



**HEALTHY MOTHERS
HEALTHY BABIES**

Maternal Nutrition and Multiple Micronutrient Supplementation: A Commitment Guide for Tokyo's 2021 Nutrition for Growth Summit



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This is a living document which will be regularly updated: the most up-to-date version can be found [here](#).

1. The U.N. Year of Action on Nutrition

In December 2021, the spotlight will be on the Olympics in Tokyo – and under the auspices of the Olympic Games, the Nutrition For Growth Summit (N4G) will take place. This high-level event, hosted by the Government of Japan, will celebrate the N4G commitments made throughout the year and announce final financial and policy commitments, looking ahead to 2030. The Summit outcomes will be enshrined in the 2021 Compact designed to accelerate the achievement of the objectives of the U.N. Decade of Action on Nutrition and the SDGs.

The Government of Japan has outlined three core areas for commitment making at N4G:

1. Integrating nutrition into Universal Health Coverage (UHC).
2. Transforming the food system to promote safe, sustainable, and healthy foods to support people and planet.
3. Effectively addressing malnutrition in fragile and conflict affected contexts and supporting resiliency.

Each of these three areas are supported by two cross-cutting themes:

- **Data:** “Promoting data-driven accountability because better data, measurement, and accountability is essential to facilitate more effective commitments to nutrition and to drive equitable progress to leave no one behind” (Government of Japan, 2019)¹.
- **Financing:** “Securing significant increases in domestic finances and other, innovative financing are central to the Compact” (Government of Japan, 2019).

Within this overarching framework, there are many and varied opportunities for commitment-making related to maternal nutrition and, in particular, to accelerate the effective use of Multiple Micronutrient Supplementation (MMS) for women during their pregnancy. Collectively, within the Maternal Nutrition and Maternal Health communities, we have a unique opportunity to engage various constituencies and bring more energy and momentum to the N4G process.

The wellbeing of women and their children is essential to the strength of families, communities, and nations. Failing to invest in maternal nutrition, will ultimately hinder economic and social progress². Good maternal nutrition begins at birth, continues into adolescence and enables a woman to transition healthily into adulthood – and later, motherhood if she chooses. Children who remain well-nourished have up to an 18-point higher IQ³. For girls, this creates a positive cycle of staying in school, marrying later and having higher earning potential⁴. As the Global Nutrition Report and 1,000 Days have highlighted – [‘nutrition interventions are an underleveraged tool in the fight for women’s rights’](#).

On the other side of this cycle are the adverse consequences of poor nutrition during pregnancy and lactation. The impacts of poor maternal nutrition are wide ranging, particularly in low- and middle-income countries (LMICs), and include maternal anemia, and negative pregnancy and infant outcomes - such as: low birth weight, small for gestational-age, pre-term birth, and infant mortality. MMS during pregnancy has proven to play a long-term role in childhood development and cognition, showing a greater impact than Iron Folic Acid (IFA) on

¹ *The Tokyo Nutrition For Growth Commitment-making Guide* (2019), https://nutritionforgrowth.org/wp-content/uploads/2021/04/CommitmentGuide_4.6.21.pdf.

² Halim, N., Spielman, K. & Larson, B. The economic consequences of selected maternal and early childhood nutrition interventions in low- and middle-income countries: a review of the literature, 2000–2013. *BMC Women's Health* **15**, 33 (2015). <https://doi.org/10.1186/s12905-015-0189-y>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3796166/>

⁴ Global Nutrition Report (2020); <https://globalnutritionreport.org/blog/why-tackling-malnutrition-matters-womens-empowerment/>

child cognition⁵. Better maternal nutrition requires a combination of food and health system interventions and strong social protection to ensure that all women are supported to meet the nutritional requirements of pregnancy and lactation. Considerable new and targeted investment is needed to overcome global inequity in access to maternal health services and to ensure that all women can have diverse and nutritious diets.

Investments are also urgently needed in interventions to promote women's empowerment within her home, within her workplace, and to enable her to have greater economic and earning opportunities. The U.N. Year of Action on Nutrition is a chance to shine a light on women's rights to health and nutrition – and the wider factors underlying poor maternal nutrition – both as an innate human right itself, and in context of COVID-19 recovery plans. Around the world, the pandemic has exacerbated underlying structural inequity – creating more hunger and nutrition insecurity for vulnerable women, men, adolescents, infants and children.

