



The Global
Alliance
for Vitamin A



GAVA WEBINAR: Operationalizing Vitamin A Supplementation (VAS) in the Context of COVID-19

July 9th, 2020



Webinar outline

- Introduction
- Background and context
- Preparing for VAS delivery
- Safe administration of VAS
- Questions & answers
- Wrap up





Presenters



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Chair of GAVA
Technical Director, Global Technical Services (GTS) Unit
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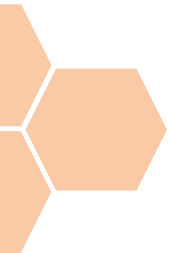
Q&A Moderators



Kudakwashe Chimanya
Nutrition Specialist
UNICEF ESARO
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Kathmandu, Nepal





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Introduction

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Chair of GAVA
Technical Director, Global Technical Services Unit
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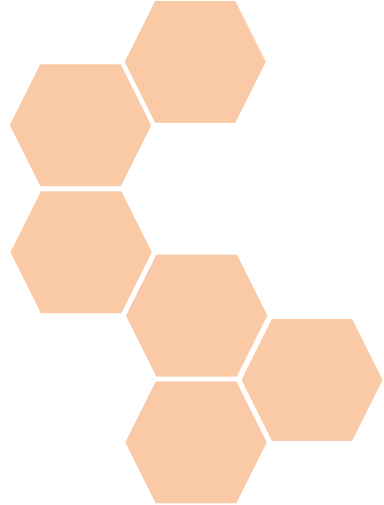
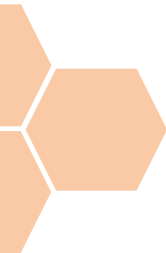
What is the Global Alliance for Vitamin A (GAVA)?



- Technical advisory group and informal alliance of partners
- Supports scale-up and improvement of country VAS programs where vitamin A deficiency (VAD) remains a public health problem
- Accelerate progress towards child survival and reducing global impact of VAD
- Forum for achieving consensus, translating evidence into action, sharing lessons learned, coordinating policy and guidelines
- Focused on role of VAS within the context of other VAD control and child survival programs



GAVA's Goals

- *Catalyze* consensus for evidence-based VAS policies and programs within broader child mortality and vitamin A deficiency reduction and control strategies.
 - *Identify* and address priority knowledge gaps for VAS programs.
 - *Provide* program support to improve effective implementation and monitoring of VAS programs.
 - *Advocate* for political will and sustained attention, as well as for financial and technical support for VAS in the context of the broader global nutrition landscape.
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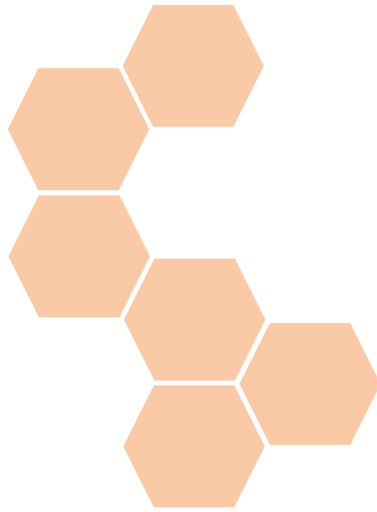


Who is GAVA?

Core Partners:



Hosted and Chaired at NI





ADMINISTRATION OF VITAMIN A SUPPLEMENTATION FOR PRESCHOOL-AGED CHILDREN IN THE CONTEXT OF COVID-19



UNIVERSAL VITAMIN A SUPPLEMENTATION FOR PRESCHOOL-AGED CHILDREN IN THE CONTEXT OF COVID-19: GAVA CONSENSUS STATEMENT

VERSION DATE: JUNE 22, 2020

PURPOSE

This Global Alliance for Vitamin A (GAVA) consensus statement provides guidance on vitamin A supplementation (VAS) for preschool-aged children through campaigns and routine health and nutrition services during the COVID-19 pandemic. This guidance is not intended to replace national guidance. Rather, it serves as a consensus document based on GAVA's review of WHO guidance for other services that use mass campaigns (e.g. vaccination) and routine health delivery platforms. The guidance will be amended as new information and evidence emerges.

CRITICAL UPDATES IN THIS VERSION
Previous guidance indicated that all mass VAS campaigns should be temporarily suspended. However, in light of recent guidance from WHO regarding immunization campaigns [6], GAVA recommends that the same consideration be applied to stand-alone or integrated campaigns delivering VAS.
See Recommendation 2 for more details.

BACKGROUND AND CONTEXT

Vitamin A deficiency (VAD) remains a pervasive problem in much of sub-Saharan Africa and South Asia. VAS is a life-saving intervention that is vital to reduce the risk of child mortality, morbidity, and malnutrition in countries with high levels of VAD. Although currently there is no evidence on the effectiveness of high-dose VAS for the treatment of COVID-19 or the reduction in severity of the specific illness it causes, VAS is especially important for vulnerable children in the context of an infectious disease outbreak. In countries with high levels of VAD that are affected by COVID-19 outbreaks, VAS remains an essential health and nutrition intervention, and all children aged 6 to 59 months—including those who are suspected or confirmed cases of COVID-19—should continue to receive twice-yearly VAS. However, because the delivery of VAS depends on mass campaigns and/or delivery through routine health systems in facilities and the community, and physical distancing (formerly "social distancing") is required to protect communities and frontline workers from infection with COVID-19 and to avoid further spread of the disease, changes are needed in when and how VAS is delivered. GAVA has issued [operational guidance on how to safely deliver VAS in the context of COVID-19](#).

National governments and partners have mounted comprehensive responses to the global COVID-19 pandemic, including modifications and restrictions to activities and movement. These measures have serious implications for public health and nutrition interventions and essential health and nutrition services, including VAS. VAS programs are expected to be heavily affected in contexts where:

- Physical distancing is used to protect communities and frontline workers from infection with COVID-19;
- Movement of people within and/or between communities is restricted to reduce transmission of the COVID-19 virus;
- Health systems are overwhelmed responding to immediate health emergency needs;
- Countries are required to divert human, logistical, and financial resources to respond to the pandemic; and
- Suspension of flights and closure of borders impede supply chains.



*Preschool-aged children include children aged 6 to 59 months.



