A Framework for Shifting from Universal Vitamin A Supplementation

Technical Consultation on Guidance for VAS Programs for Children 6 – 59 Months of Age, Ottawa, February 2012

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Vitamin A supplementation has been shown to save young children's lives in contexts where vitamin A deficiency is highly prevalent. Since the 1990s, vitamin A supplementation (VAS) has been implemented successfully in such countries around the world. In a recent review, the World Health Organization (WHO) renewed its previous guidance for vitamin A supplementation for all children 6–59 months of age in populations where vitamin A deficiency (VAD) is a public health problem – a situation that persists in many developing countries. The guidelines reaffirm the high mortality impact of VAS, and therefore its importance as a child survival intervention in the relevant contexts .

Over the last 10 years however, many middle and some lower-income countries have made great strides towards improving the regular consumption of sufficient quantities of vitamin A – even among young children – utilizing varying combinations of dietary diversity, food fortification and the implementation of other programs to prevent micronutrient deficiencies (for example, micronutrient powders and lipid-based nutrient supplements). If dietary intake is sufficient over a sustained period, universal vitamin A supplementation becomes unnecessary and should not continue, for both safety and cost-efficiency reasons. Guidance is certainly needed to identify where dietary intake of vitamin A is sufficient and where it is not – and to thus support country-level decision-making related to the ongoing need for universal supplementation. Where universal supplementation is deemed unnecessary, a shift to targeted supplementation of high-risk sub-groups of the population, or complete phase-out, should be considered. Such guidance, however, goes beyond the mandate of the WHO evidence reviews. The challenge is to ensure that decision-making related to VAS targeting or phase-out is based on reliable evidence of improved vitamin A intake and status, and clear identification of any vulnerable sub-groups that might still be at risk of deficiency within a population.

To review the evidence base for, and to develop such guidance, a two-day technical consultation was organized by the Global Alliance for Vitamin A (GAVA) partners and hosted by the Micronutrient Initiative (MI) in Ottawa, Canada, from February 7–9, 2012. The consultation brought together a small group of academics and experts on the implementation of vitamin A programs. The objective of the consultation was to generate clear and concise programmatic guidance, and to lay out a framework that could be used by governments to review their vitamin A supplementation programs. The defined framework takes into consideration information on sources of vitamin A in the diet, evidence of deficiency (e.g., serum retinol data), the existence of strategies likely to increase vitamin A intake (e.g., fortification) and diversity in these factors among population groups. Trigger points within the framework will guide users to an evidence-informed decision as to whether they should continue vitamin A supplementation on a national scale (children 6–59 months of age), target children in that age group using specific criteria (e.g., geographic targeting criteria), or begin program phase-out.

The framework has been developed with the support of experts in vitamin A nutrition, program design, and survey de-

THE GLOBAL ALLIANCE FOR VITAMIN A (GAVA):

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sign and sampling, among many other relevant areas. The draft framework will be tested in countries with diverse vitamin A status, intake and program types and will be adapted as necessary to ensure its ability to help identify such diverse situations and potentially high-risk groups. A policy brief and detailed framework with guidance will be finalized following testing, and is expected to be released by early 2014.

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