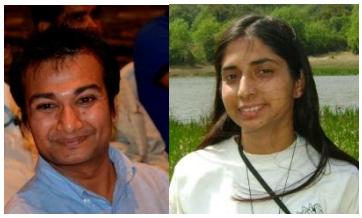
WN *Hot stuff*

World Nutrition **Volume 6, Number 4, April 2015**

Journal of the World Public Health Nutrition Association
Published monthly at www.wphna.org/worldnutrition/

Vitamin A supplementation

More than a fiasco – a scandal



Ashok Bhurtyal
Dushala Adhikari
Basundhara, Kathmandu, Nepal
Email: ashok.bhurtyal@gmail.com

Access May 2010 Michael Latham The great vitamin A fiasco here
Access October 2014 IJE John Mason, Ted Greiner et al on Vitamin A here
Access November 2014 John Mason, Ted Greiner et al on Vitamin A here
Access December 2014 Update on Vitamin A here
Access December 2014 Feedback on Vitamin A here
Access January-February 2015 Feedback on Vitamin A here

Editor's note

Since our first issue in 2010, *WN* has been concerned with the issue of universal vitamin A supplementation in particular, and in general with policies and programmes to prevent undernutrition and malnutrition of children in the global South. Above are links to some of our coverage of the vitamin A issue. There is a fuller set of references at the beginning of our *Feedback* letters this month, also linked above. This commentary here from Nepal by *WN* editorial family member Ashok Bhurtyal and Dushala Adhikari goes further. They write as public health professionals, as citizens who support the independence of their country, and also as parents of a young daughter who they refuse to submit to the vitamin A supplementation programme. They denounce the current Nepali policy on prevention of vitamin A deficiency, and what they see as the indefensible attitude of 'external development partners'. *WN* will welcome letters in response for publication.

Our vitamin A policy is wrong

Young children at an orphanage in Kathmundu, Nepal. They all need nurturing and nourishment, and the food they most need is that which grows abundantly and fresh in Nepal, not supplements

We have read the paper (1) and the *WN* commentary (2) by John Mason and his colleagues, which challenge the current dominant universal vitamin A supplementation policies and programmes. We are Nepali public health professionals working in the area of child nutrition, health systems and maternal health in our country for the past decade. We are also members of farming families, and parents of Aayushi our 2 and a half year-old daughter. We agree with the essence of what John Mason and his colleagues state and conclude. We go further. Reflecting on our professional experience, our life as farmers, and our duties as parents, we judge that at least in Nepal, vitamin A supplementation is an even more troublesome activity than has so far been assessed. Here is why.

Nationwide mass supplementation

Nepal is bordered by China on the north and otherwise by India, and has a population of 26.5 million. It is the birthplace of the Buddha, and includes most of the world's highest mountains. Its southern lowlands are very fertile. A monarchy until 2006, it is now a federal democratic republic with a multi-party system.

Mass distribution of high dose vitamin A capsules was started in a few districts of Nepal in 1993. The programme was expanded by 2002 to include all 75 districts of the country, and capsules are administered twice a year to all reachable children aged between 6 months and 5 years. Formally our Ministry of Health and Population is responsible, guided by donors and agencies such as the US Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Canadian International

Development Agency (CIDA), and the Australian Agency for International Development (3).

The initial and the later declared intention always has been that the initiative would be phased out and replaced by food-based approaches (4,5). But after two decades there is no sign that the Nepali government, or the UN or donor agencies, actually do intend to phase out, let alone stop, capsule distribution and administration.

The stated objectives of the initiative have been to reduce child mortality and morbidity, and specifically first to treat xerophthalmia and reduce it from 1.9 to 0.1 per cent in 10 years, and second to reduce severe malnutrition and prolonged diarrhoea. There have been reductions, but without sound evidence to ascribe these to the supplementation programme.

Nonetheless, our government and the UN and donor agencies claim that the initiative has proved to be one of the most successful and equitable health interventions in Nepal. The capsule programme has been lauded as one of the best practices in global public health, and the Nepali example has been highlighted as one that should be copied in other countries (6-8). All this has distracted attention from food-based programmes using nourishing indigenous and local foods.

Supporters of vitamin A capsules go to great lengths in meetings, workshops and reviews to argue in support of continuing the programme. They say that capsules should continue to be administered until vitamin A deficiency is fully under control. They say it has added value because of being part of a larger programme that includes twice-yearly administration of Albendazone tablets to kill intestinal roundworms infesting the same populations of children.

A donor-driven intervention

They also say that the vitamin A capsule initiative is 'country-driven'. We will now look at what this term, and the claims of success and equity really mean.

In reality, Nepal's vitamin A capsule supplement programme is not country-driven. It is donor-driven. The donors identify or train professionals from other countries, send them to Nepal for training and research and later to carry out the interventions they have devised, supported by Nepali health workers many of whom are volunteers, and then publish papers and reports that declare the programme to be a great success and encourage replication in other countries.

It may not be well-known that today, the donors no longer donate the vitamin A capsules. The Nepali government buys the capsules from the suppliers with money which is now contributed by the parents of the children to whom the capsules are administered. The parents however have no say in policy, planning or decisions at any stage, while the 'donors', whose organisations are in other parts of the world, continue to recommend that the Nepali government should continue with the programme of mass supplementation.

