

ACCELERATING IMPLEMENTATION OF MMS IN PAKISTAN ROUNDTABLE REPORT



Table of Contents

Executive Summary	1
Acronyms.....	2
Introduction and Background.....	3
Maternal Malnutrition in Pakistan	3
Multiple Micronutrient Supplements (MMS) and its Introduction in Pakistan	4
Nutrition- What Women Want	5
FWDR and EPMM/ENAP Technical Advisory and Accountability Group (TA&AG).....	6
Round Table.....	7
Objectives:	7
Meeting Proceeding's.....	8
Welcome Note:.....	8
Opening Remarks.....	9
Discussion:.....	10
Closing remarks:.....	20
Recommendations	21
Annexure	23
Participants List:.....	23
Agenda;	24
Gallery:.....	25

Executive Summary

The Round Table on Accelerating Implementation of MMS in Pakistan was convened on December 20th, 2024, brought together a diverse group of stakeholders, including public health experts, government representatives, academia, and development organizations. Hosted under the auspices of the Health Services Academy (HSA) and Forum for Women Development & Research (FWDR) – White Ribbon Alliance Pakistan, this event aimed to address systemic barriers, assess progress, and strategize actionable steps for the implementation and scale-up of MMS in Pakistan.

Despite advancements in health indicators, maternal malnutrition remains a critical challenge in Pakistan, characterized by high anaemia rates, micronutrient deficiencies, and adverse health outcomes for mothers and children. MMS, endorsed by the World Health Organization (WHO) and integrated into Pakistan's Maternal Nutrition Strategy 2022–2027, offers a comprehensive solution by providing essential micronutrients to improve maternal and child health. However, the widespread adoption of MMS faces significant obstacles, including limited local production, supply chain inefficiencies, and gaps in awareness among healthcare providers and communities.

The round table discussion emphasized the importance of integrating MMS into provincial procurement plans, leveraging Behaviour Change Communication (BCC) strategies, and ensuring its inclusion in national health systems. Participants underscored the need for local production to ensure sustainability, reduce dependency on international donations, and improve access across underserved regions. Advocacy for public-private partnerships, strengthened training for healthcare providers, and community-level awareness were highlighted as critical components for achieving sustainable implementation.

Key recommendations included aligning provincial efforts to integrate MMS into routine healthcare, ensuring adequate funding through annual budget allocations, and addressing supply-side challenges by enhancing local testing facilities and production capacity. Stakeholders also stressed the importance of targeting vulnerable populations through equity-focused interventions to streamline distribution. Collaborative efforts were proposed to develop a national dialogue involving government entities, private sectors, and community organizations to advance MMS implementation. The meeting concluded with a commitment to unified efforts, focusing on sustainable solutions and actionable roadmaps to scale up MMS at the national level.

Acronyms

ANC	Antenatal Care
BCC	Behaviour Change Communication
BEPF	Balanced Energy Protein Food
DLY	Disability-Adjusted Life Years
FWDR	Forum for Women Development and Research
HEC	Higher Education Commission
HSA	Health Services Academy
IFA	Iron and Folic Acid
LHW	Lady Health Worker
MMS	Multiple Micronutrient Supplementation
MoNHSR&C	Ministry of National Health Services, Regulations & Coordination
NI	Nutrition International
NNS	National Nutrition Survey
PLYC	Pakistan Lions Youth Council
PMNS	Pakistan Multi-sectoral Nutrition Strategy
PPHI	People's Primary Healthcare Initiative
SDGs	Sustainable Development Goals
SOGP	Society of Obstetricians and Gynaecologists of Pakistan
TA&AG	Technical Advisory and Accountability Group
TOT	Training of Trainers
WHO	World Health Organization

