



HEALTHY MOTHERS HEALTHY BABIES

A Strategic Framework for the Healthy Mothers Healthy Babies Consortium

DRAFT

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Definitions, acronyms and abbreviations

ANC	Antenatal Care services
CIFF	Children’s Investment Fund Foundation
ECF	Eleanor Crook Foundation
EML	Essential Medicines List
GAC	Global Affairs Canada
HMHB	Healthy Mothers Healthy Babies
IFA	Iron and Folic Acid
KH	Kirk Humanitarian
LMIC	Low- and Middle-Income Countries
FLRF	Family Larsson-Rosenquist Foundation
MMS	Multiple Micronutrient Supplement
MNF	Micronutrient Forum
N4G	Nutrition for Growth
NI	Nutrition International
NYAS	New York Academy of Sciences
SAL	Sight and Life
TAG	Technical Advisory Group
UN	United Nations
UNIMMAP	United Nations International Multiple Micronutrient Antenatal Preparation
VA	Vitamin Angel Alliance
WHO	World Health Organization

Justification

The wellbeing of women and their children is essential to the strength of families, communities, and nations. Neither can be achieved without first improving maternal nutrition. The adverse consequences of poor nutrition during pregnancy and lactation, particularly in low- and middle-income countries (LMICs), include maternal anemia and negative pregnancy and infant outcomes such as low birth weight, small for gestational-age, pre-term birth, and infant mortality. 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. Inequity in access to maternal health services and a nutritious diet is unacceptable.

The advancement of multiple micronutrient supplementation (MMS¹) for pregnant women in LMICs contributes to solving this inequity. MMS has been recognized as an efficacious, safe, cost-effective and affordable intervention in support of a healthy pregnancy and fetal development.² Important progress and momentum have been achieved during the past two years pertaining to MMS policy development, implementation, including implementation research regarding awareness-raising, advocacy and consensus-building, designing and testing implementation strategies, and the identification of key issues in scaling, such as ensuring effective and equitable coverage and a sustainable supply of high-quality, affordable MMS. This progress has come about as a result of several pivotal events such as the hosting of the MMS Technical Advisory Group (TAG) by the New York Academy of Sciences (NYAS), the Power for Mothers side meeting at Women Deliver 2019, the Goalkeepers Healthy Mothers Healthy Babies Accelerator coordinated by the Micronutrient Forum (MNF), and the work of various national governments and implementing agencies.

In the MMS Stakeholder Alignment consultation in February 2020, participants identified that collective action around a set of priority actions can further accelerate global implementation of MMS. These priorities included putting country perspectives at the center, speaking with one unified voice to elevate the cause of maternal nutrition and MMS, capturing and sharing of knowledge, experiences, tools and other information in order to strengthen MMS introduction and scaling.

With financial support of Kirk Humanitarian, the Micronutrient Forum was invited to host a Secretariat and to design and support a Consortium, that builds on the name of the Goalkeepers Accelerator: **Healthy Mothers Healthy Babies (HMHB)** and takes its focus beyond the initial Accelerator partners. The Forum is well positioned to take on this role based on its mission to serve as an impartial knowledge broker, meeting convener, and synthesizer of technical information for consensus building – in the same manner as it has demonstrated leadership for other technical initiatives in nutrition (e.g., Standing Together for Nutrition).

The purpose of this document is to outline a strategic framework including the Consortium's proposed role and responsibilities, vision, mission, priorities, and its organizational structure. This document incorporates information generated in earlier meetings and extensive consultation with a range of stakeholders (Annex 1).

¹ MMS, in this document, refers to the United Nations International Multiple Micronutrient Antenatal Preparation (UNIMMAP), which contains 15 vitamins and minerals, including iron and folic acid, in the recommended doses.