One of the many fruit and vegetable markets in Kathmundu. Nepal is a country with abundant production of foods of plant origin, including many that are good or rich sources of vitamin A

The vitamin A programme has been described as one of the most sustainable public health interventions in Nepal (6-8). In reality what is being sustained is dependence on the influence of 'donors' who no longer donate capsules, but who still effectively control the Nepalese vitamin A and other public health and nutrition interventions. This has been characterised as putting government in the taxi-driver's seat, while the non-paying passenger sits back and instructs the driver where to go (9).

So who are the 'donors' now, when the foreign capsules are bought with domestic money? As well as those mentioned already, they include the 'development' agencies of various wealthy countries, international financial institutions, and other influential organisations that are interested in getting the countries that are 'aided' with national public health and other programmes to see things their way. In Nepal they are called 'external development partners'.

The initial and subsequent claims made in favour of the vitamin A capsule supplementation programmes have never been substantiated by rigorously conducted and honestly reported research. For the past one and half decades, there has been no assessment of micronutrient deficiency prevalence among Nepali children. There are no national data on serum retinol levels among Nepali children. Any claim concerning vitamin A deficiency and its prevention is not founded on research findings.

We agree with John Mason and his colleagues (1,2) that there is now no reliable evidence that vitamin A capsules reduce morbidity or mortality. Certainly, there is no good evidence in Nepal or indeed in South Asia.

Our own experience

Many Nepali parents have chosen to protect their children against vitamin A deficiency in their own ways. Our own daughter Aayushi has not received vitamin A capsules although this is required as government policy. She is among the nearly 10 per cent of Nepali children who do not take these capsules. She is recognised as

Not all children in the more remote uplands of Nepal are reached by the vitamin A supplementation programmes. But there is now no evidence of widespread clinical vitamin A deficiency in these areas

physically and intellectually more advanced than her peers of similar social and economic position, who are given vitamin A capsules twice a year. So what does she eat? We prepare all her meals at home, from grains, legumes, vegetables, and fruits grown in villages by ordinary farmers, which we buy in the local market where ordinary people such as labourers buy their fresh foods.

Besides our daughter, we have seen many children in the mountain communities of Nepal who never receive Nepal's most common health and nutrition intervention – the high dose vitamin A capsules. But they are not night-blind. Nor do they exhibit more deficiencies than those shown by children given vitamin A supplements. So what do they eat? They eat indigenous foods grown in their own villages and wild foods collected frequently from nearby forests or grasslands in their Himalayas. Three of our own pictures of some of these foods are shown above.

The vitamin A capsule programme is distracting attention from sustainable solutions for vitamin A deficiency and for general malnutrition in Nepal. A great deal of attention and resource is given to it, in our country where human and material resources are precious. This is despite having obvious alternatives, most of all healthy diets based on indigenous and local fresh foods. Nepal's exceptional biodiversity is all we need to prevent malnutrition of all forms (10). These alternatives have already been shown to have lasting benefits. Yet even now with more and more cogent questions being asked, the 'donors' and managers show no

signs of reconsidering vitamin A supplementation, despite it using up so much of our scarce national material and human resources. We see this as a scandal. It is time to replace high-dose vitamin A supplementation by strongly supported national and local food-based approaches, in the spirit of justice, equity, autonomy, and plain good sense.

References

1 Mason J, Greiner T, Shrimpton R, Sanders D, Yukich J. Vitamin A policies need rethinking. *International Journal of Epidemiology* 2014; doi: 10.1093/ije/dyu194.

2 Mason J, Greiner T, Shrimpton R, Sanders D, Yukich J. Vitamin A. Let food be our medicine. *World Nutrition* 2014; **5**, 11: 940-952.

3 Gottlieb J. Reducing child mortality with Vitamin A in Nepal. In Levine R. *Case Studies in Global Health: Millions Saved.* Sudbury MA: Jones and Bartlett, 2007.

4 MoH. *Nepal National Vitamin A Deficiency Control Programme. Guidelines for Implementation*. Kathmandu: Ministry of Health, 1992.

5 MoHP *National Nutrition Policy and Strategy. Kathmandu:* Ministry of Health and Population, 2004.

6 MoHP. *Annual Report.* Department of Health Services 2069/70, 2012-2013

7 UNICEF. *Getting to the Roots. Mobilising Community Volunteers to Combat Vitamin A Disorders in Nepal.* Kathmandu: UNICEF Regional Office for South Asia, 2003.

8 Thapa S. High and equitable coverage of vitamin A supplementation program in Nepal. *Journal of Community Medicine & Health Education* 2014, **4**, 272. *Access pdf here*

9 Gish O. The legacy of colonial medicine. In (eds): Fort M *et al. Sickness and Wealth: the Corporate Assault on Global Health.* Cambridge, MA: South End Press, 2004.

10 Adhikari D, Bhurtyal A. Nutrition: retrogression and prospects under the Himalaya. *Voice of Public Health* 2011, **1**, 1

Acknowledgements and status

How to respond

Please address letters for publication to wn.letters@gmail.com. Letters should usually respond to or comment on contributions to *World Nutrition.* Usual length for main text of letters is between 350 and 1,000 words. Letters are edited for length and style, may also be developed, and once edited are sent to the author for approval.