Introduction and Background

Maternal Malnutrition in Pakistan

Over the last decade, Pakistan has made substantial progress in improving health and social service infrastructure, resulting in significant advancements in national health indicators, particularly in reproductive healthcare. Despite these efforts, maternal nutrition continues to pose a critical challenge, jeopardizing maternal and child health outcomes. Maternal nutrition encompasses the dietary and nutritional needs of women before conception, during pregnancy, and in the postpartum period. While maternal nutrition is essential for ensuring the health and well-being of both the mother and the child, yet Pakistan faces a triple burden of malnutrition—undernutrition, overweight and obesity, and severe micronutrient deficiencies. According to the National Nutrition Survey (NNS) 2018, over 40% of women of reproductive age in Pakistan are anaemic, while 14.4% are underweight, and 24% are overweight, with an additional 13.8% classified as obese. Beyond macronutrient concerns, the survey also highlights severe deficiencies in essential micronutrients, including a 41.7% prevalence of anaemia and a 22.4% prevalence of Vitamin A deficiency among women¹. These alarming statistics underline a vicious cycle of poor maternal nutrition that negatively impacts children’s development, perpetuates intergenerational poverty, and hinders broader health and economic outcomes.

The consequences of maternal malnutrition are far-reaching. Malnutrition during pregnancy is a leading cause of adverse birth outcomes, including low birth weight, preterm births, stunted growth, and increased susceptibility to infections in children. These outcomes not only endanger the immediate health of newborns but also have long-term implications for their cognitive development, educational attainment, and economic productivity. The economic toll of maternal malnutrition in Pakistan is immense. Productivity losses due to anaemia alone are estimated at \$657 million annually, while malnutrition-related deaths among women and children result in significant human capital losses². These challenges impede Pakistan’s efforts to achieving sustainable development and economic growth. Addressing maternal nutrition is, therefore, not only a critical public health priority but also an economic necessity.

¹ <https://www.unicef.org/pakistan/media/1951/file/Final%20Key%20Findings%20Report%202019.pdf>

² [Pakistan Maternal Nutrition Strategy 2022-27](#)

Multiple Micronutrient Supplements (MMS) and its Introduction in Pakistan

MMS offer a powerful solution to these persistent challenges. The World Health Organization (WHO) emphasizes the importance of MMS in its Recommendations on Antenatal Care for a Positive Pregnancy Experience and subsequent updates in 2020 and 2021³. These guidelines aim to enhance antenatal care for pregnant adolescent girls and women, focusing on improving maternal nutrition. MMS provides a combination of 13–15 essential micronutrients, including iron, folic acid, zinc, Vitamin A, and iodine. Research demonstrates that MMS is more effective than traditional iron and folic acid supplementation alone in improving pregnancy outcomes, preventing maternal anaemia, and reducing the incidence of low birth weight and preterm births⁴. MMS is particularly advantageous in regions facing food insecurity, as it ensures that pregnant women receive the nutrients necessary for their health and the health of their developing babies. A comprehensive analysis suggests that implementing MMS in Pakistan could prevent 2,379,157 disability-adjusted life years (DALYs) and avert 29,862 child deaths over a decade. The economic benefits are also significant, with the return on investment estimated at 550 times the cost, making MMS a cost-effective and impactful intervention⁵.

Beyond addressing nutritional deficiencies, MMS lays the foundation for improved public health outcomes. The inclusion of key micronutrients such as zinc and Vitamin A in MMS formulations helps prevent pregnancy complications, including preterm labor and low birth weight, which are common in Pakistan. By improving maternal health, MMS indirectly supports better cognitive and physical development in children, reducing healthcare costs in the long run and enhancing educational and economic opportunities for future generations. Furthermore, these outcomes contribute to breaking the cycle of intergenerational malnutrition and poverty, fostering a healthier and more productive society.

