Content previously published in Field Exchange is also relevant to this issue’s focus on continuity of care for acutely malnourished children. You can search online at www.ennonline.net/fex. Below is a selection of relevant articles from previous editions:

**Phase 1 study results of the COMPAS trial and a summary of the study protocol for the economic evaluation:**


**Research on integrating treatment in community health worker in Bangladesh:**
Community case management of severe acute malnutrition in southern Bangladesh. Field Exchange 42, January 2012. p11. www.ennonline.net/fex/42/community

**IRC research on low-literacy tools in South Sudan:**

**MSF experiences on treatment admission simplification:**


**Risk of relapse follow moderate acute malnutrition treatment:**

Consultation on wasting in Asia to build the evidence base

Field Exchange 59 featured headlines from a consultation on wasting in Asia, organised in support of the No Wasted Lives Coalition mission and priorities. A report on the proceedings is now available online. Participants concluded that there are unique characteristics to wasting in South Asia (high wasting prevalence at birth and in the early months of life, lower associated mortality with wasting, persistent wasting, and lower and slower response to treatment) that need closer examination. Emerging government approaches to community-based management of acute malnutrition and country-level adaptations are looking to build on the relatively strong community platforms for early case detection, community-based management and referral in India. The Indian government is seeking sustainable and scalable solutions that focus on both the prevention and treatment of wasting, including during the first six months of life. As this evolves, there is an opportunity for a strong learning agenda. Finally, research in South Asia can contribute to global and regional efforts in optimising and innovating care and treatment approaches for children with severe wasting. Areas of research include modifications in the quantity, duration and formulation of ready-to-use therapeutic food used in nutrition rehabilitation; the use of home-based foods or home-augmented foods to treat severe wasting; and transitioning from treatment foods to family diets.

Identified ways forward include the need for a new narrative on wasting in South Asia (and globally) that positions prevention as a priority, ensures that children have access to treatment when prevention fails, links wasting with stunting, and frames the functional consequences of wasting on cognition and learning, as well as the mortality risks.
