



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 aims to provide 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.

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. However, because the distribution 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 COVID-19, changes are needed in when and how VAS is delivered.

National governments and partners are mounting a comprehensive response to the global COVID-19 pandemic, including modifications and restrictions to activities and movement. This will 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.

RECOMMENDATIONS

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

The decision to maintain routine distribution 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 transmission¹), and factors such as population demographics, migration patterns and humanitarian context. This advice is also consistent with WHO guidance on considerations for routine immunization and essential health services^{2,3}.

Where health system capacity is intact, fixed-site VAS distribution 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 precautions.

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



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.

Distribution of VAS through routine health services should be implemented with appropriate infection prevention and control precautions for COVID-19, including necessary supplies and equipment ^{4,5}.

2. Mass VAS campaigns should be temporarily suspended.

Based on the current understanding of the transmission of the COVID-19 virus, and recommended prevention measures of physical distancing, mass VAS campaigns should be temporarily suspended. Countries should monitor and re-evaluate the necessity for the delay of mass VAS campaigns at regular intervals. This advice is consistent with WHO guidance that recommends temporary suspension of mass vaccination campaigns ².

3. No missed opportunities: VAS should be distributed along with any outbreak response vaccination campaign

In the circumstance where countries decide to conduct mass campaigns during the COVID-19 pandemic for reasons other than VAS (e.g. in response to a vaccine-preventable disease outbreak), VAS should be co-distributed in that campaign. However, during the outbreak, distribution of VAS should not be the main reason for the mass campaign. In this special circumstance, measures to prevent the spread of COVID-19 must be practiced when distributing VAS ^{4,5}.

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

Countries should begin to plan now for the reinstatement and intensification of VAS distribution at the earliest opportunity, once conditions warrant and national authorities have deemed that campaigns and/or routine distribution of VAS can proceed. Two annual doses of VAS are required for full protection. In the unique circumstances following the COVID-19 outbreak, the two VAS doses can be given as soon as four months apart. Planning for post-outbreak distribution of VAS should be done in conjunction with other programs such as immunization to ensure integration as much as possible.

REFERENCES

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