² Smith et al. 2017, Bourassa et al. 2019, Keats et al. 2019, WHO 2020

Role of the Healthy Mothers Healthy Babies Consortium

The HMHB Consortium is envisioned to provide an inclusive, collaborative and comprehensive platform for stakeholders active in the area of maternal nutrition and specifically those working to accelerate the use of MMS in low- and middle-income countries (LMICs³). Through collective action, the Consortium will support global and national stakeholders in their respective efforts to seize opportunities and overcome the challenges in adoption of MMS and accelerating country-level MMS implementation. The Consortium and its Secretariat seek to facilitate and amplify its members' efforts through a range of supportive initiatives and activities and will help leverage rather than duplicate work of implementing agencies at the national or global level. The Consortium and its Secretariat will provide an impartial platform and a unified voice to the MMS movement in order to advance the entire field, beyond individual institutional priorities. The Consortium will play its role as an advocate, convener, consensus builder, and a knowledge broker to support its members and other stakeholders, including those in complimentary areas to look for synergies, across the different stages of MMS implementation.

The Consortium's scope of work is to accelerate the use of MMS in the context of antenatal care services informed by implementation research.

Vision and Mission

The vision of the HMHB Consortium is to ensure that women everywhere have access to critical nutrition services and antenatal care that can safeguard their health throughout pregnancy and the postpartum period, and better ensure that babies are born with a healthy start in life.

The HMHB Consortium's mission is to improve maternal nutrition through collective action by Consortium members working to accelerate availability and effective use of MMS in LMICs.

MMS Technical Advisory Group

The MMS-TAG was established in 2018 (i.e. as the successor body to the MMS Task Force founded in 2016) and hosted by the New York Academy of Sciences.

The MMS-TAG is tasked to aggregate, interpret and present in an orderly manner, the evidence supporting MMS use or help to identify and clarify scientific or clinical issues pertaining to MMS.

It is anticipated that there will be close collaboration between the Consortium secretariat and the MMS-TAG

To achieve its vision and mission, the Consortium and its individual members will be guided by:

- i. The *2020 WHO Antenatal Care Recommendations for a Positive Pregnancy Experience* that identifies a context specific – research recommendation for MMS; and
- ii. The *Interim Country-level Decision-making Guidance for Introducing Multiple Micronutrient Supplementation for Pregnant Women* referenced and described by UNICEF during the 2020 Micronutrient Forum Global Connected Conference and developed by the MMS-TAG.

Collectively these documents recommend that MMS be introduced in the context of antenatal care (ANC) services informed by rigorous implementation research designed to optimize MMS introduction and in

³ As defined by The World Bank

the context of continued clinical research as part of a global agenda to inform future WHO guidelines and their updates.⁴

Several countries have begun to introduce MMS in precisely this manner – within antenatal care services and informed by implementation research that addresses key implementation challenges. The basic process of introducing MMS is context-specific, iterative and adaptive, and includes in a simplified form: creation of an enabling environment, design and testing of effective implementation strategies, and scaling-up actions informed by the results of testing various implementation strategies. Scaling should include planning and actions to ensure a sustainable supply of high-quality and affordable MMS, human resource investments in in-service training, and finance for scaling related activities. This process is not always applied in a linear fashion, but each of these steps is deemed a prerequisite for success.⁵

The Consortium will encourage and facilitate the sharing and discussion of experiences for each of the steps in this process, capturing best practices and, where deemed necessary, identifying useful implementation tools, and to the extent feasible, co-creating guidance for a generic approach – based on the experience and efforts of implementing agencies everywhere.

The Consortium members will jointly develop and agree on a long-term strategy, based on a Theory of Change (initial version proposed in Annex 1), which establishes a generic roadmap leading to agreed outputs and outcomes. An ambitious, yet achievable target may be defined as the number of beneficiaries (pregnant women and their newborns) in LMICs who will benefit annually from high-quality, affordable MMS by 2030. A target of 75 million women and their babies necessitates increasing the current 3% MMS coverage to over 50% in countries with the highest need. Such a target would compare favourably with a current average of 42% of pregnant women taking iron tablets or syrup for 60 days or more during pregnancy based on DHS data of 56 countries.⁶

The roadmap will take into account existing materials and tools⁷ and additional tools and resources needed to accelerate effective and sustained MMS adoption, funding and scale up where the need is greatest. Identifying, collating, standardizing and disseminating available tools will be one of the Consortium’s initial activities.

In order to achieve its mission and associated target, the Consortium encourages, supports, and facilitates work of its stakeholders and proposes the following four **Strategic Objectives**:

1. Align stakeholders’ approaches and activities around a common strategy and roadmap for collective action toward introduction and scaling of MMS for pregnant women in LMICs.

