition according to traditional statistical classifications, but rather determine the physiological point at which therapeutic foods are no longer needed.
- If the coverage of SAM and MAM treatment increases by improving early detection and reducing incidence of SAM; improving program coherence; and reducing loss during the transitions between outpatient therapeutic feeding for SAM and supplementary feeding programs for MAM.
- If cost-effectiveness for SAM and MAM treatment improves by reducing the logistics of procuring a second product; simplifying the infrastructure, staff and training needs; and reducing the need for hospitalization.
- Whether receiving treatment at earlier stages of acute malnutrition as part of a Combined Protocol reduces the morbidity and mortality strongly associated with SAM.

Methodology and Key Research Questions

Stage 1: Retrospective Data Analysis

The first stage is focused on analysis of patient records from IRC and ACF outpatient therapeutic feeding programs (OTP) and supplementary feeding programs (SFP) in order to analyze response to treatment and make recommendations for the development of the Combined Protocol. Key research questions will include:

- Does treatment response (and energy / RUTF requirements) differ by context, age, clinical or other considerations?
- What are energy requirements based on average weight gain? What is the required RUTF dose?
- When is the appropriate time and cut-off for discharge criterion based on response to treatment in different geographic contexts?

Stage 2: Piloting of the Combined Protocol

The second stage is focused on testing the Combined Protocol for the treatment of severe and moderate acute malnutrition against the standard treatment of OTP and SFP, in two countries. Key research questions will include:

- What is the safety and effectiveness, in terms of recovery, defaulter, death, and non-response rates, length of stay, and average weekly weight gain following treatment under the Combined Protocol compared with the standard treatment of OTP + SFP?
- What is the cost-effectiveness of the Combined Protocol compared to the standard treatment of OTP + SFP?

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