Experiences Supporting the Introduction and Implementation of Multiple Micronutrient Supplementation for Pregnant Women Globally

MMS landscape
Micronutrient deficiencies are a major public health problem, especially during pregnancy on account of the increase in nutrient requirements that occurs at this time.¹ MMS for pregnant women has been demonstrated to be superior to IFA supplementation as an effective, safe and cost-effective intervention that reduces maternal anemia and improves pregnancy outcomes.²,³ While WHO continues to recommend IFA, it has stated that, where appropriate, governments could begin to explore the use of MMS in their national programs.⁴ Given this guidance, and taking into account the reality that existing IFA programs struggle to reach women and achieve adherence to the prescribed regimen, VA initiated its global MMS campaign to: (1) raise awareness of the benefits of MMS use; (2) advocate for the use of MMS in place of IFA and support policy change within large healthcare systems; and (3) reach more pregnant women effectively and efficiently with MMS – especially those who are hardest to reach. VA has focused its efforts on conceptualizing and applying a variety of approaches to balance the urgent need to reach more women, especially the most vulnerable, with the long-term goal of ensuring the effective and sustainable introduction and scaling of MMS within programs globally.

Key messages
- Given the clear evidence that antenatal multiple micronutrient supplementation (MMS) is superior to iron and folic acid supplementation (IFA) for improving pregnancy outcomes and preventing maternal anemia, Vitamin Angels (VA) and other stakeholders are exploring how to introduce and scale MMS for pregnant women effectively and efficiently in the context of the current World Health Organization (WHO) guidelines.
- VA’s global MMS campaign has made meaningful progress towards the introduction and implementation of MMS programs globally.
- Different approaches have been used by VA to balance the need to reach more women, especially the most vulnerable, with the long-term goal of ensuring effective introduction and scaling of MMS as a sustainable component of existing nutrition services.

“VA’s model is premised on the reality that national health services are unable to reach all eligible beneficiaries”

Role of Vitamin Angels
VA aims to reduce health and economic disparities across the life span by effectively delivering evidence-based nutrition interventions to hard-to-reach populations globally. Specifically, VA delivers interventions that target the first 1,000 days of life (i.e., from conception to 24 months of age) and children up to 5 years of age.
VA’s model is premised on the reality that national health services are unable to reach all eligible beneficiaries, especially those who reside in marginalized or hard-to-reach communities. Through a range of strategies working with multiple stakeholders, VA coordinates with government and nongovernmental organizations (NGOs) to effectively and efficiently fill gaps in coverage. VA supports a range of nutrition-specific interventions, reaching over 70 million beneficiaries in 70 countries annually, through over 1,600 field partners. VA initiated its current model for programming (as applied to universal vitamin A supplementation) in 2007, and has since refined it to include an expanded range of evidence-based nutrition interventions, including MMS for pregnant women.

**Vitamin Angels’ approach**

VA employs context-specific approaches by engaging in advocacy and advisory services, delivering technical assistance and providing evidence-based nutrition interventions to reach underserved pregnant women (Figure 1).

VA works at both the national and local level, through a blended approach, to identify governments and NGOs interested in exploring the introduction and implementation of MMS for pregnant women. At the national level, VA works with national health services to understand gaps in coverage and determine how best to address the gap – either using the national health system or in coordination with the health service delivery platforms of NGOs. At the local level, VA works with local health services and also identifies registered NGOs that operate existing programs, have knowledge of the populations they serve, coordinate with their local government health facilities and can absorb the incremental costs of adding nutrition services (such as MMS delivery) to their existing delivery platform. VA’s blended approach is operationalized through its work with both national and local health services and NGOs, seeking to increase coordination at all levels.

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**FIGURE 1: Vitamin Angels’ approach**

<table>
<thead>
<tr>
<th>Vitamin Angels</th>
<th>Advocacy &amp; Advisory Services</th>
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<tr>
<td></td>
<td>Technical Assistance</td>
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<td></td>
<td>Evidence-based Nutrition Interventions</td>
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**Legend:** Vitamin Angels engages in advocacy and advisory services to create an enabling environment for the introduction and implementation of evidence-based nutrition interventions, like MMS. VA provides technical assistance to ensure effective delivery through learning solutions, monitoring and evaluation, and implementation research. Where gaps in coverage persist, VA supports the delivery of evidence-based nutrition interventions to hard-to-reach women and children.
Vitamin Angels’ global MMS campaign
With support from Kirk Humanitarian, VA initiated a global prenatal campaign in 2017 to accelerate access, availability and use of MMS by working to:

- **Ensure a global supply** of MMS by working with key partners to support efforts to develop an open-access MMS product specification that can result in an affordable MMS product of internationally accepted quality (as described elsewhere in this *Sight and Life* Special Report).

- **Create demand** for MMS by participating in and co-chairing internationally recognized meetings (e.g., the Women Deliver Conference and the Asian Congress of Nutrition) that raise awareness of MMS, advocate for the uptake of MMS and advance policies needed to support the implementation of MMS. In conjunction with these initiatives, VA participates in and convenes technical consultations to support policy formation and planning.

- **Deliver services** to over 2 million pregnant women in 2019 through a network of government and NGO field partners, by providing them with technical assistance to establish an MMS intervention within their antenatal care services and supplying them with a high-quality MMS product.

- **Influence policy and effective programming** by conducting implementation research to inform the introduction and scaling of MMS within national programs (as described on page 54 in this Special Report).

- **Act as a catalyst** to mobilize governments and other organizations into action to participate in the introduction and scaling of MMS.