Around the world, women are care takers. Often, they are also the food producers, making up 43 percent of the agricultural workforce in developing countries and two thirds of agricultural farmers in South Asia.⁶ Given the social and economic impacts of COVID-19, in addition to escalating shocks caused by the climate crisis, women around the world are facing additional stresses affecting their resilience. The burden of care - for the ill, for shelter, for water, for food on the table, often lie on a woman's shoulders, and in times of crisis, these burdens are growing. Within broader commitment-making efforts for COVID-19 recovery plans, food systems and nutrition this year, investments to protect women's health and improve their resilience need to be recognised for their multiplying effect on the resilience of communities.

Over the course of 2021, further engagement between HMHB Consortium members and stakeholders will be important in prioritizing and aligning actions to ensure commitments to support strengthened maternal nutrition interventions. Within this broader narrative, there will be opportunities to promote micronutrient supplementation and nutrition counselling, through a strengthened ANC platform. The investment case for MMS is clear – it is one of the world's most cost-effective interventions, shown to impact on nutrition, health and birth outcomes for women and children around the world (The Lancet Maternal and Child Undernutrition Progress Report, 2021)⁷. Commitments in support of MMS can ultimately accelerate efforts towards select WHA 2025 targets and improve maternal and child nutrition.

Commitments are encouraged to be SMART: Specific, Measurable, Achievable, Relevant, and Time bound. Commitments must all abide by The N4G Principles of Engagement to ensure a credible and transparent process (see Annex A). In addition, in order to qualify for registration, each commitment must align with national priorities and be reported in the annual Global Nutrition Report.

For more guidance on the criteria for making a pledge refer to the [Tokyo Nutrition For Growth Commitment-making Guide](#). The [Tokyo Nutrition For Growth Vision and Roadmap](#) provides a roadmap of events and Summit processes ahead of December 2021. Section 2, below, provides example commitments that can advance maternal health, with examples for MMS related pledges, per constituency group. Section 3 provides guidance on the

⁵ *Maternal multiple micronutrient supplementation and other biomedical and socioenvironmental influences on children's cognition at age 9-12 years in Indonesia: follow up of the SUMMIT randomised trial (2017)*, The Lancet Global Health; <https://pubmed.ncbi.nlm.nih.gov/28104188/>.

⁶ Oxfam <https://www.oxfam.org/en/empowering-women-farmers-end-hunger-and-poverty>

⁷ *The Lancet Maternal and Child Undernutrition Progress Report (2021)*; <https://www.thelancet.com/series/maternal-child-undernutrition-progress>

commitment-making process. For additional support, you can contact the HMHB secretariat any time at: HMHB@micronutrientforum.org

2. Example SMART Pledges to Advance Maternal Nutrition and MMS

Domestic Governments – Ministries of Health, Finance, Gender and Social Welfare, and Agriculture	
<i>Commitment</i>	<i>Type</i>
<p>Maternal nutrition indicators and indicators for targeted interventions such as MMS delivery, are streamlined into national action health plans, policies and frameworks and/or into Universal Health Coverage. In order to be considered SMART the policy will need to align with key sectors, include coverage targets (including to reach the most vulnerable), over corresponding timeframes.</p> <p>Maternal nutrition and MMS policies, plans and programmes are costed in national health budgets.</p>	<p><i>Policy</i></p> <p><i>Financial</i></p>
<p>Plans and policies to increase the capacity of frontline workers on maternal nutrition interventions, in particular MMS implementation and nutrition counselling for pregnant women.</p>	<p><i>Policy/ Operational</i></p>
<p>Maternal nutrition is integrated into national COVID-19 recovery and response planning. Budget lines are earmarked for nutrition sensitive and specific interventions, as well as broader interventions to promote women’s empowerment and income generation.</p>	<p><i>Policy/Operational</i></p>
<p>Commit to jointly undertake multi-sector needs analysis in humanitarian response and to include wider measures of need and progress for women’s health and nutrition, for example commitments to measure minimum dietary diversity for women.</p>	<p><i>Policy</i></p>
<p>Develop and launch an integrated communication plan to promote maternal nutrition.</p>	<p><i>Policy/ Operational</i></p>
<p>Make treatment services an integral part of essential health packages. Targets to include number of people treated and reached, including mothers, adolescents and other vulnerable population groups.</p>	<p><i>Policy</i></p>
<p>Earmark x amount of budget to policy and programmes focusing on women’s access to health services and women’s empowerment programmes.</p>	<p><i>Policy</i></p>