⁴ The MMS-TAG recently published guidance, interpreting the WHO ANC Recommendations, to support countries in decision making regarding MMS introduction (MMS-TAG, 2020).

⁵ Ajello, Hurley, 2020

⁶ ICF, 2015. The DHS Program STATcompiler. <http://www.statcompiler.com>. Selection of latest DHS survey data (between 2010 and 2019) for 56 countries for iron pills and syrup coverage. February 19th 2021.

⁷ Including but not restricted to: i) resources for awareness-raising and consensus building, ii) a tool for identification of MMS-readiness of priority countries, iii) a landscape and policy analysis tool, iii) a tool for assessing MMS supply readiness for countries with a capability of local manufacturing

2. Initiate, accelerate, and/or amplify efforts that raise-awareness to MMS, build consensus for introduction of MMS, and generally advocate for MMS policy and program adoption through global/regional and national advocacy initiatives
3. Facilitate dialogue and create consensus on emerging issues impeding the MMS agenda, by convening technical expert meetings and discussing and disseminating available information and evidence
4. Capture and share existing and new knowledge related to MMS evidence, tools, guidance, lessons learned and other resources through a dynamic, publicly accessible HMHB knowledge repository, and via publications, conferences, webinars and other on-demand content, targeting HMHB Consortium members, and other global and national stakeholders, influencers, decision-makers, implementers, and experts in related complimentary areas.

Proposed Consortium Priorities

The Consortium will play its role as an advocate, convener, consensus builder, and a knowledge broker to support its members and other stakeholders, including those in complimentary areas to look for synergies, across the different stages of MMS implementation:

- i. Raise awareness and advocate for use of MMS
- ii. Create or strengthen the enabling policy and regulatory environment that supports acceptance, adoption and implementation of MMS
- iii. Design and test implementation strategies
- iv. Develop sustainable production (including in LMICs) and access to high-quality, affordable MMS
- v. Plan and allocate budgets that support scale up of MMS⁸

Extensive consultation with stakeholders identified a number of strategic steps, challenges and barriers that, will guide the priority activities of the Consortium and its Secretariat. An initial, high-level set of priorities, listed below, has been identified for each of the Strategic Objectives of the Consortium. In close collaboration with the Steering Committee and with input of all Consortium members, the set of priority actions will be refined, elaborated and articulated in an annual implementable operational plan once the Consortium is launched.

Since the Consortium is not itself an implementing agency, progress toward accelerated use of MMS in LMICs will depend upon national efforts supported by global MMS stakeholders committed to assisting national stakeholders to introduce MMS. It is the intent of the Consortium to stimulate collective action by all or a subset of the Consortium members through their regular activities in partnership with national authorities and local stakeholders as well as through activities, which are organized by the Secretariat on behalf of MMS stakeholders bringing their various competencies and resources in unison.

⁸ Scale-up requires specific attention on human resources capacity building to deliver MMS, increasing MMS coverage and adherence, and ensuring adequate and timely procurement of MMS product.

Strategic Objective 1

Align stakeholders' perspectives and activities around a common strategy and roadmap for collective action toward introduction and scaling of MMS for pregnant women in LMICs

Priorities

- Jointly develop a global Strategy and Roadmap for Action 2021-2030 based on experiences and on-going or planned activities, with the purpose of linking country needs with global resources (expertise, tools, investments). First steps include among others:
 - Development of a Theory of Change and agreed upon targets and outcomes,
 - Finalize ongoing work to identify high-need and interested countries based on quantitative indicators, and
 - Catalogue available tools needed to support the Roadmap and identify and develop plans to fill key gaps.

Strategic Objective 2

Initiate, accelerate, and/or amplify efforts that raise-awareness to MMS, build consensus for introducing MMS, and generally advocate for MMS policy and program adoption through global/regional advocacy initiatives or in support of Consortium members activities to support in-country initiatives.