Given the proven effectiveness of MMS in addressing maternal malnutrition, MMS has been included as a key intervention in the Pakistan Maternal Nutrition Strategy (PMNS) 2022-2027 of Government of Pakistan⁶. Despite its proven benefits and inclusion in PMNS, the large-scale provision of MMS to mothers in Pakistan is yet to happen. Logistical challenges in distribution, lack of awareness among communities, limited capacity of healthcare providers, limited availability compounded by affordability issues for low-income populations remain major obstacles. Addressing these challenges

³ <https://iris.who.int/bitstream/handle/10665/250796/97892415?sequence=1>

⁴ <https://www.mdpi.com/2072-6643/15/7/1690>

⁵ <https://www.nutritionintl.org/wp-content/uploads/2019/10/MMS-policy-brief-pakistan-2019-10-18-web.pdf>

⁶ <https://www.unicef.org/pakistan/reports/pakistan-maternal-nutrition-strategy-2022-27>

requires a “push” that could move the decision makers and duty bearers to prioritize its provision. Pilot programs testing the models of MMS provision through the health system of Pakistan, such as those in Swabi district of Khyber Pakhtunkhwa led by Nutrition International, have provided valuable insights into strategies for transitioning from iron and folic acid supplementation to MMS and ensuring its sustainable integration into health systems.

The Government of Pakistan has shown strong political commitment to addressing maternal nutrition through national frameworks and strategies. Policies such as the National Health Vision 2016–2025, the Pakistan Multi-sectoral Nutrition Strategy (PMNS) 2018–2025, and the Pakistan Maternal Nutrition Strategy 2022-2027 outline clear pathways for integrating MMS into routine health services, strengthening supply chains, and fostering multi-sectoral collaborations. These frameworks emphasize provincial and regional implementation plans, recognizing the importance of partnerships and evidence-based advocacy in achieving sustainable results.

In addition to government initiatives, multisectoral engagement plays a crucial role in addressing maternal nutrition challenges. Collaborative efforts between government agencies, non-governmental organizations, healthcare providers, and private sector partners are essential to ensure equitable access to MMS for vulnerable populations. These partnerships can help integrate MMS into existing health programs, streamline supply chains, and enhance community outreach. By leveraging these collaborations and overcoming implementation barriers, Pakistan has a significant opportunity to scale up MMS interventions, improve maternal and child health outcomes, and achieve lasting socioeconomic benefits for future generations.

Nutrition- What Women Want

The original *“What Women Want”* campaign in 2019 surveyed approximately 245,000 women and girls across Pakistan, encompassing Sindh, Punjab, Khyber Pakhtunkhwa, Baluchistan, and the Islamabad Capital Territory (ICT). Building on this foundation, the *“Women’s Demands for their Health and Wellbeing”* campaign in 2023 gathered insights from approximately 100,000 women and girls across three provinces: Sindh, Punjab, and Khyber Pakhtunkhwa. A key finding from both campaigns was the consistent prioritization of food and nutrition as a top demand across all surveyed regions.

To address this critical issue, the Forum for Women Development and Research (FWDR) – White Ribbon Alliance Pakistan Chapter, in collaboration with the Health Services Academy (HSA), is utilizing insights from the *“Women’s Health and Well-Being: Listening Across the Lifespan”* campaign. These efforts aim to inform policymakers and advocate for the nationwide scaling up of MMS in Pakistan, ensuring improved health and nutrition outcomes for women and girls across the country.

FWDR and EPMM/ENAP Technical Advisory and Accountability Group (TA&AG)

FWDR has been working for over 20 years to empower women and improve maternal, newborn, and reproductive health in Pakistan. The organization's advocacy agenda is built on insights from impactful campaigns, including the What Women Want Campaign (2018-19), Midwives' Voices Midwives' Demands (2020-21), and What Women Want for Health & Well-Being (2023). FWDR has focused on amplifying women's voices in key areas such as MNCH, Nutrition, Family Planning, and Climate Change. To further strengthen its advocacy, FWDR established multisectoral EPMM/ENAP National and Provincial Technical Advocacy and Accountability Groups (TA&AG). TA&AG brings together experts from academia, public health, and leading organizations to advocate for women's priorities and shape policies that can improve maternal and neonatal health outcomes nationwide. Now, with the focus on maternal nutrition, TA&AG is playing a key role in supporting the What Women Want for Maternal Nutrition campaign, which aims to scale up the use of Multiple Micronutrient Supplements (MMS). The TA&AG members will support in addressing the challenges and policy gaps hindering the acceleration of MMS implementation in Pakistan, driving progress toward better maternal health.