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Background & Context

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Vice President for Nutrition

Helen Keller Int'l

Senior Associate

Johns Hopkins Bloomberg School of Public Health

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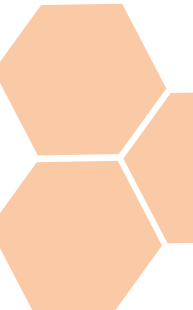




VAS delivery in the context of COVID-19: GAVA perspectives on risks, benefits and operational guidance

Key Questions

- Why is it critical to ensure that VAS continues to be provided to children under 5 years of age in context of COVID-19 critical?
- What is GAVA's updated statement (issued June 22) and how has it been revised?

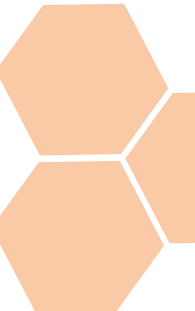


Bilateral corneal scars

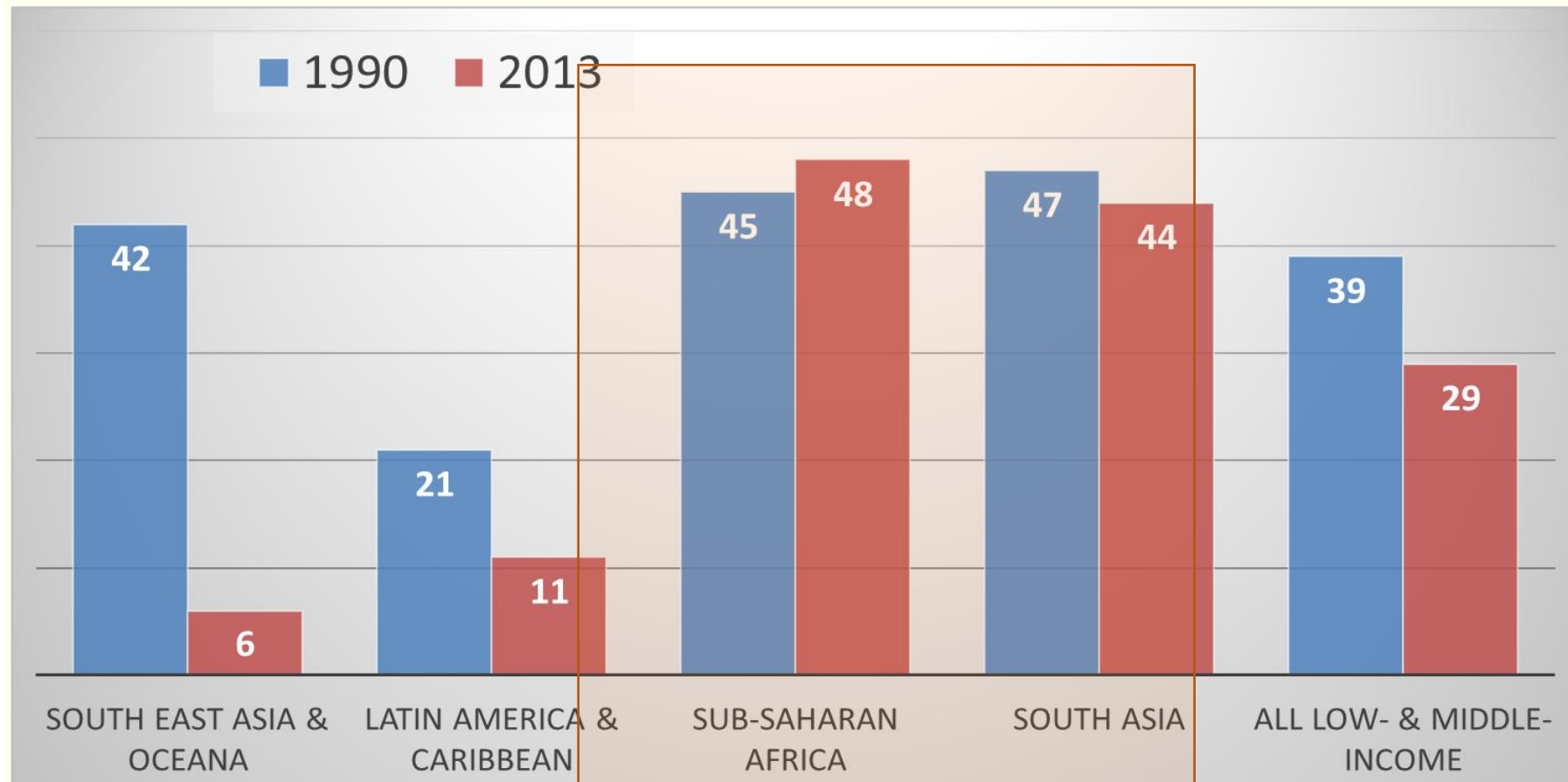


Vitamin A Deficiency

- Major public health problem
- Affects ~190 million children under five years of age (WHO)
- Predisposes children to increased risk of a range of problems—respiratory diseases, diarrhea, measles, blindness and it can lead to death



Not much change in Vitamin A Deficiency (VAD) over 25 years in Sub-Saharan Africa and South Asia



Stevens G et al, Lancet Global Health, 2015



Vitamin A Strategies



Promote optimal breastfeeding



Fortify Foods (oil, wheat)



