



THE OptiMA STRATEGY : A SOLUTION FOR EMERGENCIES AND CRISES

Acute malnutrition is a public and individual health emergency particularly in areas affected by humanitarian crises. In view of the latest WHO recommendations on access to treatment for children suffering from moderate acute malnutrition (MAM) in such areas, the NGO ALIMA (The Alliance for International Medical Action) is proposing to deploy the OptiMA strategy (Optimizing Malnutrition treatment).

This innovative strategy aims to detect and treat children suffering from acute malnutrition early and efficiently, in order to reduce mortality linked to this scourge. It is based on optimizing human and financial resources, enabling more children to be treated for the same cost.

The OptiMA approach has already been adopted by health districts in Burkina Faso, Mali, Niger, Nigeria and Chad.

THE OptiMA STRATEGY

AN INNOVATION TO TREAT MORE CHILDREN AT THE SAME COST

ALIMA has developed the OptiMA approach, which broadens the eligibility criteria for access to treatment for children suffering from moderate acute malnutrition as well as those suffering from severe acute malnutrition, in a single program.

Since 2017, ALIMA has been conducting studies in five countries in West and Central Africa to measure OptiMA's efficiency.










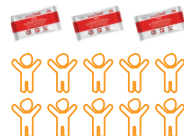


THE OptiMA STRATEGY IS BASED ON

- **A single anthropometric measurement** – mid-upper arm circumference (MUAC), at the threshold that defines moderate malnutrition malnutrition (< 125 mm) and oedema - for screening, admission and discharge;
- **A single treatment** - ready-to-use therapeutic food (RUTF) the dosage of which is reduced as the child's condition improves;
- **Training families to use MUAC bracelets** so they can detect early signs of malnutrition in their children

OptiMA in West and Central Africa



OptiMA : A STRATEGY TO SAVE MORE CHILDREN

	STANDARD PROTOCOL	OptiMA APPROACH	ADVANTAGES
COMMUNITY SCREENING 	Screening by community health workers	Family MUAC : screening by families themselves  <p>Families are trained to use MUAC bracelets for monitoring the nutritional status of their children.</p> <p><i>* This strategy has now been adopted by many technical partners as well as various countries.</i></p>	 <p>Early detection of acute malnutrition by families who go more quickly to the health center.</p>
MALNUTRITION TREATMENT	Treatment in two different programs <div> <div>Severe Acute Malnutrition</div> <div>Moderate Acute Malnutrition</div> </div>	Treatment in a single program Acute Malnutrition	 <p>Identifying acutely malnourished children is simplified, enabling earlier treatment initiation.</p>
ADMISSION	Multiple criteria Multiple tools - Calculation of weight/height z score - Measurement of MUAC and checking for oedema	One criteria One tool  <p>Measurement of MUAC and checking for oedema</p>	 <p>The work of medical staff is made easier, and there is less for equipment and human resources.</p>
ADMISSION	Two different therapeutic foods  <div> <div>Ready-to-use therapeutic food (RUTF)</div> <div>Ready-to-use supplementary food (RUSF) and Super Cereal</div> </div> <div> <div>The quantity given to a child is based on weight</div> <div>2 separate supply chains</div> </div>	One treatment  <div> <div>Ready-to-use therapeutic food (RUTF)</div> <div>The quantity given changes as the child recovers</div> </div>	 <p>The use of RUTF, the most expensive part of treating acute malnutrition, is optimized.</p>
RESULT			 <p>By optimizing resource use, more children suffering from acute malnutrition can access treatment in a more efficient manner.</p>

IN LINE WITH SEVERAL

NEW WHO RECOMMENDATIONS

OptiMA is already in line with several new recommendations in the new WHO guidelines for preventing and managing acute malnutrition in children (1), including those on reduced dosage of RUTF (B10), prioritizing lipid-based nutritional supplements over fortified flours for treating children with moderate acute malnutrition (B14, B15), especially those at highest risk (B13). Many countries will be implementing new recommendations in the coming years.

1. WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years. Geneva: World Health Organization; 2023. Licence: cc by-nc-sa 3.0 igo.

TWO KEY OptiMA STUDIES

THE DEMOCRATIC REPUBLIC OF CONGO : AN INDIVIDUALLY RANDOMIZED CONTROL TRIAL (2019-2020)

The results of the study show that the OptiMA strategy would enable more children to be treated

The trial was conducted by ALIMA and Inserm, in collaboration with the country's Ministry of Health, from 2019-2020 in the Kamuesha health zone in Kasai, a remote region impacted by years of conflict and characterized by severe food insecurity. The study compares the standard protocol for management of acute malnutrition in the DRC with the OptiMA strategy.