Round Table

Building on these advocacy efforts, the EPMM/ENAP TA&AG convened a round table on December 20th, 2024, bringing together a diverse assembly of experts from academia, public health, and development. The event included representatives from prominent organizations such as Nutrition International, the Population Council, Greenstar, the Higher Education Commission (HEC), the Health Services Academy, Pakistan Lions Youth Council (PLYC), and others. This collaborative platform provided an opportunity for key stakeholders to engage in in-depth discussions, focusing on actionable strategies to accelerate the implementation of MMS. The round table also addressed critical challenges, such as supply chain inefficiencies, limited awareness among healthcare providers and communities, and the need for sustainable funding mechanisms, all of which hinder the widespread adoption of MMS across Pakistan. These deliberations underscored the importance of multi-sectoral engagement in driving impactful, long-term solutions for improving maternal and child health outcomes.

Objectives:

- Brainstorm the systemic barriers hindering provision of MMS in Pakistan.
- Familiarize participants with the findings and insights from the *What Women Want* (2019) campaign and the *Women's Health and Well-Being: Listening Across the Lifespan* (2023) campaign, regarding food and nutrition.
- Discuss a way forward for scaling up MMS as a cost-effective and comprehensive intervention to improve maternal and child health outcomes.

Meeting Proceeding's

Welcome Note:

The meeting commenced with a formal welcome note delivered by Dr. Amanullah, CEO of the Forum for Women Development and Research. He acknowledged the umbrella partnership between FWDR/White Ribbon Alliance Pakistan and the HSA, under which the EPMM/ENAP TA&AG operates as a multisectoral platform. He expressed appreciation for the collective efforts of all stakeholders in addressing maternal nutrition challenges in Pakistan.

Dr. Amanullah shared the progress already made in Pakistan with respect to MMS and the role that various stakeholders have played in this regard. He acknowledged the active roles of NI, UNICEF, WHO, WFP, and Junaid Family Foundation in supporting operations research and advocacy efforts that have led to inclusion of MMS in Pakistan Maternal Nutrition Strategy of the Nutrition Wing of MoNHSR&C.



Dr. Amanullah emphasized that the primary objective of this initiative was not to replicate these existing efforts but to identify gaps and areas requiring additional support to expedite MMS implementation across Pakistan. He underscored the importance of integrating community voices into the discussion, particularly the perspectives of women who have consistently prioritized food and nutrition as critical health needs. Referring to the What Women Want (2019) campaign, which surveyed 245,000 women, and the Women's Health and Well-Being: Listening Across the Lifespan (2023) campaign, which reached 100,000 women, Dr. Amanullah highlighted that food and nutrition emerged as a top priority in both studies. He shared plans to extract MMS-specific insights from these datasets and engage communities further through Listening Sessions in Swabi and Toba Tek Singh to better understand their demands and experiences with MMS.

Concluding his remarks, Dr. Amanullah encouraged all participants to actively engage in the discussions and emphasized the need to collaboratively develop a comprehensive and actionable roadmap for scaling up MMS in Pakistan and thanked all attendees for their dedication to improving maternal and child health outcomes in the country.

Opening Remarks

Dr. Shahzad Ali Khan (Vice Chancellor, Health Services Academy, MoNHSR&C) extended a warm welcome to the participants and expressed gratitude to the FWDR and other partners for convening the meeting and emphasized the critical importance of addressing maternal and child health challenges in Pakistan.