VAS



Promote bio-fortification



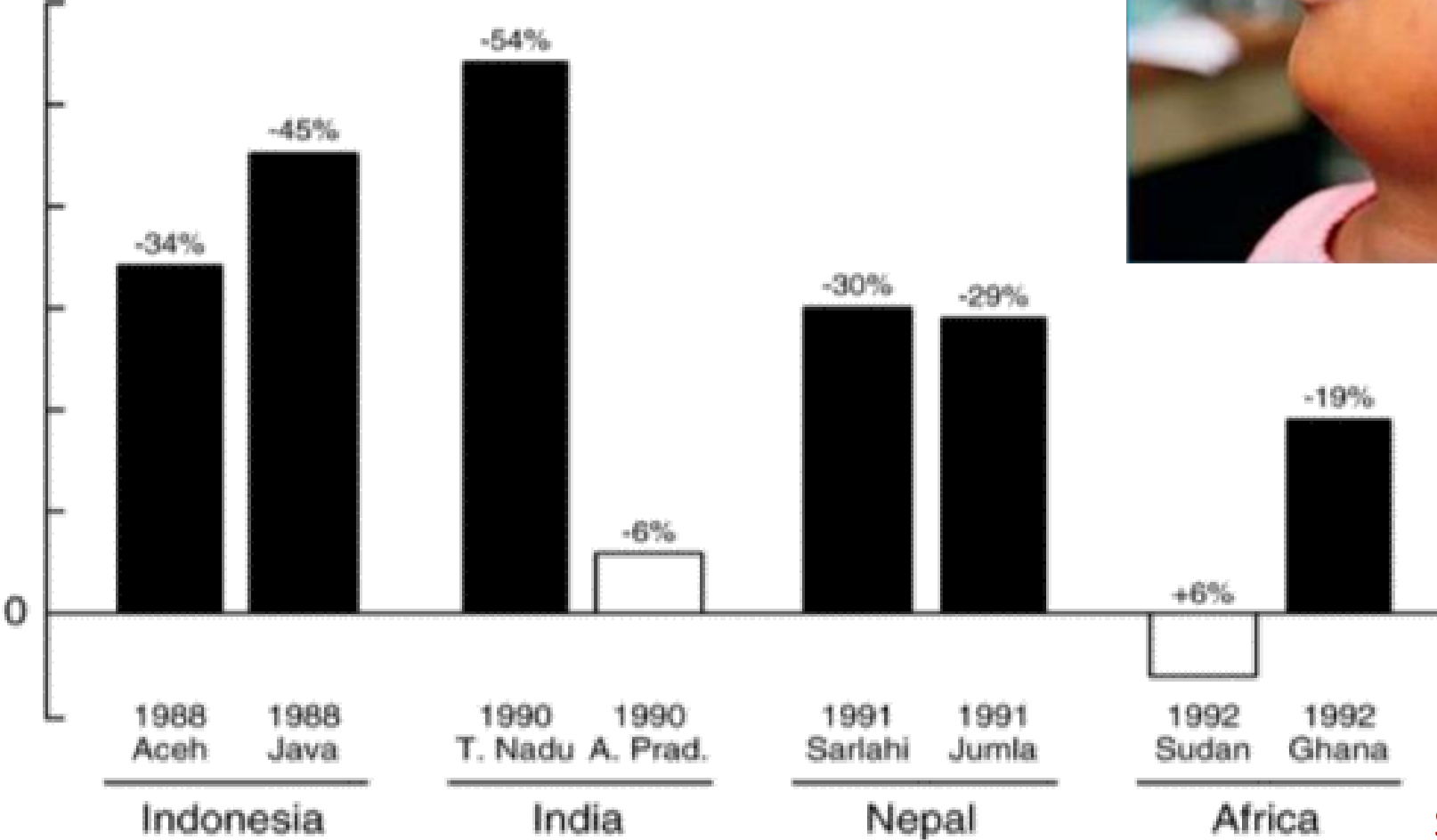
Diversify diets



One dose of vitamin A every 4-6 months can reduce child mortality by 12%-24%.



