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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Introduction

Alison Greig
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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.
Who is GAVA?

Core Partners:

NUTRITION INTERNATIONAL

HELEN KELLER INTL

UNICEF

Hosted and Chaired at NI
UNIVERSAL VITAMIN A SUPPLEMENTATION FOR PRESCHOOL-AGED CHILDREN IN THE CONTEXT OF COVID-19: GAVA CONSENSUS STATEMENT

PURPOSE

The Global Alliance for Vitamin A (GAVA) consensus statement provides guidance on vitamin A supplementation (VAS) for preschool-aged children through campaigns, 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 settings that use mass campaigns (e.g., vaccination) and routine health delivery platforms. The guidance will be amended as new information and evidence emerge.

BACKGROUND AND CONTEXT

Vitamin A deficiency (VAD) remains a pervasive problem in much of sub-Saharan Africa and South Asia. VAD is a lifetime-long problem that is critical to the health and well-being of children, with high levels of VAD. Although currently there is no evidence on the effectiveness of high-dose VAD for the treatment of COVID-19 or the reduction in severity of the specific disease, it causes VAD is especially important for vulnerable populations, including those at risk of malnutrition and chronic illness. In countries with high levels of VAD, children aged 6 to 59 months, including those who are affected by COVID-19 outbreaks, experience an increased risk of acute malnutrition and an increased risk of death. GAVA has issued a report on the potential impact of COVID-19 on vitamin A programs and the delivery of vitamin A to children. The guidance is designed to support countries in managing the challenges of vitamin A supplementation during the COVID-19 pandemic.

CRITICAL UPDATES IN THIS VERSION:

- Revision in light of recent guidelines from WHO regarding immunization campaigns [1].
- GAVA recognizes that the simple intervention of vitamin A supplementation remains the greatest public health strategy available to significantly reduce child mortality in the context of COVID-19.

See recommendations 2 for more details.

National governments and partners have responded to the global COVID-19 pandemic, including modifications and rethinking 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 highly affected in the current environment:

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

*Preschool-aged children include children aged 1-5 years.

* Note: This document was updated on June 21, 2020.
Background & Context

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**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?
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

Vitamin A Strategies

- Promote optimal breastfeeding
- VAS
- Diversify diets

Fortify Foods (oil, wheat)

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

Sommer and West, 1996
VAS coverage is losing ground where it matters most

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)
WHO declares COVID-19 a pandemic

March 11

GAVA issues statement to temporarily suspend mass VAS campaigns

April 7

June 22

GAVA issues updated statement & operational guidelines

(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
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
Preparing for VAS Delivery

Annette Imohe
Nutrition Specialist
UNICEF
New York, USA
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
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
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 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 Ask caregiver to squeeze drops into child’s mouth.

7 Ask caregiver to place empty capsule and scissors on tray.
Health worker administration

6
Dispose of empty capsule.

Caregiver administration

8
Dispose of empty capsule.
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
Set-up for caregiver administration
## Summary of administration methods

<table>
<thead>
<tr>
<th>Health worker administration</th>
<th>Caregiver administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical masks used by health workers</td>
<td>• Medical masks not required</td>
</tr>
<tr>
<td>• Physical distancing maintained except when administering the capsule to the child</td>
<td>• Physical distancing maintained between health worker and caregiver and child</td>
</tr>
<tr>
<td>• Hand hygiene by health worker</td>
<td>• Capsule administered <strong>under supervision of health worker</strong></td>
</tr>
<tr>
<td>• <em>Preferred method where medical masks are available for health workers</em></td>
<td>• Additional supplies required, and additional steps required to clean tools</td>
</tr>
<tr>
<td></td>
<td>• Hand hygiene by health worker and caregiver</td>
</tr>
</tbody>
</table>
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
Thank you

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

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