Drawing from decades of experience in the field, Dr. Shahzad highlighted that while cities and infrastructure in Pakistan have evolved, the conditions in rural and underserved areas remain dire. He noted that the real Pakistan begins just beyond urban peripheries, where basic living conditions are lacking and significant gaps in healthcare services persist. He underscored the need to address these inequities and bridge the gaps in maternal and child health, with a focus on sustainable interventions.



Reflecting on previous projects and initiatives, Dr. Shahzad emphasized the importance of sustainability in development programs. He shared that while many donor-funded projects have shown promising results, their impact often diminishes once the funding ends, leaving communities in worse conditions than their original baselines. He stressed the need for long-term, sustainable strategies to ensure lasting improvements in maternal and child health outcomes.

Turning to the topic of MMS, Dr. Shahzad described it as a relatively recent yet critical intervention in the fight against maternal malnutrition. He highlighted the collaborative efforts of various organizations, including the World Food Program, Nutrition International, FAO, and others, in advancing nutrition research and programs. He expressed optimism that partnerships between FWDR and HSA, along with other stakeholders, would drive significant progress in addressing malnutrition through the scaling up of MMS.

Dr. Shahzad concluded by reaffirming his commitment to the cause and expressing hope that this initiative would contribute meaningfully to achieving the broader goals of MNCH with a special focus on reducing malnutrition. He thanked the participants for their dedication and encouraged active engagement in the discussions to ensure impactful outcomes.

Discussion:

Mr. Ihatsham Akram facilitated the meeting and commenced by sharing of the objectives of the meeting. He shared that the Round Table has been convened with a purpose to take stock of the situation with respect to MMS supply in Pakistan and identification of the key barriers and call for action for the policy and decision makers in order to catalyze the MMS provision policy into a reality. He began with introducing to the



participants that “Nutrition” is an expressed demand of the women of Pakistan. To this end he shared that in “Nutrition” was one of the priority asks of the women in *What Women Want* campaign conducted in 2019. He briefly provided an overview of the WWW campaign that it was a groundbreaking initiative where approximately 245,000 women were surveyed about their topmost demands concerning reproductive health. He highlighted the campaign’s significant impact in bringing women’s voices to the forefront and shaping health priorities. Building upon its success, he elaborated on the *Women’s Health and Well-Being: Listening Across the Lifespan* campaign conducted in 2023, which engaged around 100,000 women and girls across three provinces—Sindh, Punjab, and Khyber Pakhtunkhwa.

Mr. Ihatsham shared a concise overview of the findings of both initiatives, which revealed that *Food and Nutrition* consistently emerged as a top priority across all three provinces. This trend underscores the critical need to delve deeper into the nutritional needs of women, particularly as it relates to addressing systemic barriers and promoting maternal and child health. His presentation set the stage for the ensuing discussions, emphasizing the urgency of aligning policies and interventions with the expressed demands of women to improve their overall health and well-being.

In Sindh, Food and Nutrition ranked as the second-highest priority, reflecting challenges like food insecurity and malnutrition in areas such as Tharparkar. Mr. Ihatsham noted that these issues have drawn significant support from the EU and WHO to address acute nutritional needs in underserved regions. In Punjab, *Food and Nutrition* ranked as the eighth priority may be for the province's relatively better-off economic status compared to other regions. Dr. Shahzad Ali Khan however

opined that malnutrition is a serious concern in South and Central Punjab, including areas like Multan and the outskirts of Lahore, where Basic Health Units (BHUs) are not in good condition.

Mr. Ihatsham Akram further clarified that the *What Women Want* campaign was not a survey but an opinion-based initiative where women were asked about their demands. He emphasized the need to now translate public demands into technical solutions. Beyond analyzing the findings from the two campaigns, he shared plans to conduct listening sessions in Swabi and Toba Tek Singh. These sessions aim to gather insights on whether women are aware of and using MMS, and to understand their perceptions and specific demands regarding it. Mr. Akram set the stage by emphasizing the primary objective of this round table: to engage learning partners in assessing progress, identifying next steps, and addressing existing gaps. He highlighted the importance of determining where collective efforts should be focused, urging the public health community, women's rights advocates, and champions of women's nutrition to unite in driving meaningful change and prioritizing key actions for advancing MMS implementation.