Percent change in child mortality

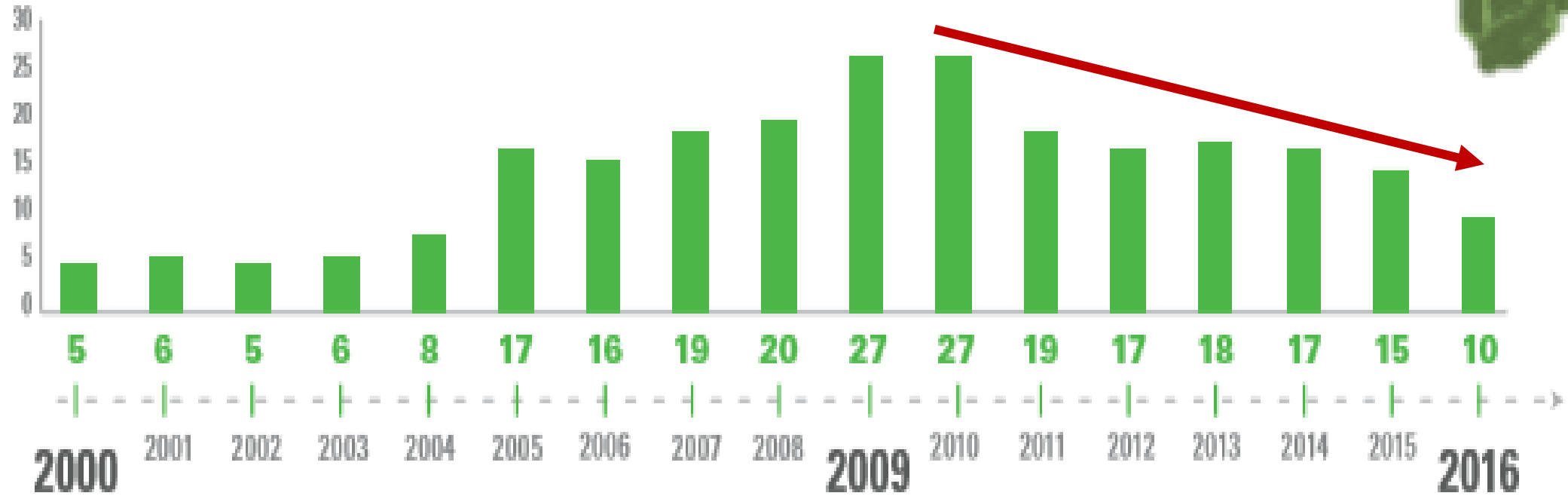


Sommer and West, 1996

VAS coverage is losing ground where it matters most



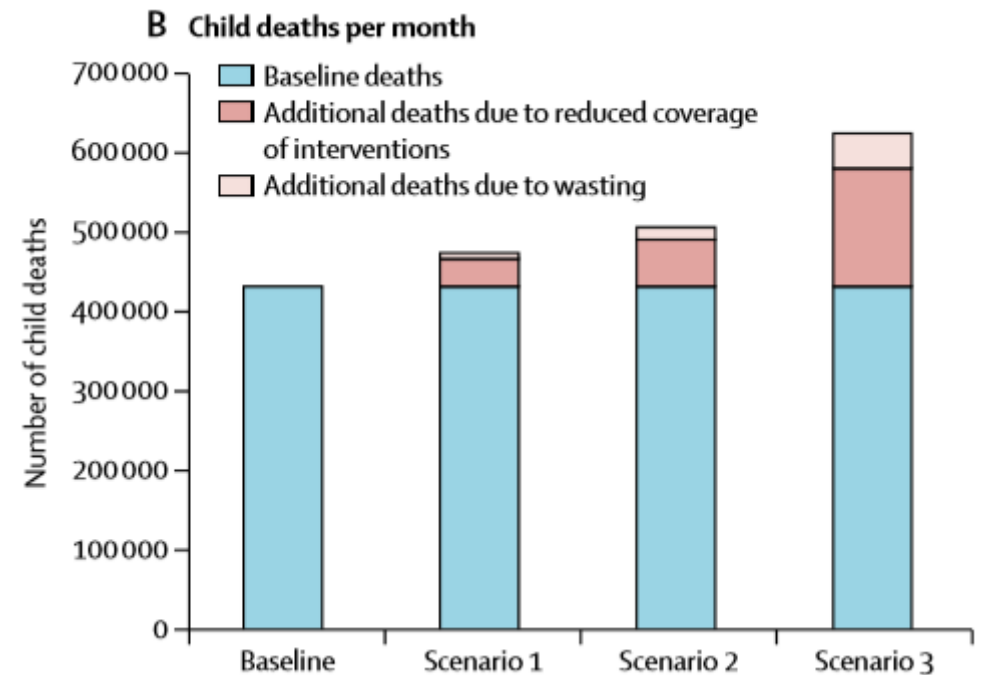
No. of countries in SSA with $\geq 80\%$ coverage



How COVID-19 may increase VAD and VAD-related mortality

- Loss of employment and income
- Food system disruptions
- Higher food prices
- Disruption to essential health and nutrition services

40,000 to 2,000,000 excess child deaths projected due to reduced coverage of interventions and wasting (Lancet 2020)



Significant events and GAVA Statements

WHO declares
COVID-19 a
pandemic



March 11

April 7

GAVA issues
statement to
temporarily suspend
mass VAS campaigns

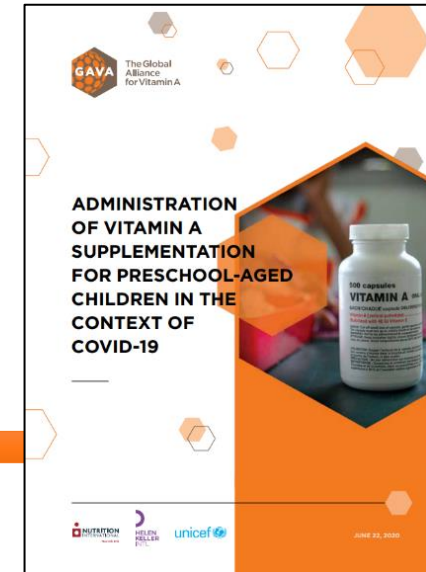


GAVA issues updated
statement &
operational guidelines



June 22

- (i) continuation of routine VAS should be guided by local factors
- (ii) temporarily suspend mass VAS campaigns;
- (iii) do not miss other opportunities to deliver VAS (e.g. vaccination campaigns during an outbreak); and
- (iv) plan intensified, catch-up VAS distribution so VAS can be resumed when conditions allow.



Updated GAVA Statement on VAS in context of COVID-19 (June 22, 2020)

Balancing demands of COVID-19 response and need to maintain delivery of essential child and maternal health services





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GAVA Guiding Principles

Routine VAS delivery

- Local factors and local context need to drive local decisions
- Deliver VAS with a package of essential child services as much as possible.
- Implement best practices related to COVID-19 prevention

VAS campaigns

- Need to weigh risks and benefits given local context and factors
- If VAS delivery is temporarily suspended, plan for catch-up now!

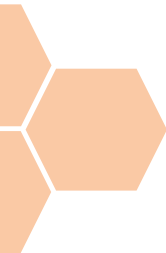
<http://www.gava.org/vas-covid-19/>





Framework for decision-making: VAS campaigns in context of COVID-19



- 
- Step 1** Weigh the potential benefits of mass VAS campaign, country capacity to implement it safely & effectively with the potential risk of increased COVID-19 transmission associated with the mass VAS campaign.
- Step 2** Determine the most appropriate actions considering the COVID-19 epidemiological situation.

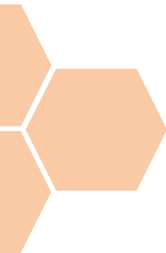


Framework for decision-making: VAS campaigns in context of COVID-19



Step 3a If decision is made to proceed with VAS campaign, implement best-practices. Follow WHO & local guidance on infection prevention and control (IPC) in all aspects of the campaign including coordination, planning, training, securing PPE, protecting community, health worker and individuals

Step 3b If decision is made NOT to proceed with VAS campaign, reinforce Routine VAS, reassess regularly, and plan for future catch-up VAS strategies where required