Priorities

- Develop and implement a global Advocacy Strategy that includes systematic identification of: i) global and regional health and nutrition events where sessions/presentations on maternal nutrition and MMS can be organized; ii) global and country influencers and champions who can help to amplify advocacy for MMS at all levels and speak at conferences or other advocacy events, including identification and elevation of women's voices that can contribute to advocacy initiatives; and iii) key messaging that can be used at such events along with reusable or adaptable tools to support advocacy;
- Capture, record, and make strategic use of influencers, champions, and technical experts and their capabilities and experiences to advocate for or amplify the efforts of others to advocate for MMS;
- Capture and make strategic use of women voices / human interest stories throughout various advocacy events and channels;
- Co-organize regional meetings advocating for an enhanced maternal nutrition agenda, discussing MMS evidence, providing interpretation of WHO ANC guidance, presenting implementation research results from country experiences, with a specific focus on engaging "influencers" and "champions" in priority countries; and
- Engage with maternal health experts (individuals & coalitions) and other relevant groups directly and through conference presentations.

Strategic Objective 3

Facilitate dialogue and create consensus on topics and barriers impeding the MMS agenda, by convening technical expert meetings and discussing available information and evidence.

Priorities

- Convene or co-convene expert meetings to arrive at consensus documents or to share technical information. Themes will be proposed and decided on the basis of requests by Consortium members. A few topics that were mentioned during the stakeholder consultations include:
 - Advance and promote an implementation research agenda by capturing new insights and discussing best practices in implementation research approaches (potentially hosted by or co-hosted with MMS-TAG),
 - Design and disseminate a roadmap for creating a sustainable supply chain of affordable MMS including landscaping and strengthening national and regional MMS manufacturing capacity, through knowledge transfer
 - Assess capital requirements and identify innovative financing mechanisms on the basis of supply-readiness assessment across countries/ regions.

Strategic Objective 4

Capture and share existing and new knowledge related to MMS evidence, tools, guidance, lessons learned and other resources through a dynamic, publicly accessible repository, and via publications, conferences, webinars, and other on-demand content.

Priorities

- Make an inventory of existing documents, guidance, lessons learned and tools and obtain permission for uploading or hyperlinking in the HMHB knowledge repository.
- Build a dynamic, user-friendly, publicly accessible HMHB knowledge repository.
- Capture / share experiences of early adopter countries, with new countries through webinars, publications, and the repository;
- Identify additional needs for knowledge and the best approach / channel for knowledge-sharing.
- Develop a knowledge dissemination strategy including but not limited to sharing information through webinars, publications and the repository.

Governance

The HMHB Consortium organizational structure and governance is described in a separate Governance document, including the HMHB Steering Committee Charter, the HMHB Secretariat Charter, and the

HMHB Membership Engagement Policy. This document is developed by the Micronutrient Forum (Forum) in conjunction with the HMHB Steering Committee and is publicly available on the Consortium website.

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Annex 1: Stakeholder Consultations

- 1 Bayer Consumer Health (2)
- 2 Bill and Melinda Gates Foundation (BMGF) (2)
- 3 Children’s Investment Fund Foundation (CIFF) (2)
- 4 CIFF – Ethiopia (1)
- 5 Contract Pharmacal Corp (CPC) (1)
- 6 DSM (1)
- 7 Eleanor Crook Foundation (ECF) (1)
- 8 Family Larsson-Rosenquist Foundation (1)
- 9 Global Affairs Canada (GAC) (1)
- 10 Global Alliance for Improved Nutrition (GAIN) (1)
- 11 GAIN- Bangladesh (1)
- 12 GMMB (2)
- 13 The John Hopkins Bloomberg School of Public Health (JHU) (4)
- 14 Kirk Humanitarian (3)
- 15 New York Academy of Sciences (NYAS) (2)
- 16 Sight and Life (SAL) (2)
- 17 SUMMIT Institute of Indonesia (SID) (1)
- 18 UNICEF (1)
- 19 United States Agency for International Development (USAID) (1)
- 20 University of Indonesia (1)
- 21 University of Oxford (1)
- 22 Vitamin Angel Alliance (2)
- 23 World Bank (3)
- 24 World Health Organization (WHO) (1)

Annex 2: Proposed Theory of Change of HMHB Consortium

(inputs will be defined as soon as the Consortium has developed its operational plan)