Mr. Akram set the stage by emphasizing the primary objective of this round table: to engage learning partners in assessing progress, identifying next steps, and addressing existing gaps. He highlighted key milestones achieved, such as the inclusion of MMS in the Pakistan Maternal Nutrition Strategy, its integration into Behavior Change Strategies, and its incorporation into PPHS and LHW programs. Additionally, he noted the pilot research conducted by Nutrition International (NI) and NI's MMS communication strategy. However, he stressed the critical need to assess where Pakistan currently stands with MMS implementation.

Mr. Akram pointed out that while policies are in place, the real challenge lies in ensuring effective delivery at the field level. He urged participants to share insights on progress, bottlenecks, and potential solutions to advance MMS implementation. Citing Dr. Zakir Shah's observation, he noted the lack of local MMS production in Pakistan. While Ismail Industry has initiated efforts, the gap between demand and supply remains significant. Although MMS is affordable and included in strategies, the absence of consistent supply continues to hinder its availability and impact.

Dr. Zakir Shah from Nutrition International (NI) then shared detailed insights on the progress and implementation of MMS initiatives in Pakistan. He began by referencing the 2019 Swabi project, initiated by the Government of Pakistan and supported by NI and the KP Government. He explained that the project was informed by the 2020 WHO guidelines recommending MMS over Iron and Folic Acid (IFA) supplements for anaemia prevention. While IFA and MMS are nearly equivalent for maternal health, MMS provides substantial benefits for newborn health.

In 2022, the Pakistan Maternal Nutrition Strategy was launched, wherein the government committed to improving women's nutrition, aligning with SDG 4. By 2027, at least 50% of women are expected to be using MMS. The strategy prioritized 67 high-burden districts, out of which 32 districts received supplies due to availability. The government, with Kirk Humanitarian's donation of 1 million bottles and support from the Julian Family Foundation, has initiated the distribution of MMS in these districts.

Dr. Shah outlined the collaborative efforts, including the establishment of a Strategic Technical Working Group under the Ministry of Health. This group comprises partners like Save the Children, UNICEF, BMGF, and others, who developed a comprehensive implementation program. Training of Trainers (TOT) sessions have been conducted, sponsored primarily by UNICEF, and rollout training is underway in many districts, including KP, GB, AJK, Punjab, Sindh, and Balochistan.

Specific districts, such as Lodhran in Punjab, Battagram in KP, Nagar in GB, Hattian in AJK, and ICT (rural), have been allocated to Nutrition International for implementation research. These districts will generate lessons throughout the nine-month transition and produce a costed implementation plan to ensure sustainability. The rollout in these focal districts is set to start by January-February.

Dr. Shah also highlighted efforts to explore local production of MMS. Under the Ministry of Health's initiative, UNICEF is engaging pharmaceutical companies like Remington Pharma and Ismail Industries to establish local production facilities. He emphasized that all training materials were developed by NI, reviewed, and approved by the government for national use. Additionally, NI has been supporting cascade training across districts, providing financial support for participants and trainers.

Dr. Shah concluded by presenting this comprehensive snapshot of MMS efforts at the national level, emphasizing the collaborative contributions of provincial health departments, partners, and Nutrition International in scaling up MMS implementation in Pakistan.

Mr. Akram then posed a question, highlighting that the current local supply of MMS is limited to humanitarian systems and has not yet been integrated into the local supply chain. Mr. Anwar Gillani emphasized the importance of a guaranteed business model to incentivize local production, suggesting a buyback guarantee as a viable solution to encourage pharmaceutical companies. The pharmaceutical industry, is well-equipped to deliver but requires a clear strategy to create demand and implement effective marketing. He also raised the consideration of existing patents that might influence the production process.