VAS Distribution in Nepal



July 6, 2020



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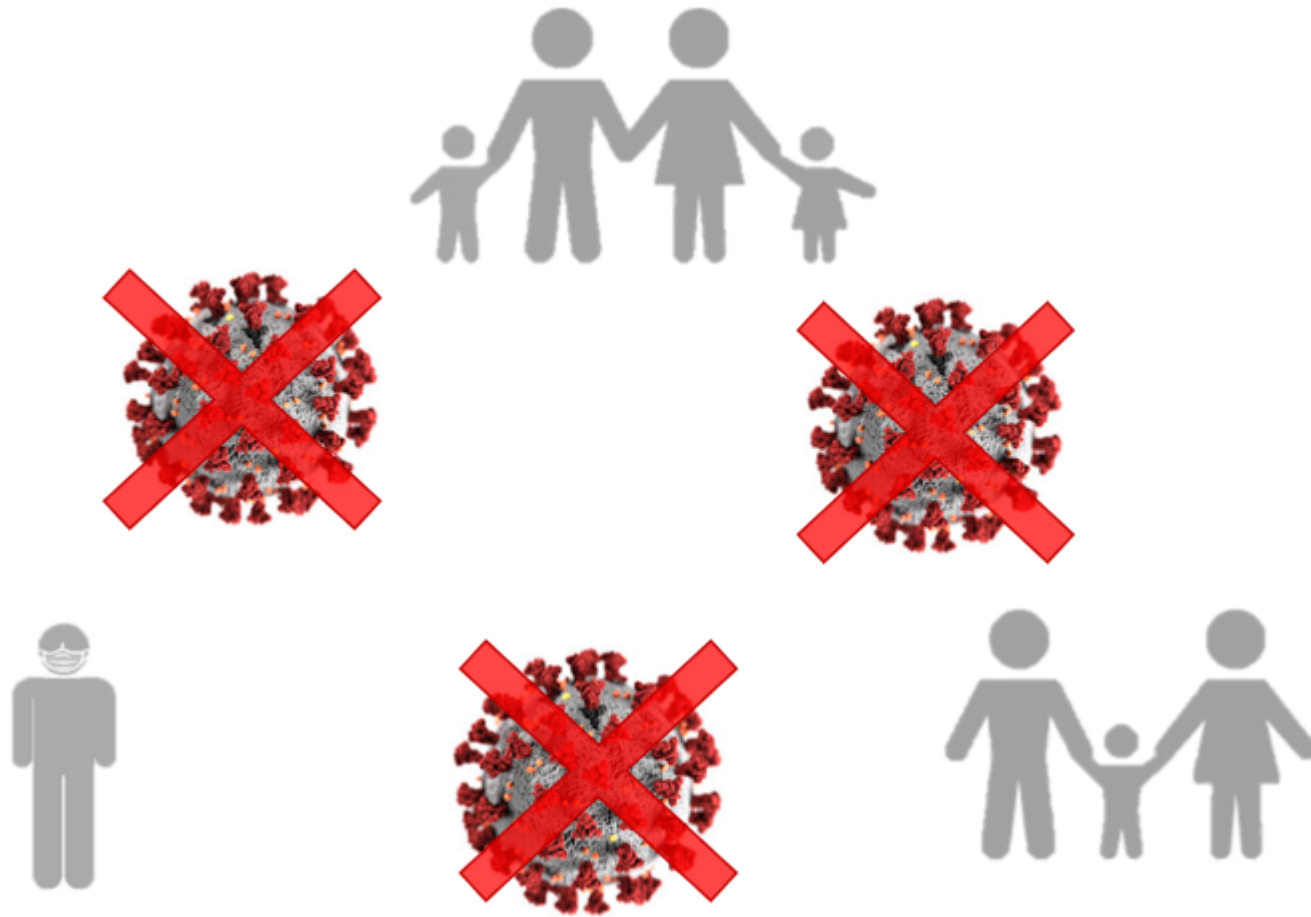


Preparing for VAS Delivery

Annette Imohe
Nutrition Specialist
UNICEF
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Protecting health workers and community members



GAVA Operational Guide

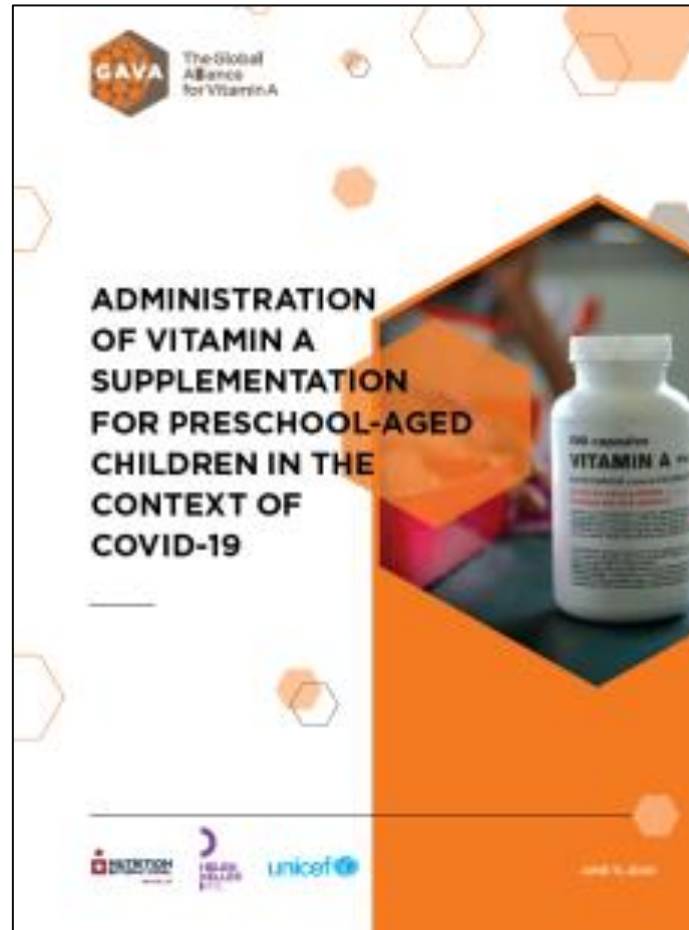
Physical distancing



Hand hygiene



Screening



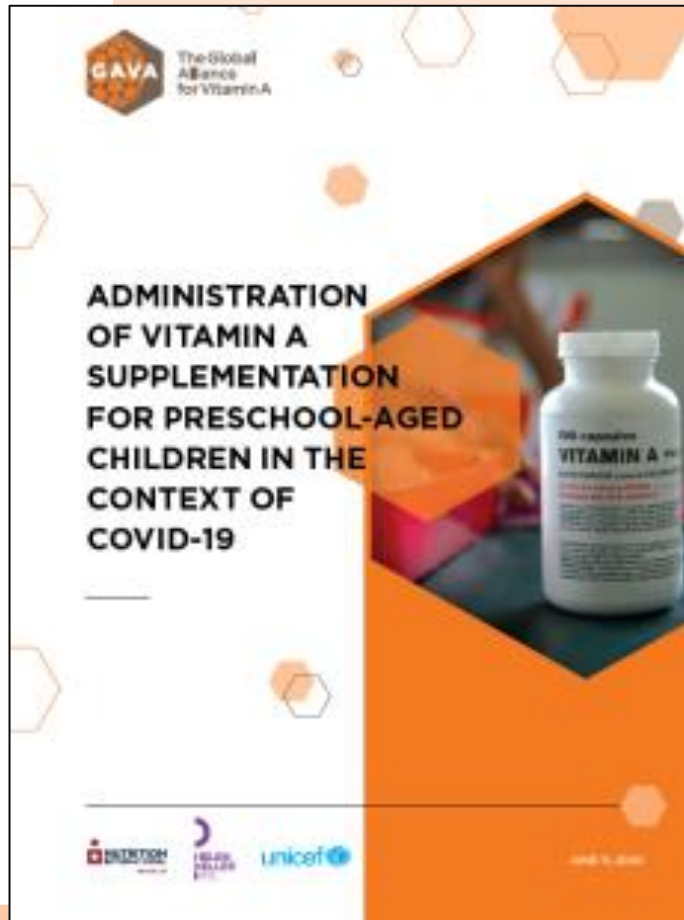
Appropriate personal protective equipment (PPE)