<p>Policies and regulatory frameworks supporting IFA transition to MMS to achieve full transition, reaching x women, over x years.</p> <p>X amount of national budget allocated for the transition from IFA to MMS.</p>	<p><i>Policy</i></p> <p><i>Financial</i></p>
<p>X amount in social behaviour change communication (SBCC) to improve nutrition counselling, as well as the adherence and compliance to MMS for pregnant women, including vulnerable populations – reaching x people over x years with targets to reach vulnerable populations.</p> <p>Policy and regulatory environments incentivise low-cost high-quality production of MMS, with the intention of reaching x women over x years with targets to reach vulnerable populations.</p>	<p><i>Financial</i></p> <p><i>Policy</i></p>
<p>Adopt and strengthen policies and enforceable legislation for gender equality, including maternity protection policies (maternity and/ or parental leave) and other workforce policies that promote gender equality, such as breastfeeding policies at the workplace.</p>	<p><i>Policy</i></p>
<p>X amount of budget earmarked to recruit and train skilled health personnel to provide women with antenatal care during pregnancy and skilled care during childbirth and in the post-partum period.</p>	<p><i>Financial/ Operational</i></p>

Donor Governments and Philanthropy

<i>Commitment</i>	<i>Type</i>
<p>Strengthen maternal nutrition and integrate MMS into social safety net programmes and nutrition emergency response in fragile and conflict affected states (FCAS).</p> <p>X amount allocated to a flexible funding mechanism and contingency budget to allow maternal nutrition interventions, in particular MMS, to be delivered as part of a shock response.</p>	<p><i>Operational</i></p> <p><i>Financial</i></p>
<p>X amount of ODA funding for maternal nutrition and in particular MMS implementation and scaling over x years, reaching x women.</p>	<p><i>Financial</i></p>
<p>X amount to reduce maternal mortality rates by improving access to antenatal care in pregnancy and increasing access to skilled care during and after childbirth.</p>	<p><i>Financial, Policy and Operational</i></p>

Increase access to quality health services for hard-to-reach populations. This would include the adoption of responsive service delivery models, for example nomadic mobile clinics.	<i>Policy</i>
X amount in MMS implementation research over x years. Commit to plans to broadly and rapidly disseminate research findings.	<i>Monitoring, reporting and researching</i>
Maternal nutrition is integrated into COVID-19 recovery and response programming and funding.	<i>Financial/Operational.</i>
Commit to jointly undertake multi-sector needs analysis in humanitarian response and to include wider measures of need and progress for women's health and nutrition, for example commitments to measure minimum dietary diversity for women.	<i>Monitoring, reporting and researching</i>

Multilaterals and U.N. Agencies

<i>Commitment</i>	<i>Type</i>
Ensure technical assistance to governments to support strengthening of maternal nutrition interventions through strengthening of the ANC platform, in particular the development of country wide introduction and scaling of MMS in national health system.	<i>Operational</i>
Mobilise the U.N. system to end food insecurity, hunger and all forms of malnutrition for adolescent girls and women by 2030.	<i>All</i>
X amount for evidence based maternal nutrition interventions, in particular MMS implementation and scaling over x years, reaching x women.	<i>Financial</i>
Maternal nutrition is integrated into COVID-19 recovery and response programming and funding.	<i>Financial/Operational</i>
X amount in maternal health and nutrition related assistance integrated into scalable safety nets in geographies affected by shocks, such as drought and conflict.	<i>Financial</i>

Provide internationally agreed standards for the numbers of healthcare professionals needed for safe maternity care and guidance on the skills needed at facility levels.	<i>Policy</i>
Invest in better data systems to track and monitor women's health and nutrition, including the health, nutrition and dietary diversity of adolescent girls.	<i>Operational</i>

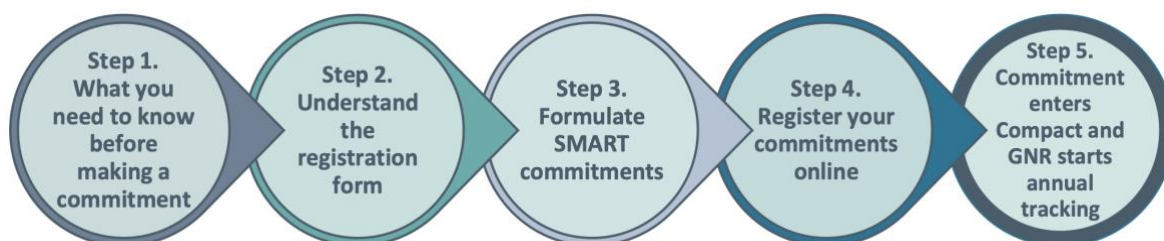
Civil Society and Research Organizations	
<i>Commitment</i>	<i>Type</i>
X amount in MMS implementation research over x years and commit to open-source data agreements.	<i>Monitoring, reporting and researching</i>
Provide nutrition treatment for adolescent girls and pregnant and lactating women and provide micronutrient supplementation to women.	<i>Operational</i>
Advocate for countries to strengthen maternal nutrition interventions and pursue coherent introduction and scaling of MMS through national platforms and COVID-19 response plans and commit to developing a transparent accountability mechanism to track commitments.	<i>Operational</i>
X amount in community demand generation to increase uptake of MMS by pregnant women by x% in x geographies over x years.	<i>Operational</i>
X amount in programmes to reduce gender-based violence, prevent the incidence of child marriage, increase family planning coverage and secure improvements in the quality, equity and gender responsiveness of public services.	<i>Operational</i>
X amount in interventions aimed at improving adolescent girl nutrition. Interventions may include strengthening agency of adolescent girls in dietary choices, positive body awareness and preventing anemia in adolescent girls.	<i>Operational</i>

