



To: The WHO Expert Committee on the Selection and Use of Essential Medicines
From: Dr. Klaus Kraemer, Managing Director of *Sight and Life*
Reference: Application to include Multiple Micronutrient Supplementation (MMS) on EML
Date: 17 May 2021

Dear WHO Expert Committee Members,

Sight and Life (SAL) is pleased to provide this letter in support of the application for Multiple Micronutrient Supplement – Antenatal Supplement (A.22) to be added to the WHO Model List of Essential Medicines (WHO EML) for pregnant women to reduce adverse pregnancy outcomes.

SAL is a global nutrition think-tank that informs, supports, designs, and incubates evidence-based and economically viable malnutrition solutionsⁱ. We support the introduction and scale-up of MMS in 10+ low- and middle-income countries by bringing expertise in demand creation, supply readiness, and policy change. We are proud to be a technical and knowledge partner to global organizations like UNICEF, CIFF, Kirk Humanitarian, and Vitamin Angels and national champions like the Social Marketing Company (SMC) in Bangladesh and SUMMIT Institute of Development in Indonesia. Through these partnerships, we have created and curated useful tools and resources for large health care systems to facilitate the initial introduction of MMS.

Micronutrient deficiencies in pregnant women, a major public health issue, can lead to adverse consequences for the mother and their infantsⁱⁱ. An estimated 20 million infants are born each year at low birth weight, representing 15% of all births worldwideⁱⁱⁱ, and roughly 15 million infants are born preterm^{iv}. This deficiency often arises from inadequate dietary intakes (often resulting from food insecurity) combined with increased nutrient requirements during pregnancy^v. Many pregnant women in low- and middle-income countries (LMICs) experience iron deficiency anemia, vitamin A deficiency, and zinc deficiency^{vi}.

MMS is an evidence-based solution for pregnant woman and a core priority for SAL to reach our mission to eradicate malnutrition in women of childbearing age and their children. Over the past two decades, randomized controlled trials have compared iron and folic acid supplementation (IFAS) with MMS generating strong evidence that MMS is efficacious, safe, cost-effective, and affordable while providing substantial, additional benefits over IFAS for improving pregnancy outcomes. These studies, supplemented by additional published information and findings from the WHO analysis, conclude that MMS (specifically the UNIMMAP formula) reduces the risk of low birth weight and small for gestational age^{vii}. An individual patient data (IPD) meta-analysis also finds that MMS reduces the risk of stillbirth and preterm birth^{viii}. Finally, anemic women and underweight women are shown to experience even greater benefits with MMS as compared to IFA^{ix}.

Several national governments in Africa, Asia, Latin America, and the Caribbean are already moving to introduce MMS by applying a systematic implementation research approach, consistent with WHO and UNICEF guidance^{x,xi,xii}. While the absence of MMS from the WHO EML is not a deterrent to introducing MMS, many governments find its absence to be an

unnecessary barrier for local decision-makers in exploring the introduction of MMS in ways that are otherwise consistent with WHO and UNICEF guidance. Adding MMS to the WHO EML would facilitate local conversations about a proven intervention, as illustrated in the South African case study^{xiii}.

In parallel, the addition of MMS to the EML will facilitate progress towards Sustainable Development Goals (SDGs) 2 and 3, saving lives and improving the health of millions of women and newborns. There is compelling scientific evidence that MMS reduces mortality and morbidity in women and children - more than IFA alone. If we do not accelerate the scale-up of MMS globally, lives will be unnecessarily lost.

We believe that providing MMS is a moral imperative and should be treated as such in all conversations. Providing access to MMS in low- and middle-income countries support women's equity and empower women by putting them at the center of antenatal care. The current COVID-19 pandemic makes it even more challenging for women to attain a healthy diet containing the level and variety of micronutrients needed for a positive pregnancy outcome. Improving maternal and child nutrition is of the utmost importance, and if not urgently addressed, it will negatively impact future generations.

We thank you for considering the addition of MMS for pregnant women on the WHO EML.

Sincerely,



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ⁱ More information about SAL can be found at: <https://sightandlife.org/>

ⁱⁱ Black RE. Micronutrients in pregnancy. *Br J Nutr.* 2001; 85 Suppl 2:S193–7.

ⁱⁱⁱ Blencowe, H, Krasevec J, de Onis M, et al. National, regional, and worldwide estimates of low birthweight in 2015, with trends from 2000: a systematic analysis. *Lancet Glob. Health.*

^{iv} Chawanpaiboon S, Vogel JP, Moller AB, Lumbiganon P, Petzold M, Hogan D, et al. Global, regional, and national estimates of levels of preterm birth in 2014: a systematic review and modelling analysis. *Lancet Glob Health.*

^v Bourassa MW, Osendarp SJM, Adu-Afarwuah S, Ahmed S, Ajello C, Bergeron G, et al. Review of the evidence regarding the use of antenatal multiple micronutrient supplementation in low- and middle-income countries. *Ann N Y Acad Sci.* 2019;1444(1):6–21.

^{vi} Black, RE, Victora CG, Walker SP, et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet.* 2013; 382: 427–451.

^{vii} World Health Organization. WHO Antenatal Care Recommendations for a Positive Pregnancy Experience. Nutritional Interventions Update: Multiple Micronutrient Supplements during Pregnancy; Geneva, 2020.

^{viii} Smith, ER, Shankar, AH, Wu, LS, Aboud, S, Adu-Afarwuah, S, Ali, H, et al. Modifiers of the Effect of Maternal Multiple Micronutrient Supplementation on Stillbirth, Birth Outcomes, and Infant Mortality: A Meta-Analysis of Individual Patient Data from 17 Randomised Trials in Low-Income and Middle-Income Countries. *Lancet Glob. Heal.* 2017, 5 (11), e1090–e1100.

^{ix} UNICEF, et al. Interim Country-level Decision-making Guidance for Introducing Multiple Micronutrient Supplementation for Pregnant Women. 2020. <https://www.nyas.org/media/22939/111220-mms-guidance-v10.pdf>

^x Steets, A, Ajello, CA, Harvey, Q, Schiffer, H, Dacius, M, Diese, M, et al. Experiences Supporting the Introduction and Implementation of Multiple Micronutrient Supplementation for Pregnant Women Globally. *Sight and Life Magazine*. 2020. Focusing on Multiple Micronutrient Supplements in Pregnancy - Special Report; 37-41.

^{xi} Hurley KH, Achadi EL, Ajello C, Askari S, Bajoria M, Beesabathuni K, et al. Prevention of child wasting in Asia: Possible role for multiple micronutrient supplementation in pregnancy. *Field Exchange* 63, October 2020. p76.

^{xii} Schwendler T, Kodish S, van Zutphen KG. Formative Research: Ensuring adequate demand and compliance of MMS in Bangladesh, Burkina Faso, Madagascar and Tanzania. *Sight and Life Magazine*. 2020. Focusing on Multiple Micronutrient Supplements in Pregnancy - Special Report; 46-48.

^{xiii} Bajoria M, Beesabathuni K, Kraemer K. The Case for Reintroducing Multiple Micronutrient Supplements in South Africa's Essential Medicines List. *Sight and Life Magazine*. 2020. Focusing on Multiple Micronutrient Supplements in Pregnancy - Special Report; 61-67.