Best practices for VAS delivery



Contents of the Guide



- Preparing for the delivery of VAS
- Administration of VAS
- Additional considerations for the delivery of VAS
- Annexes
 - Features and requirements for the administration of VAS by health workers and caregivers
 - Safe administration of VAS by health workers
 - Safe administration of VAS by caregivers

Preparing for the delivery of VAS

- Enabling environment
 - VAS as an essential service
 - Updating guidelines and allocating budget accordingly
- Preparing the health workforce
 - Decide on cadre of health workers for VAS administration
 - Decide on administration model – health worker or caregiver
 - Consider additional training needs



Preparing for the delivery of VAS

- Community engagement and communication
 - Develop and budget for communication strategy
 - Key messages for VAS
- Ensuring adequate supplies
 - Capsule supply chain
 - Additional resources required for COVID-19 context (e.g. IPC)
- Supervision and monitoring
 - Innovative methods for reporting and supportive supervision
 - Adjust monitoring systems where VAS is shifting to routine delivery
 - Extra effort to ensure timeliness and quality





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Safe Administration of VAS

Caitlin Gomez
Technical Officer
Nutrition International
Ottawa, Canada



VAS administration Methods

- VAS administration requires close contact – physical distancing cannot be maintained between administrator and caregiver and child.

Medical masks are available for health workers



Health worker administration



Medical masks are not available for health workers



Caregiver administration

Steps for administering VAS





Screening caregivers and children for COVID-19



- There are no sicknesses or illnesses that prevent a child from being given vitamin A; all children aged 6 to 59 months, whether screened positive or negative for COVID-19, should be given twice-yearly VAS.
- Screen immediately prior to VAS administration
- Screening is done to ensure that appropriate IPC measures are followed to protect health workers from exposure to the virus



Positive screening




Only proceed *where health workers are wearing medical masks*

Use caregiver administration protocol



Health worker administration


1



Ask caregiver to place health card on table. Confirm child's age and most recent dose of VAS.

Caregiver administration

1

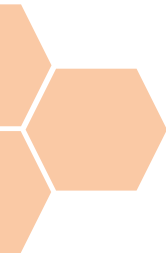
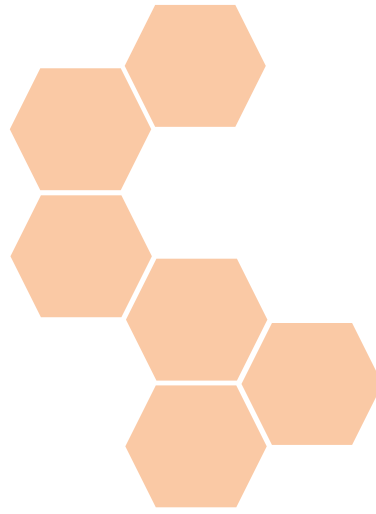


Ask caregiver to place health card on clean tray. Confirm child's age and most recent dose of VAS.

2



Disinfect scissors and tray. Place scissors on tray.





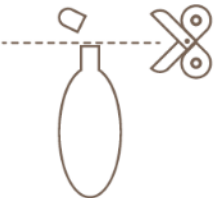
Health worker administration

2



Clean your hands.

3



Cut open capsule.



Caregiver administration

3



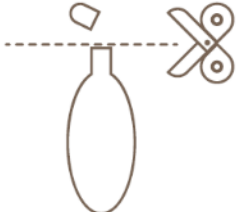
Clean your hands and ask caregiver to clean their hands.

4

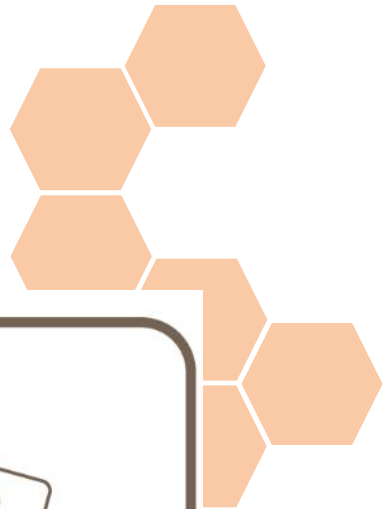


Place capsule on clean tray.

5



Ask caregiver to cut open capsule.





Health worker administration

4

6-11 mo.



12-59 mo.



Ask caregiver to hold child with mouth open. Approach child and squeeze drops into child's mouth.

5



Step away from child and caregiver.



Caregiver administration

6

6-11 mo.

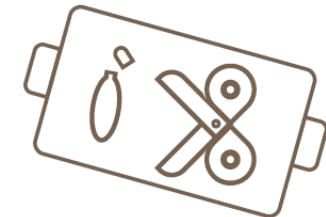


12-59 mo.



Ask caregiver to squeeze drops into child's mouth.

7



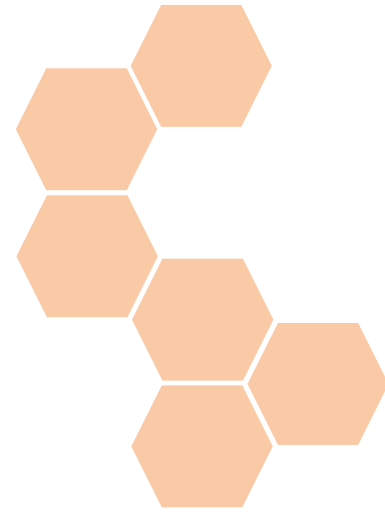
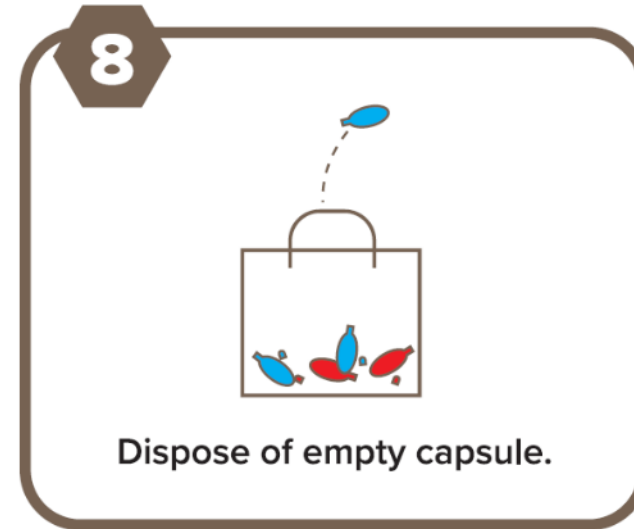
Ask caregiver to place empty capsule and scissors on tray.



