



Newborn Vitamin A Supplementation



A2Z Program Update

Every year approximately 7 million infants die before reaching one year of age, with the majority of deaths occurring during the first 6 months of life. This is also a period of high risk of vitamin A deficiency. Recent USAID-supported research in South Asia has demonstrated that dosing newborns with 50,000 IU of vitamin A reduces substantially mortality at 6 months of age.

USAID, along with global partners, has taken the lead through advocacy and partnership building in identifying and evaluating feasible delivery mechanisms for newborn vitamin A supplementation (NVAS) in an effort to support the World Health Organization (WHO) policy development process on NVAS. WHO is currently undertaking a review of the evidence for newborn vitamin A supplementation.

The A2Z Project, on behalf of USAID, has played a central role in facilitating global coordination and initiating discussions in countries with interest in exploring the options for introducing newborn vitamin A supplementation. Excitement about the potential impact of NVAS for reducing infant mortality has brought together a number of partners including USAID, Saving Newborn Lives (SNL)/ Save the Children, ACCESS, UNICEF, Canadian International Development Agency (CIDA), Johns Hopkins University (JHU), and the Micronutrient Initiative (MI).

This process was initiated during the Micronutrient Forum in April 2007, where the research findings on efficacy and safety of NVAS in Indonesia, India, and most recently Bangladesh, were presented. Since then key stakeholders in the areas of newborn, child, and maternal health and nutrition have been engaged in generating interest for including this new intervention as a component in the various packages or bundles of services being developed to improve newborn health and survival.

The partners have drafted an Action Plan that includes current consensus on steps, timelines, and roles and responsibilities of each, following their expression of interest in supporting the translation of research findings into program implementation in selected countries of South and perhaps South-East Asia. This document serves as a basis for continuing discussions on how stakeholders can best coordinate their efforts in support for the introduction of NVAS, and is updated as progress, discussions, and decisions are made.

Consensus and agreement on the action plan and next steps for initiating the translation of research findings into programs have been achieved through:

- Sharing research evidence on NVAS with partners and interested parties
- Determining future needs for moving efficacy studies towards the design and evaluation of potential implementation models, and future scale up
- Discussing and reaching agreement on partner expectations, participation, and responsibilities
- Advocating with US-based partners, at regional and country levels by taking advantage of different opportunities to sensitize and involve potential participating countries
- Discussing and identifying possible delivery options and platforms for NVAS, at global and country levels
- Identifying possible early adopter countries

In addition to the advocacy effort, A2Z, with the support of JHU, has prepared a list of reference materials on key research in this area, clarified potential questions from stakeholders, and developed concepts and guidelines for testing and monitoring implementation models for NVAS in South Asia. These include:

- Compilation of key references on efficacy and safety of NVAS
- Anticipated “Questions & Answers” on NVAS for stakeholders at global and country level
- Concepts and Guidelines for Developing and Evaluating Implementation Models for Newborn Vitamin A Supplementation (NVAS) in South Asia

Current Status of NVAS at Country Level (July 2008)

With the goal of generating interest and formalizing country support for the design and evaluation of NVAS implementation models, A2Z in collaboration with its global and country partners has been involved in the planning, carrying out and follow-up of sensitization meetings and technical updates at country level. In addition, A2Z has assisted country-level partners in gathering stakeholder and policymaker support for the drafting and approval of policies to test potential implementation models for NVAS.

Informal meetings with Ministry of Health (MOH) representatives from Bangladesh and Nepal were facilitated by USAID at the Family Planning/ Maternal, Newborn and Child Health Best Practices in Asia Near East Meeting in Bangkok in September 2007. As a result of these initial discussions, A2Z, with support from JHU, followed up with visits to Bangladesh and Nepal in December 2007.

Bangladesh

A series of technical update meetings for key stakeholders and other interested partners took place in Dhaka, Bangladesh in December 2007. These meetings were planned by an informal group of stakeholders including the JHU/JiVitA Project, MI, SNL/Save the Children (country and regional representatives), ACCESS, and Helen Keller International (HKI). With the financial support of A2Z, the JHU/JiVitA team provided in-country logistic and operational support to these meetings.

Several informal discussions were held with relevant units of the Government of Bangladesh including the National Nutrition Program and the Institute of Public Health Nutrition, academic leaders, key professional bodies including Obstetrics and Gynecology, local and international NGOs, including BRAC, Helen Keller International, the Micronutrient Initiative, and multilateral organizations, including UNICEF and the World Bank.

