The Global Alliance for Vitamin A

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

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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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In some contexts, these restrictions are now being eased and countries are making difficult decisions to balance the demands of responding to the COVID-19 pandemic, and the need to maintain delivery of essential health services.

RECOMMENDATIONS

1. The delivery of VAS through routine health and nutrition services should be guided by local factors.

The decision to maintain routine delivery of VAS should be guided by local mandates for physical distancing, health system context, the status of local transmission of the COVID-19 virus (classified as no cases, sporadic, clusters, or community transmission [1]), and factors such as population demographics, migration patterns and humanitarian context. This advice is also consistent with WHO guidance on routine immunization and essential health services [2, 3].

Where health system capacity is intact, fixed-site VAS delivery should be implemented as part of the essential package of child health and nutrition interventions that continue to be operational (e.g. routine immunization, deworming, screening for acute malnutrition), while maintaining recommended physical distancing measures and appropriate infection prevention and control (IPC) precautions. The appropriateness of conducting routine outreach or mobile services must be assessed in the local context and should be adapted to ensure the safety of the health workers and community.

Delivery of VAS through routine health services should be implemented with appropriate IPC precautions for COVID-19, including necessary supplies and equipment [4, 5].

2. The delivery of VAS through mass campaigns may be considered based on a risk-benefit analysis.

The decision to deliver VAS through mass campaigns may be considered based on an analysis that weighs the risks and benefits. Following WHO guidance on decision-making for conducting preventive mass immunization campaigns [6], this would include weighing the short- and medium-term public health consequences of implementing or postponing VAS delivery, against a potential increase in COVID-19 transmission. If a decision is made to proceed with a mass VAS campaign, or to integrate VAS into another health or nutrition campaign, it should be implemented with best practice in accordance with the recommendations detailed in the GAVA operational guidance [7], WHO guidelines for IPC [5], and local COVID-19 prevention and control measures and regulations. If a decision is made to temporarily suspend mass VAS campaigns, countries should re-assess at regular intervals and re-evaluate the necessity for the delay at regular intervals [6].

This advice is consistent with WHO guidance on decision-making for the implementation of preventive and outbreak response vaccination campaigns [3, 6].

3. Countries should start planning now for intensified, catch-up VAS delivery so that it can be implemented as soon as possible when conditions allow.

Where a decision was made to temporarily suspend VAS delivery, and/or where coverage was compromised due to limitations in health system delivery during the pandemic, catch-up VAS delivery will be needed. Countries should begin to plan now for the reinstatement and intensification of VAS delivery at the earliest opportunity, once conditions warrant and national authorities have deemed that campaigns and/or routine delivery of VAS can proceed [3].

Two doses of VAS per year are required for children to be fully protected. In the unique circumstances following the COVID-19 outbreak, these two VAS doses can be given as soon as four months apart. Planning for post-outbreak delivery of VAS should be done in conjunction with other programs such as immunization, screening for acute malnutrition, and/or deworming to encourage integration with the delivery of other child health services.

This GAVA consensus statement is also available in French – click here for the French version.

REFERENCES

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