Problem Statement	Objectives (Mission)	Functions (Strategic Objectives)	Outputs	Outcomes	Impact	Goal (Mission)
<p><u>Maternal nutrition</u></p> <p>Maternal nutrition has been ignored as part of the broader maternal health and antenatal care agenda, with severe consequences for maternal nutrition indicators and pregnancy outcomes such as LBW, SGA, stillbirth</p>	<p>To improve maternal nutrition and pregnancy outcomes by accelerating availability and effective use of MMS in LMICs.</p>	<p>1. Align stakeholders' perspectives and activities around a common agenda of joint responsibility, a common strategy and roadmap for action toward introduction and scaling of MMS for pregnant women in LMICs</p>	<ul style="list-style-type: none"> • Common agenda guiding Consortium priority actions • Consensus on implementation approach • Common set of tools identified • Capital requirements mapped & innovative finance mechanisms explored 	<ul style="list-style-type: none"> • Unified voice and coherent implementation approach • Clarity on roadmap • Coherent set of country experiences to draw lessons l • Donors have clarity on funding needs • Innovative financing mechanisms developed for MMS 	<ul style="list-style-type: none"> • Accelerated and coherent introduction and scaling of MMS in countries • Engagement and enabling of more implementing agencies in MMS implementation • Increased funding for MMS supply 	<p>Reach 75M pregnant women and their 75M babies with high quality MMS, and improved adherence and compliance, annually by 2030</p>
		<p>2. Initiate, accelerate, and/or amplify efforts that raise-awareness to MMS, build consensus for introduction of MMS, and generally advocate for MMS policy and program adoption through global/regional advocacy initiatives or in support of Consortium members activities to support in-country initiatives</p>	<ul style="list-style-type: none"> • Advocacy tools are developed – including human interest stories • Strategic placement of messages & stories across media channels and strategic engagement with potential funders. • National and global champions are identified and empowered with tools and capacity to advocate at global / country level. • Presentations / sessions organized at international / regional nutrition and maternal health events 	<ul style="list-style-type: none"> • Increased awareness and support from global and national maternal health experts / influencers for maternal nutrition and MMS agenda • Increased interest and positive attitude toward transition from IFA to MMS by country-level decision-makers • Commitments to MMS investments by country authorities, donors and technical agencies at N4G 	<ul style="list-style-type: none"> • Increased number of countries that decide to pilot MMS (implementation research) • Increased number of countries that adopted policies and regulatory frameworks supporting IFA transition to MMS • Increased number of countries that decide to scale the transition from IFA to MMS, within a framework of strengthened ANC services • Increased ODA funding for MMS implementation and scaling • Increased number of countries where domestic funds are allocated to MMS transition 	

		<p>3. Facilitate dialogue and create consensus on emerging issues impeding the MMS agenda, by convening technical expert meetings and discussing available information and evidence</p>	<ul style="list-style-type: none"> • Technical expert meetings are organized • Reports capturing the consensus decisions are published for each meeting and made available through the knowledge repository 	<ul style="list-style-type: none"> • Unified voice and coherent implementation approach • Strengthened and more effective collaboration between stakeholders at global and national level 	<ul style="list-style-type: none"> • Accelerated and coherent introduction and scaling of MMS in countries • Enhanced quality of MMS program implementation 	
		<p>4. Capture and share existing and new knowledge related to MMS evidence, tools, guidance, lessons learned and other resources through a dynamic, publicly accessible MMS repository, publications, conferences, webinars and other channels</p>	<ul style="list-style-type: none"> • Inventory of knowledge materials completed • Launch and maintenance of knowledge repository • Knowledge-sharing webinars organized • Experiences and lessons learned captured, documented and shared 	<ul style="list-style-type: none"> • Increased access and use of synthesized knowledge and lessons learned by decisionmakers and implementing actors • Accelerated uptake of most effective approaches in supply and delivery in MMS 	<ul style="list-style-type: none"> • Increased capacity of frontline workers on MMS implementation / counseling • Accelerated and coherent introduction and scaling of MMS in countries • Enhanced quality of MMS program implementation • Increased compliance with recommended MMS intake than was the case for IFA 	

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