CALL FOR AUTHORS

Multiple micronutrient supplements in pregnancy: implementation considerations for successful integration into existing programmes

List of background papers

The background papers will address the technical areas and evidence gaps to provide policy makers with guidance on micronutrient supplementation interventions in pregnant women. There will be six papers and three case studies. Submissions are encouraged by individual authors or teams of authors from the public, private and not-for-profit sectors. All papers should consider best practices and lessons learnt in their specific field.

<table>
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<tr>
<th>Paper 1: Policy analysis</th>
<th>Overview of the major policy-related considerations related to iron and folic acid (IFA) and multiple-micronutrient (MMN) supplementation, including delivery platforms</th>
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<td>The paper should look at the policy considerations for the introduction or expansion of multiple-micronutrient supplementation in pregnancy within the existing delivery platforms (e.g. antenatal care): (i) maintaining IFA supplementation only; (ii) transitioning from IFA to MMN supplementation; (iii) introducing MMN supplementation in settings where there are no supplementation programmes; (iv) introducing MMN supplementation in settings already implementing other micronutrient supplementation programmes such as vitamin D or folic acid. The policy analysis should document how the introduction of MMN supplementation has taken place in several settings, coverage figures, complementary policies (e.g. task shifting) and the different stakeholders upholding or resisting each policy scenario. These results may include linkages with global policies and commitments. The policy analysis should include countries that have combined both interventions (if any) or transitioned from one to the other in at least two regions of the world, especially looking at low- and middle-income countries where gestational anaemia and low birth weight are highly prevalent. Other questions to be explored in the analysis include: what is the current landscape for micronutrient supplementation policy before and during pregnancy? What policy changes would be required to transition to MMNS if a country makes such decision? What alignment with other interventions and global initiatives and movements for the improvement of maternal and reproductive health is needed? What delivery platforms are appropriate? What policy choices on training of the health workforce need to be considered? What implications arise from a health systems approach?</td>
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| Paper 2: Costing Production costs | **Identifying the major cost-related concerns involved in introducing MMNS and in transitioning from IFA to MMN supplementation**  
This paper must address the following questions: what information is currently available on the costs of IFA supplementation programmes (production, transportation, storage, distribution)?, what information is currently available on the costs of MMN supplementation programmes (production, transportation, storage, distribution)?, how can policy makers best assess the marginal cost increases and the relative cost-benefit of transitioning to MMNS in pertinent situations? The paper should include everything from information on what goes into manufacturing MMNS to reporting on the coverage levels of MMNS consumption on a population level. This should include methodologies and tools to track costs related to: (i) costs for creating, packaging, and labelling MMNS; (ii) cost for designing and providing training materials and resources to health workers; (iii) MMNS supply chains needed to reach their intended beneficiaries. |
| --- | --- |
| Paper 3: Stock Management, Commodity Production and Procurement | **Production and procurement processes likely to be affected by a transition from IFA to MMN supplementation**  
This paper should provide guidance on what is required for the development of product specifications, what action is needed to ensure competitive and affordable sources of supplies?, what other commodity production and procurement factors need to be considered with respect to creating, packaging, and distributing MMNS in the scenario of transitioning from IFA to MMN supplementation. The paper should address the following issues: (i) obtaining necessary minerals and other raw materials; (ii) designing and acquiring capital goods for mass production of MMNS; (iii) packaging materials – from wrapping to instructions in multiple languages and/or images; (iv) commodity distribution. Reviewing experiences from the private sector is recommended.  
For distribution; there are two different scenarios: (A) where the product is imported and (B) where the product is manufactured locally. Important issues to be considered in these scenarios: What impacts will be felt by countries/regions that shift from importing to local production? What impacts will be felt by countries/regions that shift from local production to importing commodities? |
| Paper 4: Training and demand creation | **Implications for demand creation**  
This paper should address the mechanisms needed to introduce MMN or shift from IFA to MMN supplementation on a programmatic (or ‘operational’) level when countries decide to introduce MMNS. The paper should address the following: (i) training that would need to be rolled out across the layers of health professionals and existing programs; (ii) specific messaging for programme beneficiaries, including women’s expectations and perceptions of care; (ii) implications concerning health behaviours around these types of commodities and maternal health interventions generally. The paper should provide evidence or information to guide the development of demand creation strategies for the end-user, building on existing experiences of introduction or transitioning. |
| Paper 5: Surveillance | **Surveillance and Monitoring Systems**  
This paper should provide input on what programme indicators need to be collected on a regular basis to track progress on the introduction of MMN supplementation or the transition from IFA to MMN supplementation and their implementation. The paper should put forward models for monitoring programmes comprising the diversity across nutrition, maternal, and child health environment, so programmes are integrated into the corresponding health system.  