The above meetings culminated in a formal briefing of The Honorable Advisor for the Ministry of Health and Family Welfare on December 4, 2007, to discuss the findings of the research on efficacy and safety of NVAS.

This process served to raise awareness of NVAS and engage stakeholders in the policy process. The evidence supporting efficacy was generally accepted. Concerns about safety were understood, discussed, and addressed with the participants during the formal briefing and discussion.

In February and July 2008, JHU, again with the financial support of A2Z, carried out additional meetings at country level to:

- Present NVAS research findings to a group of pediatricians, neonatologists, and program implementers at the Bangladesh Neonatal Forum and to share a summary of the research evidence and possible policy implications with the National Newborn Strategy Working Group.
- Assist in formalizing a NVAS Core Group with the participation of Saving Newborn Lives/Save the Children, ACCESS, JHU/JiVitA, MI, A2Z, and USAID/Bangladesh to discuss next steps for testing the feasibility of newborn vitamin A supplementation in Bangladesh.

In July 2008, JHU/JiVitA in partnership with the Directorate General of Health Services, MI, A2Z, USAID, BRAC, and HKI carried out a dissemination seminar titled 'Newborn Vitamin A Supplementation Reduces Infant Mortality in Rural Bangladesh,' in Dhaka, Bangladesh. The main objective of this seminar was to disseminate the NVAS findings and their publication in "Pediatrics." Also it was an opportunity to discuss implications of the NVAS findings for Bangladesh and providing a rationale for the operations research to test delivery models. The seminar intended to obtain MOH endorsement to conduct the NVAS feasibility activities and to obtain MOH representation on the NVAS Technical Advisory Group (TAG) to help oversight the operations research and help scale up NVAS nationwide. Final recommendations and outcomes of the seminar are being drafted.

The meeting had as chief guest Mr. A K M Zafar Ullah Khan, Secretary, Ministry of Health and Family Welfare, and was chaired by Prof. M A Faiz, Director General, Directorate General of Health Services Health and Family Welfare Secretary AKM Zafar Ullah Khan. The meeting also had the participation of country-level stakeholders including the National Nutrition Program, and the Institute of Public Health Nutrition. [Links to the local news articles on the seminar: The Daily Star and Bangladesh Today]

Currently, A2Z, with the support of JHU and the JiVitA team in Bangladesh, is in the process of:

- Advocating for Ministry of Health and Family Welfare endorsement of NVAS to provide policy approval for testing implementation models for NVAS in Bangladesh.
- Developing a proposal to identify and evaluate delivery mechanisms for NVAS and then find an organization to lead and support implementation of this effort at the local level.

Nepal

In December 2007 a technical update meeting was organized with the assistance of the Nepal Family Health Project (NFHP), UNICEF/Nepal and USAID, and led by the Nepal Ministry of Health (MOH), Department of Health Services, Child Health Division. At this meeting, local stakeholders had an opportunity to consider the evidence and discuss issues related to NVAS. In addition to the local participants and international representatives from sponsoring organizations, A2Z invited three key stakeholders from Bangladesh and two from Pakistan to participate in the Nepal process. The response was very positive, and there appeared to be a consensus that the efficacy and safety findings were sufficiently compelling to initiate the development of an MOH file to request policy approval for the testing of implementation models on NVAS in selected districts. A2Z prepared a draft proposal, "Development of a Model for Newborn Vitamin A Supplementation (NVAS) in Nepal: A

proposal for implementation in 4 districts," which was shared with the Nepal Family Health Project, UNICEF, USAID, and the MOH, and was used as the basis for requesting policy approval from the MOH. The MOH issued policy approval for this activity in February 2008.

UNICEF, with funding from Canadian International Development Agency (CIDA), has agreed to partially support the testing of NVAS operational models in Nepal. In addition, this activity will have the field operational and implementation support of the NFHP project. The MI will provide the 50,000 IU capsules, and A2Z will continue to provide technical support to the design, implementation, monitoring, and documentation of this activity; to advocate for additional funds among other interested partners; and coordinate communications. Initial stages of implementation of NVAS activities in Nepal are anticipated to start during the third quarter of 2008.

Visit www.a2zproject.org for other publications on newborn vitamin A supplementation.



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