

Mass Treatment Model

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Hypotheses

- *A public health approach that adopts*
- *Mass diagnosis*
- *Basic nutritional treatment of SAM (RUTF)*
- *As a standard element in all existing child survival interventions (EPI, GM, IMCI, PMCTC)*
- *Can decrease the mortality associated with SAM*
- *And can be scaled up rapidly.*

In essence

- **Every time a child contacts the health care system, their MUAC should be assessed**
- **Ready to Use Food (RUF) prescribed to all those who are found to be acutely malnourished**
- **Impact results from early diagnosis and high coverage not intensity of clinical care**
 - **Limited documentation**
 - **Limited follow up**

Tailoring intervention to resource realities

- **Limited follow up avoids considerable costs and resource implications**
 - makes the intervention “doable” as part of the day to day activities of health care workers.
- **Mainstreaming treatment of SAM into all primary health care will increase number of points of contact**
 - Promote early presentation
 - Increase coverage
 - Clinical effectiveness dependent on time of presentation

Monitoring

- **Coverage monitored using modified Lot Quality Assurance Approach (sensitivity)**
 - similar to that recommended for assessing vaccination coverage.
- **Quality audit to monitor diagnosis (specificity)**
 - Potentially problematic
- **Impact through assessment of under five mortality rate**

MALNUTRITION AND MORTALITY IN A ZONE WITH A HIGH PREVALENCE OF SAM (2%)

| numbers | rate | criteria |
|-----------|------------|---|
| 1,600,000 | | Zone population |
| | 15% | % 1 - 5 years |
| 240,000 | | Under five pop |
| | 1.2% | Percent of children aged 1-5 years dying each year (based on <5MR and infant MR |
| 2,760 | | overall deaths in 1-5 age group |
| | 5% | Incidence of SAM (2.5* prevalence) |
| 12,000 | | Numbers getting Sam each year |
| | 13% | SAM mortality / year |
| 1,584 | | numbers of deaths associated with SAM / year |
| | 57% | proportion of deaths associated with SAM |

Diagnosis and treatment

| Activity | CTC | MTM |
|----------------------------|----------------------|--|
| Mobilisation | standard CTC | STANDARD CTC / EXISTING COMMUNITY STRUCTURES / KEY ACTORS EPI, IMCI, C-IMCI, DOTS - |
| Point of access | Health Centre staff | all points of contact with health system (EOS / Health Post) |
| Diagnosis | MUAC | MUAC or Oedema |
| Criteria for inclusion | Ht>65cm | EPI card with age > 6/12 |
| Admitting staff level | medical | all levels |
| Medical examination | OTP standard | standard health post CIMCI exam |
| Admission documentation | OTP card | date stamp on EPI card |
| Patient documentation | bracelet/ration card | EPI card & voucher |
| Referral into inpatient | standard OTP | none direct |
| Referral to Health Centre | - | standard CIMCI referral |
| Referral to EPI | - | all without EPI card |
| Antibiotics | standard OTP | none |
| Supplementary medicines | standard | vit A if indicated/de worming - (standard CIMCI) |
| Location of RUTF provision | Health Centre | accredited vendor / specialist pharmacy |

Follow up

| Activity | CTC | MTM |
|--------------------------------------|---------------------|---------------------|
| Frequency of follow-up | weekly | 2 weekly |
| Location of follow up | Health Centre | Health Post? |
| Follow up staff level | Health Centre staff | Health Post staff |
| Follow up medical check | standard OTP | standard CIMCI |
| Follow up referral into inpatient | standard OTP | standard IMCI |
| Follow-up clinical reporting | standard OTP | standard IMCI |
| Follow up documentation | OTP form | date stamp EPI card |
| Location of follow-up RUTF provision | Health Centre | accredited vendor |
| Community follow up | standard OTP | standard CIMCI |
| Discharge criteria | standard OTP | 2 months (or MUAC) |

Reporting and supply

| Activity | CTC | MTM |
|-------------------|---------------------------|-----------------------------|
| Reporting | National guidelines forms | # admitted & # in programme |
| Impact assessment | coverage and outcomes | coverage & <5MR |
| RUTF ordering | MoH | direct to vendor |
| RUTF transport | MoH | private |
| RUTF storage | MoH | private |