Nutrition News for Africa

Abstract - March 15, 2004

Integrating Vitamin A Supplementation into CDTI: The Experience of Helen Keller International and The Micronutrient Initiative.

Vitamin A deficiency (VAD) and onchocerciasis (river blindness) represent two public health problems of significant importance in sub-Saharan Africa. Twice-yearly supplementation with high-dose vitamin A capsules is the main intervention used to control VAD. In addition, National Immunization Days (NIDs) have been successfully used for the past decade as a means to deliver vitamin A capsules to target populations.

With polio eradication approaching, NIDs are being phased out, and there is an urgency to develop alternative mechanisms to sustain high vitamin A supplementation coverage for pre-school children and post-partum women. River blindness can be controlled with ivermectin treatment. Community-Directed Treatment with Ivermectin (CDTI) was developed to meet this challenge and has been adopted by 30 onchocerciasis endemic countries in Africa, potentially reaching 70 million people. Both vitamin A supplementation and CDTI rely on sustained supply systems and support from communities and health care systems. As NIDs phase out, the integrated approach of CDTI+VA can help ensure high vitamin A supplementation coverage. The target groups are complementary with children and post-partum women receiving vitamin A supplements and other community members receiving Mectizan® (ivermectin).

Working in both blindness prevention and control of malnutrition, Helen Keller International (HKI) has identified an opportunity to integrate vitamin A supplementation with CDTI. The Micronutrient Initiative and HKI have jointly piloted integrated CDTI + vitamin A supplementation programs in 2 states in Nigeria. Over 90% of children 6-59 months and more than 85% of women post-partum were reached with vitamin A capsules through this pilot project. The success of the pilot project prompted its expansion to 4 additional states in Nigeria and to one CDTI district in Cameroon. By 2007, CDTI projects will treat more than 70 million people annually, which means that approximately 10.5 million children under 5 and 3.5 million post-partum women could receive vitamin A supplements through this mechanism.