Health worker administration



Caregiver administration



Health worker administration

7



Record on tally sheet and child health card.

8



Place health card on table.

9



Clean your hands.

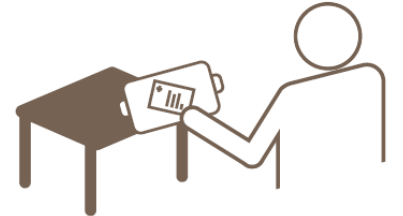
Caregiver administration

9



Record on tally sheet and child health card.

10



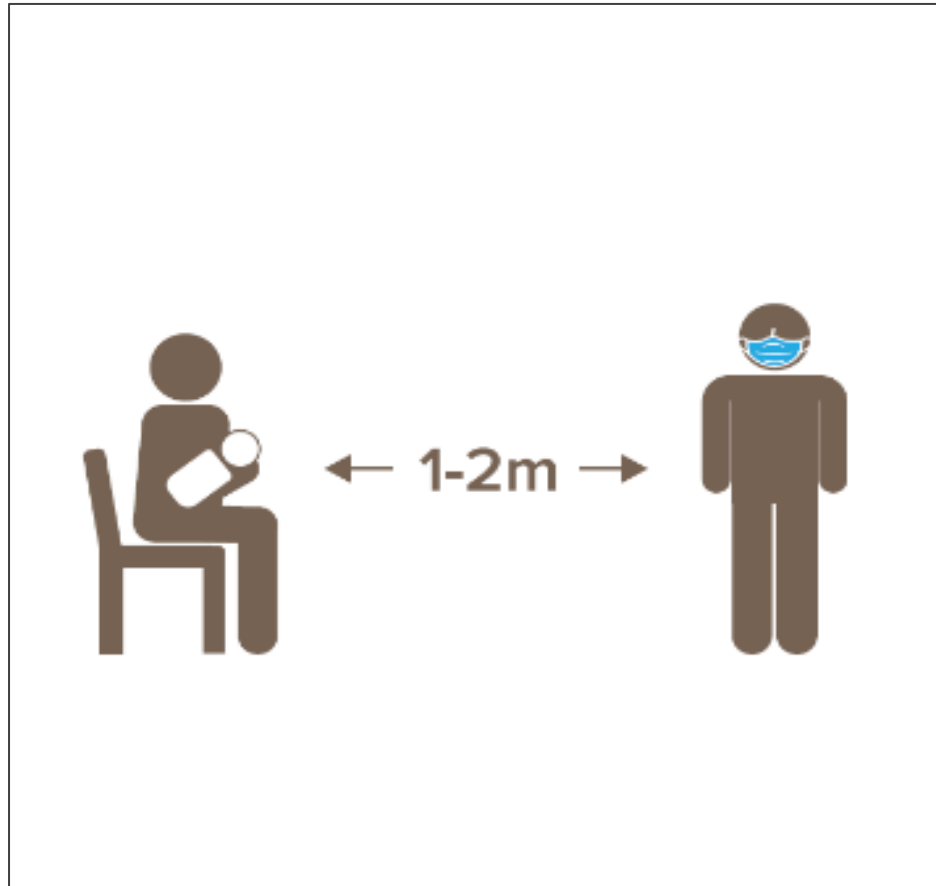
Place health card on table and retrieve scissors.

11

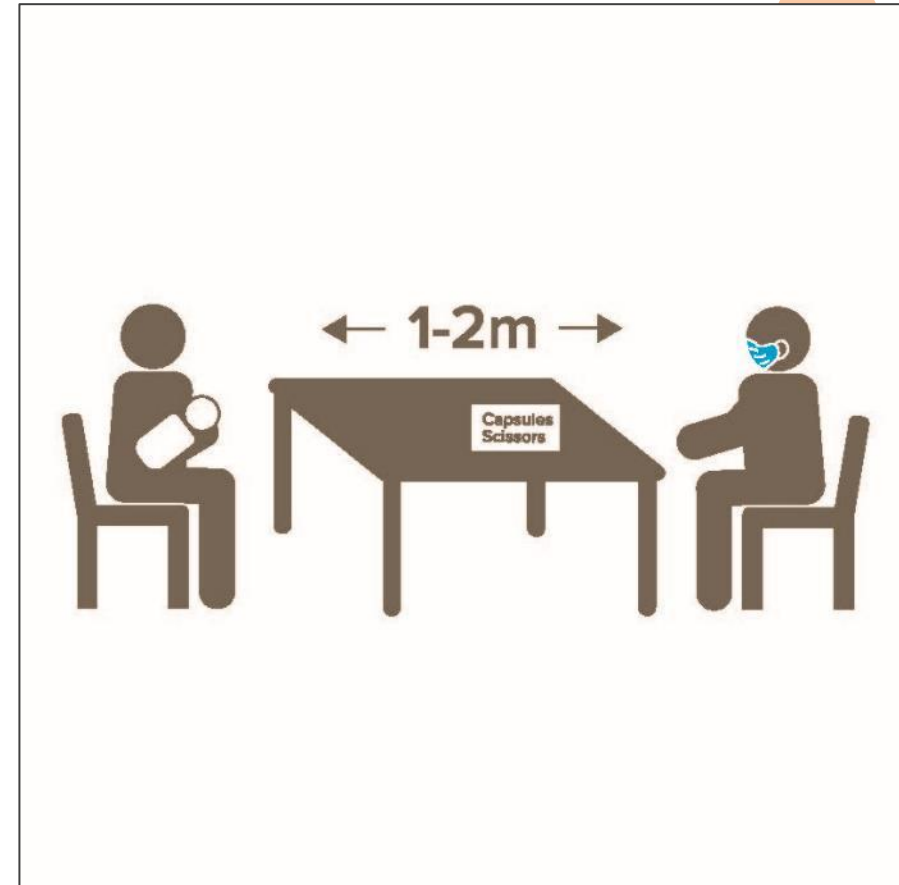


Clean your hands and ask caregiver to clean their hands.