The principal conclusions were :



Children suffering from malnutrition who received treatment under OptiMA were less likely to progress to the severe stage of the disease

With the standard protocol **16%** VS With OptiMA **5%**



Children who received OptiMA treatment showed greater weight and MUAC gain over 6 months.

CHAD : OPTIMA AT-SCALE IN A RURAL DISTRICT

Since January 2022, the OptiMA strategy has been implemented at-scale in Ngouri District covering :



36
Health centers



38 000
children less than
5 years of age

In two years (2022 and 2023), the Ministry of Health supported by ALIMA treated



30 965
children with
acute malnutrition

01 With the OptiMA strategy, treatment coverage increased dramatically.

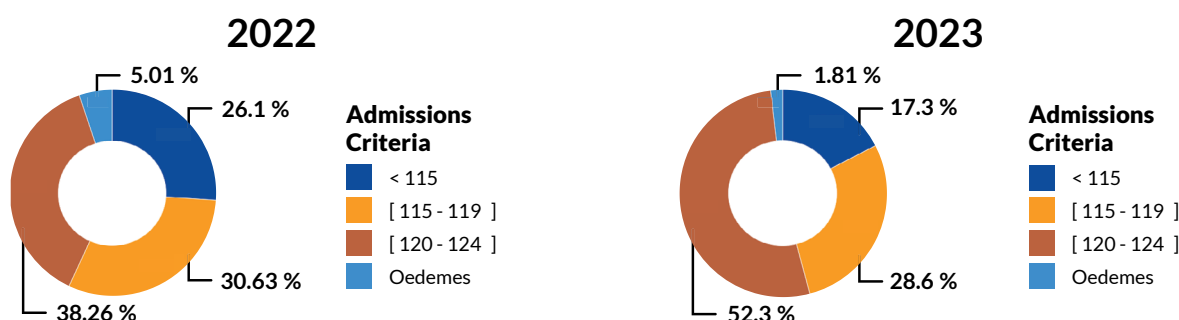
Before **OptiMA**
16,9 %



End of **2023**
52,3 %

Every year, the Ministry of Health and ALIMA conduct a population coverage survey to determine the percentage of children suffering from acute malnutrition who are receiving treatment.

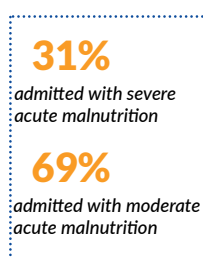
■ Distribution of inclusions by admission criteria



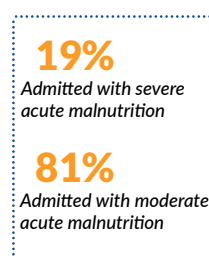
02 With the OptiMA strategy, more and more children are receiving treatment earlier (MUAC between 115-124 mm), so the number of sachets of RUTF needed per child is decreasing

■ OptiMA admissions

2022



2023



■ The number of sachets needed per child decreases

2022

54
sachets/child



2023

45
sachets/child



Treating malnourished children at an early stage reduces the number of sachets of RUTF needed per child.

RECOMMENDATIONS

IN THE SHORT TERM:

- Implement the OptiMA strategy in crisis and emergency contexts, to rapidly expand the management of acute malnutrition in children with a MUAC < 125 mm and/or oedema.
- Intervention strategy to deploy OptiMA (5 to 6 weeks):
 - ◊ Training caregivers and community health workers on the OptiMA strategy;
 - ◊ Securing the supply of nutritional inputs;
 - ◊ Management in health centers.

IN THE MEDIUM TERM:

- Integrate elements of OptiMA into the upcoming revisions of national protocols and adopt a more adapted acute malnutrition management strategy.

ALIMA

Teams from ALIMA in 2023 managed 64 projects in 13 countries.



INTERVENTION COUNTRIES

Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Guinea, Haiti, Mali, Mauritania, Niger, Nigeria, Sudan.



PRINCIPAL SECTORS OF INTERVENTION

- Pediatric health and nutrition, including hospitalized care
- Response to outbreaks like Ebola Virus Disease, Lassa Fever, Cholera, Mpox
- Mental health services
- Maternal health care



ALIMA'S IMPACT IN 2023



2.8 million
patients treated



257 033
children treated for acute malnutrition



157 393
patients received mental health consultations



193 084
hospitalisations

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