MANGO: TESTING REDUCED DOSAGE FOR TREATMENT, BURKINA FASO

Ready to Use Therapeutic Food (RUTF) is one part of the treatment of uncomplicated severe acute malnutrition, along with routine antibiotics and other prescribed treatments. It is costly, and faces supply shortages for several reasons, in addition to the insufficient scientific evidence sustaining the quantity of RUTF currently prescribed by national protocols and the WHO, and the lack of evidence on precise SAM physiological needs.

Anecdotal observations on sharing the product within families or selling it on the market have suggested that the current dosage may be more than needed. An Action Against Hunger programme in Myanmar in 2009 experimented successfully with a reduction of the RUTF quantity after a few weeks of treatment, in a context of closer child monitoring. Using less product (hence being more cost-effective) showed promise for the programme and now needs to be proven more solidly using a comparative group in a different setting.

Project Summary

The MANGO study aims to measure the effectiveness and cost-effectiveness of a reduced RUTF dosage on treatment outcomes for children 6-59 months with severe acute malnutrition in Eastern Burkina Faso.

The study design is a randomised trial with two groups: 1) a group receiving the standard treatment dosage of RUTF; and 2) a group receiving a reduced treatment dosage of RUTF from week 3 of treatment. The primary result is the rate of weight gain during treatment, followed by the recovery rate and other programmatic results.

The clinical trial is currently ongoing, enrolment of children will be completed by mid-2018, and final data will be collected by early 2019. The first results should become available by the end of 2019. Updates on the progress of the study will be available on the MANGO blog.
Expected Impact

The results of the MANGO study will provide valuable information on the effectiveness, and cost-effectiveness, of a reduced dosage of RUTF for children with SAM. This has significant potential implications not just for the SAM treatment programmes in Burkina Faso but for the global guidelines and policies on SAM treatment and operational programmes around the world. If a reduced dosage of RUTF is effective and cost-effective for the treatment of SAM, more children can be treated with the resources we have today. While any study of this size and complexity comes with challenges, this is an exciting example where Action Against Hunger and its partners are leading cutting-edge research that can change the way severe acute malnutrition is treated globally.

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