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F.4 Ferrous salt plus folic acid – tablet (60 mg + 2.8 mg)

MSF strongly supports the inclusion of fixed-dose combination formulation of ferrous salt plus folic acid (60 mg + 2.8 mg) in Section 10.1 "Antianaemia medicines" of the WHO Model List of Essential Medicines (EML), as a weekly iron and folic acid supplementation for the prevention of anaemia in menstruating women and adolescent girls and reducing the risk of neural tube defect affected pregnancies.
Currently, Section 10.1 "Antianaemia medicines" of the EML includes folic acid with ferrous salt (ferrous salt equivalent to 60 mg iron with 400 µg folic acid with), as a nutritional supplement for use during pregnancy.

In 2015, the Expert Committee on the Selection and Use of Essential Medicines did not recommend the addition of a new fixed-dose combination formulation of ferrous salt plus folic acid (60 mg + 2.8 mg) to the EML. The Committee considered that the evidence presented for efficacy of intermittent supplementation was insufficient to support such a recommendation. The overall quality of evidence for outcomes of iron supplementation, intermittent or daily, with or without folic acid, ranged from low to moderate. The Committee considered that, although claimed as an advantage of an intermittent supplementation regimen, adherence has yet to be adequately reported. The Committee also noted that commercial availability of the proposed fixed-dose combination product was limited to one country.

After a comprehensive review of the scientific evidence, the authors concluded that these data strengthens the evidence for efficacy and effectiveness of intermittent weekly supplementation for the prevention of anaemia and adds substantial data for the folic acid dose of 2.8 mg to improve red blood cell folate concentrations and reduce the risk of neural tube defects affected pregnancies. An intermittent weekly iron supplementation intake is proposed as an alternative to the daily dose. The intestinal cells present a limited absorptive capacity leading to an accumulation of iron in the intestinal mucosa responsible of side effects (diarrhoea, constipation, dark stools) leading to a poor adherence to the daily intake.

The WHO 2018 "Guideline: implementing effective actions for improving adolescent nutrition" recommends intermittent iron and folic acid supplementation in menstruating women, as a public health intervention in menstruating women living in settings where anaemia is highly prevalent, to improve haemoglobin concentration and iron status and reduce the risk of anaemia in populations where the prevalence of anaemia among non-pregnant women of reproductive age is 20% or higher.

Intermittent oral iron and folic acid supplementation with 120 mg of elemental iron and 2800 µg (2.8 mg) of folic acid once weekly is recommended for pregnant women to improve maternal and neonatal outcomes if daily iron is not acceptable due to side-effects, and in populations with an anaemia prevalence among pregnant women of less than 20%[1].

As WHO recommends 60 mg of elemental iron and 2800 µg of folic acid for weekly iron and folic acid supplementation among adolescent girls, UNICEF Supply Division has introduced a product to cater to these programmatic requirements (elemental iron 60 mg as ferrous fumarate or ferrous gluconate and folic acid 2800 mcg tablets, in a pack of 100 bottles)[2].
MSF medical guidelines "Essential obstetric and newborn care" recommend one tablet daily with fixed-dose combination formulation of ferrous salt plus folic acid (60 mg + 0.4 mg) for all pregnant women as preventive treatment for anaemia[3]. This formulation of ferrous salt plus folic acid (60 mg + 0.4 mg) is also recommended in MSF "Essential drugs" guide for the prevention of iron and folic acid deficiency[4].
In the contexts in which MSF operates, the implementation of a fixed-dose combination formulation of ferrous salt plus folic acid (60 mg + 2.8 mg), for a weekly intake will be an important step in reducing anaemia in menstruating women and adolescent girls and reducing the risk of neural tube defect affected pregnancies.
The inclusion of this new formulation of ferrous salt plus folic acid (60 mg + 2.8 mg) in the EML will improve its access and availability worldwide, contributing to reduce the risk of neural tube defect affected pregnancies and to prevent anaemia in women and adolescent girls.

MSF urges the 24th Expert Committee on the Selection and Use of Essential Medicines to include the fixed-dose combination formulation of ferrous salt plus folic acid (60 mg + 2.8 mg) in Section 10.1 "Antianaemia medicines" of the WHO Model List of Essential Medicines, as a weekly iron and folic acid supplementation for the prevention of anaemia in menstruating women and adolescent girls and reducing the risk of neural tube defect affected pregnancies.

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[1] Guideline: implementing effective actions for improving adolescent nutrition. Geneva: World Health Organization; 2018. https://www.who.int/publications/i/item/9789241513708
[2] United Nations Children's Fund (UNICEF). Programming Guidance: Nutrition in Middle Childhood and Adolescence. UNICEF, 2021 New York. https://www.unicef.org/media/106406/file
[3]https://medicalguidelines.msf.org/en/viewport/ONC/english/1-2-antenatal-consultations-51415987.html#section-target 15
[4] https://medicalguidelines.msf.org/en/viewport/EssDr/english/ferrous-salts-folic-acid-oral-16683776.html