Private Sector and Social Impact Investors

<i>Commitment</i>	<i>Type</i>
X amount in innovation and R&D to reduce manufacturing costs for MMS at scale by x %.	<i>Financial</i>
X amount in capacity development to support smaller domestic businesses to develop high-quality, low-cost MMS quality-assured manufacturing capacity. Targets to improve the affordability of the product by x% in x years.	<i>Impact</i>
Commitments to foster competition in specialised nutritious food to bring prices down – may include introducing fortified foods, fortified in line with global recommendations in certain markets. Commitments should be compliant with food-based dietary guidelines / nutrient profiling models (available in all WHO regions). Special focus to be given to reaching marginalised people and pregnant and lactating women.	<i>Impact</i>
Innovative financing mechanisms developed for MMS procurement to multiply funding by x amount over x years.	<i>Financial</i>
X amount of innovation and implementation of Open Smart Register Platforms to strengthen ANC delivery, monitoring and evaluation, including improving adherence to MMS by pregnant women.	<i>Impact</i>
Adopt and strengthen policies and enforceable legislation for gender equality – including recruitment and advancement in the workforce, equal pay for equal work, non-discriminatory approaches towards care and family responsibilities.	<i>Policy</i>
X amount in workforce nutrition policies and programmes to improve the nutrition of workers. Implement paid maternity leave for 6 months for all pregnant and lactating women and support for breastfeeding mothers.	<i>Policy</i>
Scale up the supplementation of fortified foods for adolescent girls, through collaboration with NGO partners and government programs.	<i>Impact</i>

3. The Commitment-making Process

The Nutrition for Growth [Registration Guide](#) provides comprehensive guidance on the registration criteria for pledges. It includes explanation on the type of commitment: policy, financial; operational; monitoring; reporting and researching; and impact, alongside an overview of the Principles of Engagement and the steps for making a commitment, outlined below.



Beyond 2021, N4G commitments in the Compact will be recorded and tracked through the [Global Nutrition Report Commitment Tracker](#). This global data platform monitors progress on donor spending for nutrition specific and nutrition sensitive spend, as well as providing assessments on the progress of pledges made by other constituency groups. [The Access to Nutrition Index](#) is also an important accountability tool to monitor commitments made by food and beverage companies.

Visit the [Nutrition For Growth Commitment-making page](#) for access to additional resources and information. See Annex A, below, for the ten principles that have been developed through consensus and consultation with stakeholder groups. Annex B provides additional criteria for responsible business pledges.

4. Annex A N4G Principles of Engagement⁸

N4G PRINCIPLES OF ENGAGEMENT			
1	Be transparent about intentions and impact	6	Be cost-effective
2	Be inclusive	7	Be continuously communicative
3	Be rights based	8	Act with integrity and in an ethical manner
4	Be willing to negotiate	9	Be mutually respectful
5	Be predictable and mutually accountable	10	Do no harm

⁸ Taken from The Nutrition for Growth Registration Guide; https://nutritionforgrowth.org/wp-content/uploads/2021/03/GNR-N4G-Commitment-Registration-Guide_3.21.pdf

5. Annex B N4G Additional Principles for Responsible Business Pledging ⁹

- Breast milk substitute manufacturers need to commit to an action plan to achieve full compliance with the International Code of Marketing of Breast-milk Substitutes by 2030, both in policy and practice.
- Excluded companies or industries cannot represent their business associations at the Summit.

⁹ Taken from The Nutrition for Growth Registration Guide; https://nutritionforgrowth.org/wp-content/uploads/2021/03/GNR-N4G-Commitment-Registration-Guide_3.21.pdf