Helen Keller International's Vitamin A Program (HKI) runs programs that reduce malnutrition, avert blindness and alleviate poor vision in sub-Saharan Africa by providing vitamin A supplementation (VAS) in Sub-Saharan Africa. HKI provides technical assistance, engages in advocacy, and contributes funding to government-run VAS programs.

What's the need?

- Vitamin A is an essential nutrient vital to the proper function of the immune and ocular (visual) systems. Vitamin A must be obtained through diet since the body cannot produce it on its own.
- Vitamin A deficiency (VAD) is the leading cause of blindness in children. The WHO estimates that 250,000 to 500,000 vitamin A-deficient children become blind every year, half of them dying within 12 months of losing their sight.
- VAD can also cause stunting, anemia, increased severity of infections, and death. WHO estimates that VAD is most common in its Africa and South-East Asia regions. Infants, children, and pregnant or lactating women with low vitamin A intake appear to be at particularly high risk of the adverse health effects caused by VAD.
- According to the WHO, vitamin A from high-dose supplements can be stored in the liver and used as needed in the body for several months. To prevent childhood morbidity and mortality, WHO recommends vitamin A supplementation (VAS) every four to six months for all children aged 6 to 59 months in areas where VAD is a public health problem.

What they do (Program Details)

- Helen Keller International (HKI) supports VAS programs for preschool-aged children in African and Asian countries by providing technical assistance, engaging in advocacy, and contributing funding to governments for implementing the programs.
- GiveWell estimates that it costs $1.35 for HKI to deliver a vitamin A supplement.
- HKI has developed a water-soluble VAS formula designed to be more palatable to children and thereby increase utilization rates among at-risk children.
- We recommend HKI's VAS programs for preschool-aged children, due to its evidence of impact and cost effectiveness.
Evidence of impact of intervention
- A large number of RCTs of VAS that were conducted in the 1980s and 1990s found that VAS greatly reduces child mortality.
- A 1999-2004 trial with more participants than all previous studies combined (the Deworming and Enhanced Vitamin A, or DEVTA, trial) did not find a statistically significant effect on mortality.
- GiveWell remains uncertain about what could explain this difference in results, but notes that recent meta-analyses that include the DEVTA trial still estimate that VAS leads to a significant reduction in child mortality.

Evidence of impact of charity
- GiveWell estimates that the prevalence of VAD in populations represented in the meta-analysis of the effect of VAS on mortality was roughly 59%. Based on limited (and difficult to attain) data, the prevalence of VAD among preschool-aged children in countries where HKI works appears to be around 20%.
- GiveWell notes that Helen Keller’s VAS programs may have smaller impacts on child mortality rates today than the effects found in VAS trials from the 1980s (although impacts are still very high), as declining rates of VAD in surveyed areas may have reduced the overall incidence of infectious disease mortality among children (implying a reduced need for VAS relative to 30 years ago).
- However, GiveWell believes that HKI’s VAS program is effective, achieving good coverage of VAD households and strong evidence that HKI’s program increases VAS in areas where it is needed.

Plans for 2019
- HKI has existing commitments to spend $6.2 million on VAS mass campaigns in Guinea, Mali, Burkina Faso, Côte d’Ivoire, and Nigeria
- GiveWell notes that HKI has identified $30.7 million in opportunities from 2019-2021 to support VAS mass campaigns in Guinea, Mali, Burkina Faso, Côte d’Ivoire, Niger, Cameroon, Democratic Republic of the Congo, Kenya, and Mozambique.

Remaining uncertainties
- The null findings of the DEVTA trial have recently cast doubt on the efficacy of VAS, though its methodology has been questioned. Although there appears to be little consensus on how to interpret these results, recent meta-analyses still estimate that VAS reduces rates of child mortality.
- There is uncertainty about current rates of vitamin A deficiency among preschool-aged children in areas where HKI supports VAS programs. If rates of vitamin A deficiency are low, it is likely that the impact of HKI’s VAS programs would be limited.
- GiveWell has not investigated HKI at the same level of depth as some of their other top charities.
Sources and more information

- HKI's Vitamin A Program website
- The Life You Can Save summary
- GiveWell review
- HKI's Vitamin A Program Annual Report

Appendix: other programs carried out by Helen Keller International

In 2017, HKI estimates that it:

- Screened the vision of nearly 66,000 disadvantaged youth in the United States and provided more than 16,000 of them with free prescription eyeglasses
- Provided more than 110 million drug treatments to people at risk of disabling and disfiguring diseases in six African countries
- Performed some 36,000 sight-saving eyelid surgeries for Trachomatous Trichiasis (TT), a potentially blinding bacterial infection of the eyes, in seven African countries
- Trained more than 200 TT surgeons and provided TT-related training (including how to screen for the disease and provide community education) to nearly 5,500 people in six African countries.
- Performed 35,000 cataract surgeries in Myanmar
- Screened nearly one million people in seven African countries for Trachomatous Trichiasis (TT) (in collaboration with its partners)
- Screened 15,000 people in Bangladesh and Indonesia for diabetic retinopathy, which can lead to vision loss, and treated nearly 1,300 of them.
- Provided support across Africa to national governments, local food companies, and regional networks to strengthen their capacity to fortify essential food staples with micronutrients
- HKI also provides tools and training for families in Africa and Asia to grow and consume more nutritious food