

FACT SHEET



High-impact Intervention for Healthier Women and Babies

- Currently, more than **1 billion women and adolescent girls are malnourishedⁱ**—and **2 out of every 3 women of reproductive age worldwide have micronutrient deficiencies.ⁱⁱ**
- Each year, 17 million children are born with low birthweight, 146 million children under five are stunted, and 245 million suffer from anemia. 45 million children experienced wasting—the most severe forms of chronic and acute malnutrition. Stunting, low birthweight, and anemia leads 1.3 million child deaths annually.ⁱⁱⁱ **Nearly 50% of all child deaths are linked to child and maternal malnutrition.^{iv}**
- One effective way of addressing this problem is by providing prenatal supplements, known as **Multiple Micronutrient Supplements (MMS)**, which are a proven and powerful way to ensure the health and well-being of vulnerable pregnant women and their babies. **If low- and middle-income countries adopted MMS, 500,000 lives could be saved by 2040.^v**
- MMS—specifically the WHO/UNICEF formulation known as UNIMMAP MMS—**contains 15 essential vitamins and minerals**, including iron and folic acid, for pregnant women and babies.^{vi} The current standard of care in most countries is iron and folic acid (IFA) which contains just 2 micronutrients.
- **Over 25 years of evidence have made the benefits clear:** MMS doesn't just improve lives—it saves them. MMS improves birth outcomes by reducing the risk of babies being born stillborn, or born too small, or too soon.^{vii} **When a woman takes MMS during pregnancy, she has a 27% lower risk of giving birth to a low birthweight baby born too small and too soon.^{viii}** MMS reduces the risks faced by pregnant women and their babies:
 - Low birthweight decreases by **12%**
 - Stillbirth decreases by **8%**
 - Born too small decreases by **3%**
 - Pre-term birth decreases by **8%** (and by **16% for underweight pregnant women**)
 - Female mortality decreases by **15%**
- **Malnourished mothers are more likely to have severe pregnancy complications.** For instance, women in Southeast Asia and Sub-Saharan Africa are disproportionately impacted by a severe blood disorder known as anemia.^{ix} Anemia is linked to 20% of all maternal deaths.^x In areas where 40% of women are anemic, **MMS significantly reduces the risks faced by anemic pregnant women and their babies:**
 - Low birthweight decreases by **19%**
 - Stillbirth decreases by **21%**
 - Born too small decreases by **8%**
 - 6-month mortality decreases by **29%**
- **Poor nutrition during the early stages of a child's life can cause irreversible damage to their growing brain** and can negatively affect their ability to do well in school. It can also set the stage for future chronic diseases, and a lifetime of health problems.^{xi}

*Throughout this document, both MMS and UNIMMAP MMS are referenced, however, **UNIMMAP MMS is the only internationally recognized formula that is backed by over 25 years of evidence** in support of its effectiveness and ability to improve pregnancy outcomes in low- and middle-income countries.*

- **MMS has the potential to improve a child’s cognitive and behavioral development**, setting them up for a lifetime of better health.
 - Transitioning from IFA to MMS could potentially **avert over 250,000 child deaths** and nearly **25 million disability-adjusted life years (DALYs)** over 10 years.^{xii}
 - Addressing the three most prevalent micronutrient deficiencies—iron, zinc, and iodine; 3 of the 15 ingredients in UNIMMAP MMS—**the world’s IQ could increase by 10 points.**^{xiii}
 - If MMS were to reach 90% of pregnant women across 132 low- and middle-income countries (LMIC), estimates show an **additional 5 million school years** would be gained.^{xiv}
- **MMS is also highly cost-effective, offering an economic return of \$37 for every \$1 invested.**^{xv}
- **Women are key to building climate resilience in communities and nations.**^{xvi} Ensuring they receive nutrition interventions like MMS while pregnant can play a foundational role in helping families **withstand and recover from conflicts, epidemics, and climate change.**^{xvii}
 - As the global temperature rises, so do the risks of preterm births, low birthweight, and stillborn babies.^{xviii}
 - Between 2024 and 2050, climate change will mean 40 million additional children will be stunted, and 28 million additional children will be wasted.^{xix}
 - MMS improves birth outcomes by reducing the risk of babies being born stillborn, or born too small, or too soon.^{xx}
- Making MMS available to all women can improve equity and act as a social equalizer, ensuring that pregnant women in low- and middle-income countries have access to the same standard of care that has been available to women in high-income countries for many years. Supporting the nutrition of women and girls is also essential to deliver on the United Nations’ Sustainable Development Goals and build a better world for everyone.^{xxi}
 - 47.8 million more women than men face moderate or severe food insecurity.^{xxii}
 - Climate change could force 158 million more women and girls into extreme poverty than men and boys.^{xxiii}

MMS helps mothers, children, and communities not just survive, but thrive.
Together, we can all go #FurtherWith15.

Learn More

The evidence is clear, and so is the need. Now through 2030, it is estimated that more than 130 million women will need MMS annually. That number will continue to grow, as more countries around the globe introduce and scale up MMS in their antenatal care systems.

UN organizations, philanthropies, foundations, and implementing partners are working together with country governments to support with supply, research, investments, and programming to make MMS available and accessible to pregnant women.

The global movement to improve maternal and newborn health has begun. Get involved and learn more: www.furtherwith15.org.

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- ii Stevens et al. Micronutrient deficiencies among preschool-aged children and women of reproductive age worldwide: a pooled analysis of individual level data from population-representative surveys. *Lancet Glob. Heal.* 2022, 10 (11). [https://www.thelancet.com/journals/langlo/article/PIIS2214109X\(22\)00367-9](https://www.thelancet.com/journals/langlo/article/PIIS2214109X(22)00367-9)
- iii Jain S, Ahsan S, Robb Z, Crowley B, Walters D. The cost of inaction: a global tool to inform nutrition policy and investment decisions on global nutrition targets. *Health Policy and Planning*, 2024. <https://doi.org/10.1093/heapol/czae056>
- iv Institute for Health Metrics and Evaluation (IHME). *Global Burden of Disease 2021: Findings from the GBD 2021 Study*. Seattle, WA: IHME, 2024.
- v <https://www.gatesfoundation.org/goalkeepers/report/2024-report/>
- vi Ajello, CA, Atwater J, de Lange J. Expert Consensus on an Open-Access UNIMMAP MMS Product Specification: 2024 revision. *Ann NY Acad Sci.*, 2024;1–12. <https://doi.org/10.1111/nyas.15204>
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- x Khaskheli, Meharun-Nissa et al. “Iron deficiency anaemia is still a major killer of pregnant women.” *Pakistan journal of medical sciences* vol. 32,3 (2016): 630-4. doi:10.12669/pjms.323.9557
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