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Country perspective. What are the implications of the current concern/debate on national efforts to prevent vitamin A deficiency in Guatemala

Symposium ID (144/...) and Title of the Symposium to which the talk belongs

Scientific Symposium: 144/109 - Integration to Implementation (I to I) on Vitamin A interventions

Abstract (max. 500 words)

During the 1960s the vitamin A deficiency (VAD) in Guatemala was consequence of a cereal-based diet poor in both animal and vegetable sources of vitamin A. After designing and implementing a program to fortify sugar with cold-water soluble retinyl palmitate, a longitudinal evaluation demonstrated the effectiveness of the strategy. Follow-up biochemical assessments based on national health and micronutrient surveys showed a decline of VAD from 26.0% to 15.8% during 1965—1995 in children aged 0-59 months, and in 2008, the prevalence of low serum retinol values was 0.3%. Guatemala is the first country in the world to implement and maintain sugar fortification with vitamin A as a successful public health intervention for decades, with monitoring and surveillance systems in place. Monitoring activities have provided information on the quality and coverage of the program and epidemiological surveillance confirms that universal sugar fortification with vitamin A has been a sustainable cost-effective strategy to drastically reduce vitamin A deficiency. Other strategies implemented in

Guatemala include mega dose supplements for children and micronutrient powder provision, but with variable coverage. Efforts to adjust supplementation program according to a sufficient amount of VA provided by sugar have resulted in reducing the age group targeted by supplementation, from 6-59 months-old children to the 6-23 months-old. Recent national health and nutritional surveys and local nutritional surveillance systems have evidenced that in Guatemala there is also availability of additional dietary sources of VA that can be provided by focal nutritional interventions, bought, as well as voluntarily fortified foods such as cereals, milk and juices. This suggests that a potential excess of VA intake is possible in the Guatemalan context. The lessons learned through has been useful to guide public policies and establish inter-sectoral alliances as in the National Commission of Food Fortification. This presentation will present data available on national level and how those have influenced national policies. Discussion will be issued on how national food fortification programs can achieve sustainable adequate levels of Vitamin A without carrying out excessive intakes in vulnerable groups.

Keywords (5 keywords maximum)

Vitamin A status, National Fortification Programs, Guatemala

Conflict of Interest disclosure

None

Further collaborators (N/A if not applicable)

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