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Collective Statement of Support - MMS

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Forty percent of pregnant women globally suffer from anemia and, in some countries, 9 out of 10 are deficient in at least one or more essential nutrients at the outset of pregnancy. These preventable conditions risk the lives of both women and their children during pregnancy and at birth.

We, as experts and practitioners working in the area of maternal and child health, urge immediate action to ensure mothers are reached with improved prenatal vitamins, called multiple micronutrient supplements (MMS), that are more effective in improving the health and survival of babies at birth, than current supplements which only provide two nutrients - iron and folic acid (IFA). While comprehensive efforts are needed to address hidden hunger, providing pregnant women MMS will ensure immediate impact by protecting the lives of millions of mothers and their children during pregnancy and at birth.

Scaling MMS today will help save lives. Twenty years of research and 10 clinical trials have shown that United Nations International Multiple Micronutrient Antenatal Preparation of multiple micronutrient supplements (UNIMMAP MMS) containing 15 essential nutrients has a similar impact to IFA on anemia but also performs better in preventing babies from being born too early and too small, and helps them survive and thrive.

When anemic women take MMS rather than IFA, studies show an additional 19% reduction in the prevalence of low birthweight, a 21% reduction in stillbirths, and a 29% reduction in infant mortality. Moreover, MMS can be produced at very low cost: \$0.01-\$0.02 per daily tablet making it one of the most cost-effective maternal and child nutrition interventions. **Research shows that MMS delivers superior results for pregnant women and their children over IFA, and it is time to make the switch.**

This is a women's rights issue and an issue of inequity. In low- and middle-income countries, where the prevalence of maternal anemia and risk of child mortality is high, the World Health Organization (WHO) recommends that pregnant women be given a supplement containing only two nutrients, iron and folic acid. In high-income countries, however, doctors have long recommended that mothers take prenatal vitamins containing a much fuller spectrum of vitamins and other essential micronutrients during pregnancy. This is a double standard for women in high-income versus low- and middle-income countries, especially emphasized by an overwhelming body of research which shows that more comprehensive prenatal vitamins - specifically multiple micronutrient supplements - are more effective than IFA.

MMS has long been recommended by UNICEF, WHO, and WFP in emergency settings. However, WHO's antenatal care guidelines, last updated in 2020, fell short of issuing a full recommendation for MMS, recommending implementation only in the context of "rigorous research." As a result, no low and middle income country has fully made the switch from IFA to MMS. Since 2020, a growing body of evidence has addressed WHO's areas of hesitation, including by establishing no difference in maternal anemia and neonatal mortality due to lower iron doses in MMS, confirming benefits of MMS over IFA on birth outcomes (despite different methods used to establish gestational age), and confirming the additional benefits of MMS on preventing noncommunicable diseases in the next generation.

In the light of evolving evidence, in 2021, the WHO included UNIMMAP MMS in the Essential Medicines List. Other UN agencies have decided that the evidence base is strong enough to support the immediate scale up of MMS in all contexts. For example, UNICEF has included MMS as a key component in its new maternal nutrition strategy and is working to support countries to make the switch and scale MMS. Moreover, many countries are moving ahead and expressing interest in switching to MMS.

More than 20 countries are currently engaging in implementation research activities as a precursor to future adoption and further scale-up. Health systems and the global community have been failing pregnant women and children for many years, since in most countries, the proportion completing even the minimum effective course of IFA is a small minority. **We urge you to support these efforts in switching IFA with MMS while strengthening access and supporting women to consume a full course of high-quality prenatal vitamins.**

Every woman deserves a healthy pregnancy, and every child deserves a healthy start to life. It is imperative to act now as the cost of healthy diets are increasing and rates of malnutrition are worsening due to the current global food crisis. It is time to bring the lifesaving power of MMS to women and children around the world. Without action, many lives will continue to be needlessly lost.

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