Household level

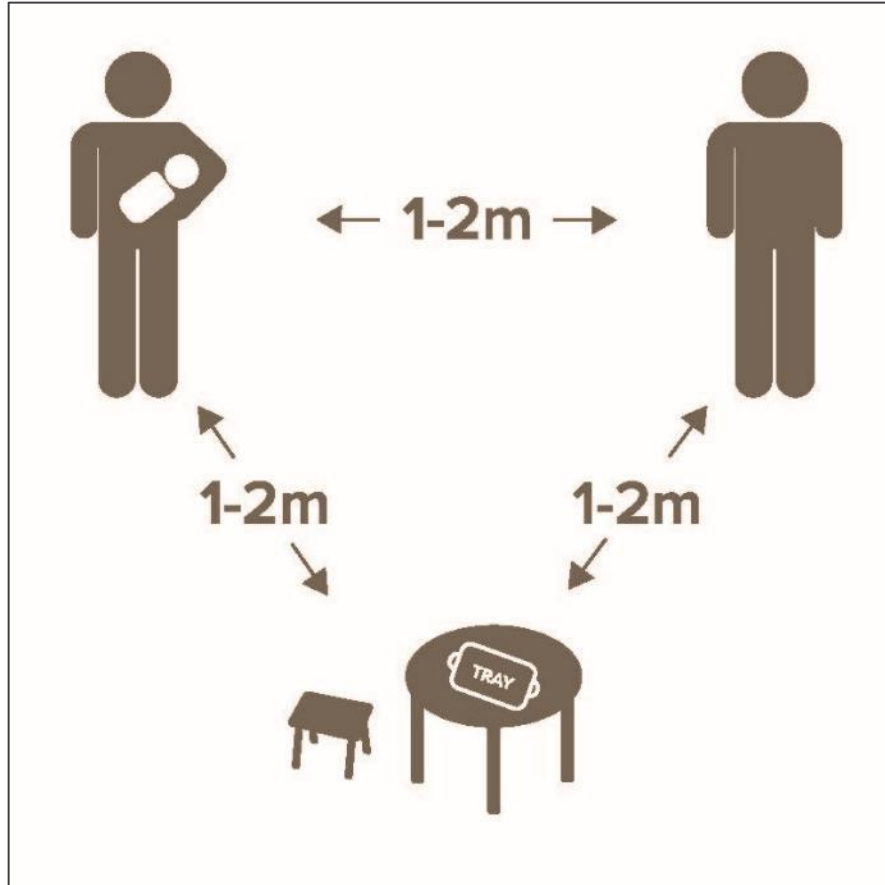


Fixed-site

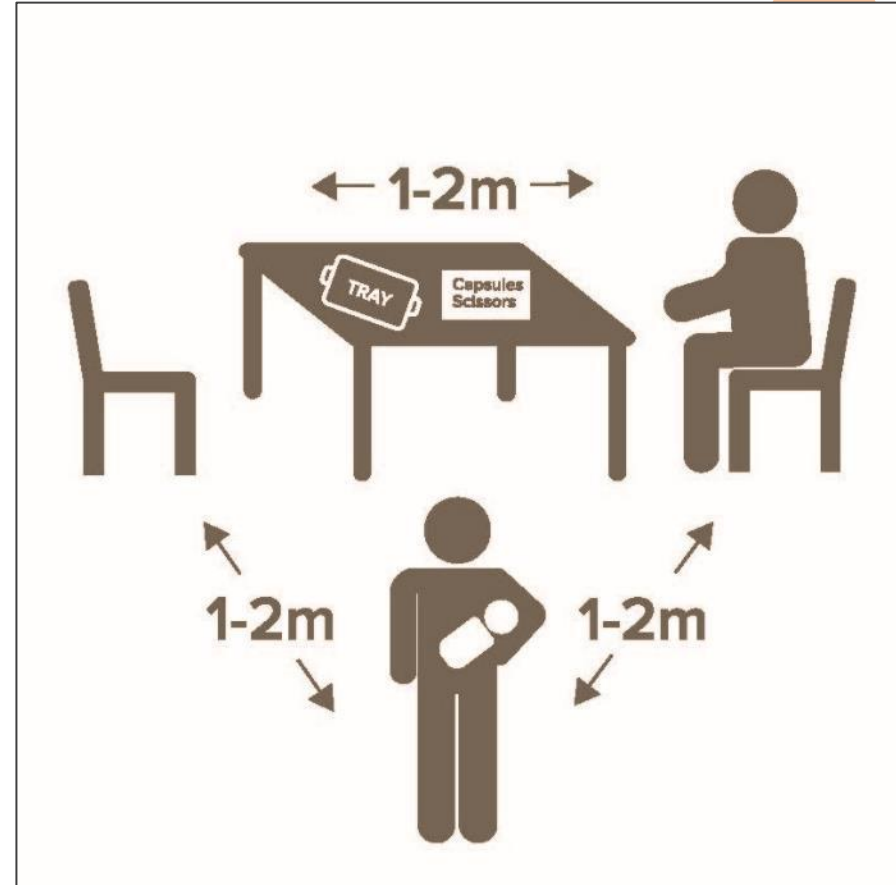


Set-up for health worker administration

Household level



Fixed-site



Set-up for caregiver administration

Summary of administration methods

Health worker administration	Caregiver administration
<ul style="list-style-type: none">• Medical masks used by health workers• Physical distancing maintained except when administering the capsule to the child• Hand hygiene by health worker• <i>Preferred method where medical masks are available for health workers</i>	<ul style="list-style-type: none">• Medical masks not required• Physical distancing maintained between health worker and caregiver and child• Capsule administered <u>under supervision of health worker</u>• Additional supplies required, and additional steps required to clean tools• Hand hygiene by health worker and caregiver

Key considerations for fixed-site distribution

- Plan ahead to reduce the risk of crowding
 - Increase the number of days and distribution sites
 - Organize catchment into small groups
 - Integrate with other child health and nutrition services
- Ensure that the space and patient flow allow for physical distancing
- Additional staff focused on crowd control
- Require all staff, caregivers and children to wash hands when entering distribution site





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Thank you



Visit the GAVA website for
resources on VAS and to sign up
for the GAVA newsletter:

<http://www.gava.org/newsletter/>



HELEN
KELLER