**“VA’s global MMS campaign has made meaningful progress towards the introduction of MMS programs globally”**

Using the approaches described above, VA’s global MMS campaign has made meaningful progress towards the introduction of MMS programs globally. In addition to the implementation research conducted in Haiti (as described elsewhere in this Special Report, see Boxes 1–3 for country case studies that highlight additional work.

**BOX 1: Indonesia case study**

The Indonesian Ministry of Health is among those national health services interested in learning more about MMS as a potential replacement for IFA as part of routine antenatal care services. Several district health offices in Indonesia have successfully implemented MMS programs to replace IFA as part of ongoing research studies. For example, in Central Sulawesi, Vitamin Angels is providing a supply of MMS to support a joint partnership between Hasanuddin University and the district health office to integrate MMS into its antenatal platform as a replacement for IFA. Based on these successes, other districts have also indicated their interest in exploring MMS use.

VA conducted an initial assessment to understand how best to support the introduction and scaling of MMS in Indonesia and identified, together with the Ministry of Health, the need to review and disseminate recent evidence on MMS to catalyze the introduction of MMS product within its national health system, and to support the procurement and manufacturing of a high-quality, low-cost MMS product in Indonesia.

Using this national-level approach, VA partnered with two Indonesian universities (Hasanuddin University and Airlangga University) to co-sponsor a symposium at the Asian Congress of Nutrition in Bali, Indonesia, in August 2019 to update participants on global MMS policy and the most recent evidence of the benefits of MMS compared with IFA supplementation. Following the symposium, VA hosted a two-part technical consultation to provide participants with an opportunity to:

- seek guidance from international experts on maternal health and nutrition strategy to inform Ministry of Health strategy and policy pertaining to MMS use; and
- explore issues, challenges and opportunities related to immediate access to a standardized MMS product while local capacity is created to meet long-term demand.

To build on the momentum and progress generated following the Asian Congress of Nutrition and technical consultations, Institut Gizi Indonesia (IGI) / Indonesia Nutrition Institute, with support from VA, convened an expert meeting in Indonesia in January 2020 with participants from government, local universities, UNICEF and other key stakeholders. The primary objective of this meeting was to generate consensus regarding a recommendation pertaining to the adoption of an MMS policy. Key outputs included:
• consensus regarding current findings related to MMS use in Indonesia;
• consensus regarding a recommendation that will lead to the formation of MMS policy; and
• development of an Indonesian MMS Taskforce to support policy adoption.

BOX 2: Democratic Republic of the Congo case study

The Ministry of Health in the Democratic Republic of the Congo has had an existing national policy for MMS for 18 years. However, during an assessment launched in 2018, Vitamin Angels found that women were not receiving any antenatal supplementation (MMS or IFA) because of a lack of resources. VA’s team of local advisors in the Democratic Republic of the Congo identified the immediate opportunity to leverage its network of local NGO field partners to reach an incremental number of pregnant women with MMS, both through local health facilities and through antenatal community outreach programs.

VA initiated the program in 2018 and has since expanded it to include over 100 NGO field partners, providing MMS to more than 200,000 pregnant women in 2019. The program is poised to reach 400,000 pregnant women with MMS in 2020. The reach of the program is due in part to the strong collaboration between the NGOs and the local Ministry of Health, which targets underserved areas of the country. This local-level approach has yielded immediate results in the short term for incremental beneficiary reach. However, VA’s team is also working diligently to explore how best to advance MMS implementation with the national Ministry of Health through their health system by convening a workshop with key stakeholders to lay out a roadmap for scaling MMS in the country.

In March 2019, Vitamin Angels provided a supply of MMS for approximately 1,000 women who will receive MMS as part of MSP’s pilot ‘companion program.’ The program seeks to ‘accompany’ women throughout their entire pregnancy by having community health workers provide nutrition education, antenatal care, and delivery, breastfeeding and postpartum support. To help increase coverage and adherence, community health workers will provide pregnant women with MMS and then follow up with them weekly to give support and counseling. MSP plans to use the findings from the pilot to determine if they will adopt the companion program nationwide as their new MMS delivery system.

“Progress has been substantial, resulting in millions more women gaining access to MMS”

KEY LEARNINGS AND CALL TO ACTION

VA’s global MMS campaign has built upon existing national-level and local-level programs to catalyze efforts, with increasing momentum, to ensure that all women have access to MMS during pregnancy. Progress has been substantial, resulting in millions more women gaining access to MMS. Along with incremental reach, there has been a focused effort to ensure acceptance, coverage and adherence to MMS among pregnant women. To do this effectively, VA has recognized:

• the importance and value of multisectoral partnerships for leveraging expertise and collectively advancing an MMS agenda globally and within specific countries;
• the need to strike a balance between reaching more women with MMS in order to increase demand and reaching women effectively by conducting implementation research in key contexts to inform program design and increase adherence; and
• that a blended approach between (1) national-level and local-level program advocacy and implementation, and (2) context-specific collaboration between governments and NGOs can result in reaching more women, especially the hardest to reach.

Despite the evidence that MMS has been proven to be superior to IFA supplementation, millions of pregnant women do not have access to it. VA calls upon the global community to join the effort to ensure that pregnant women have access to a high-quality, low-cost MMS product, and that they receive it through delivery platforms that ensure they take MMS every day to improve birth outcomes and reduce health and economic disparities across the life span.
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“VA calls upon the global community to join the effort to ensure that pregnant women have access to a high-quality, low-cost MMS product”

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References

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Edna holds her one-day-old newborn, Femia, in a hospital near Mlumbe, Malawi.
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