The paper should suggest key issues for monitoring and evaluation, as well as suggested indicators for this purpose. Several of these indicators should be cross cutting (i.e. consistent through several models), so that programmes can be compared with each other (e.g. across regions or countries). Mechanisms for collecting the data should be identified and/or recommended. This should include changes in data collection (HMIS), key program indicators (KPIs), surveillance data (DHS) and the corresponding data sources. The paper should provide considerations for surveillance at the global and national levels. |
|---|---|
| Paper 6: Ethics and health equity implications | **Ethical implications and health equity concerns in implementing MMN supplementation**  
This paper should cover three issues: (i) are there any ethical implications in transitioning from IFA to MMN supplementation?, and if there are, how have these been addressed or could be addressed?; this should include adverse effects; (ii) what health equity concerns emerge in transitioning from IFA to MMN supplementation, especially with respect to equity in access to the intervention as an implementation outcome, including barriers and facilitators; and (iii) what other equity-oriented implementation outcomes contribute to enhanced sustainability when introducing or scaling up MMNS? |
| Case Study 1: Programmatic experiences | **Programmatic experiences of multiple-micronutrient supplementation interventions in high-income countries**  
This paper should identify programme experiences (not trials) in high income countries and identify the key features of such programmes using the WHO/CDC logic model for micronutrient interventions in public health. The paper should look at experiences that were both successful and not successful in order to extract lessons learnt, best practices for implementation and, foremost, entry points allowing intersectoral collaboration (barriers and facilitators), improved estimated adherence and sustainability. The role of training must be addressed, too. Proposals should include what case study methodology will be used, how the information will be collected and synthetized. Since case studies are used to answer questions or how and why in real-world settings, they should offer an in-depth understanding of the conditions and factors making the case worth of being studied for the purposes of extracting learnings from single experiences. Therefore, using a mix-method approach (qualitative and quantitative evidence) is encouraged. The purpose of the case studies is not to generalise processes and findings. The case studies can come from different countries/settings in terms of income, region and culture. The selected case studies will reflect, thus, global diversity. |
**Case Study 2:** Programmatic experiences of multiple-micronutrient supplementation interventions in middle and low-income countries

This paper should identify programme experiences (not trials) in middle and low income countries and identify the key features of such programmes using the WHO/CDC logic model for micronutrient interventions in public health. The paper should look at experiences that were both successful and not successful in order to extract lessons learnt, best practices for implementation and, foremost, entry points allowing intersectoral collaboration (barriers and facilitators), improved estimated adherence and sustainability. The role of training must be addressed, too. Proposals should include what case study methodology will be used, how the information will be collected and synthetized. Since case studies are used to answer questions or how and why in real-world settings, they should offer an in-depth understanding of the conditions and factors making the case worth of being studied for the purposes of extracting learnings from single experiences. Therefore, using a mix-method approach (qualitative and quantitative evidence) is encouraged. The purpose of the case studies is not to generalise processes and findings. The case studies can come from different countries/settings in terms of income, region and culture. The selected case studies will reflect, thus, global diversity.

**Case Study 3:** Programmatic experiences of iron and folic acid (IFA) supplementation can provide useful learning for the introduction of MMNS

This paper should identify programme experiences of IFA supplementation and identify the key features of such programmes using the WHO/CDC logic model for micronutrient interventions in public health. The paper should look at experiences that were both successful and not successful in order to extract lessons learnt, best practices for implementation and, foremost, entry points allowing intersectoral collaboration (barriers and facilitators), improved estimated adherence and sustainability. The role of training must be addressed, too. Proposals should include what case study methodology will be used, how the information will be collected and synthetized. Since case studies are used to answer questions or how and why in real-world settings, they should offer an in-depth understanding of the conditions and factors making the case worth of being studied for the purposes of extracting learnings from single experiences. Therefore, using a mix-method approach (qualitative and quantitative evidence) is encouraged. The purpose of the case studies is not to generalise processes and findings. The case studies can come from different countries/settings in terms of income, region and culture. The selected case studies will reflect, thus, global diversity.