Mr. Akram directed a question to Dr. Samina Naeem, asking her perspective as both a gynecologist and as a Society of Obstetricians and Gynaecologists representative. He highlighted that while a significant portion of maternal healthcare services are sought in the private sector, MMS is not being

consistently recommended. He inquired about the reasons behind this gap and sought her insights on addressing the issue.

Dr. Samina Naeem highlighted the lack of a strong counselling component in obstetrics and gynaecology practices. She explained that in private clinics, there is neither additional time allocated nor extra fees for counselling, which discourages practitioners from spending time on such discussions. Despite attempts to emphasize counselling in hospitals, it remains largely absent. Women are also generally pleased when provided with supplements like MMS during antenatal visits, expressing that they often cannot afford nutritious food or multivitamins.

Dr. Samina suggested that micronutrients should be offered in sachet form rather than tablets, as sachets are perceived as more appealing and user-friendly. She emphasized the importance of micronutrient supplementation across all demographics, including adolescents, pregnant women, and postmenopausal women, to address widespread deficiencies. As a lifetime member of the Society of Obstetricians and Gynecologists of Pakistan (SOGP), she expressed her willingness to arrange a meeting to ensure strong advocacy for this initiative.



Mr. Akram narrowed down the question, stating that after the Pakistan Maternal Nutrition Strategy, a National Behaviour Change Communication (BCC) Strategy for Maternal Nutrition of MoNHSR&C has also been developed that included MMS (where IFA was not available). However, since MMS is not currently available in the market, he questioned how the private sector could effectively utilize it.

Dr. Mariam Ashraf highlighted that the private sector is well aware of MMS. She shared her recent experience during provincial consultations, where guidelines on anaemia prevention and maternal health were developed. These consultations involved a range of stakeholders, including medical officers and academics, who demonstrated familiarity with MMS. With funding available, MMS was being prescribed both for prevention and treatment across various provinces, including KP and Quetta. She emphasized that the primary challenge lies in its unavailability, as the lack of consistent supply hinders its broader utilization, despite widespread awareness and willingness among healthcare providers to prescribe it.

Dr. Shah emphasized the distinction between the public and private sectors regarding MMS availability. He noted that in the public sector, MMS is provided through donations from organizations such as UNICEF and Nutrition International, ensuring its consistent availability. Public sector healthcare providers are trained and actively prescribing MMS without significant challenges. However, in the private sector, the situation is different. Without access to MMS, private sector practitioners cannot prescribe it. They would only begin prescribing MMS once it becomes readily available to them.

Ms. Aaliya Habib compared the issue of MMS availability to that of family planning commodities, highlighting the disconnect between demand, supply, and accessibility. The contradiction of addressing rapid population growth while taxing essential items like condoms was noted as a parallel challenge, making these items unaffordable for the populations that need them most. A similar situation exists with MMS, where the unmet need persists despite advocacy efforts.

While demand for MMS exists, availability remains inconsistent. In the public sector, organizations like Nutrition International and UNICEF supply MMS in select districts, but these provisions are limited. Once supplies run out, communities are left without access, causing frustration, especially for women who had previously benefited from MMS.

Ms. Habib stressed the importance of focused advocacy to resolve these challenges. A suggestion was made for the government to collaborate with private pharmaceutical companies by guaranteeing the purchase of a certain stock for an initial period. This approach would encourage local production while ensuring MMS availability at public facilities and in the market. By aligning demand and supply, this strategy could establish a sustainable system and prevent disruptions in access.

Mr. Akram then posed a critical question, asking whether the government has sufficient funds to purchase MMS on a large scale and sustain its availability. Ms. Ashraf responded by highlighting a prevailing viewpoint among some top gynaecologists in the public sector. They often question why women are not simply advised to follow a healthy diet, incorporating a balanced plate with essential nutrients, instead of relying on supplements like MMS. Additionally, they suggest that women could purchase MMS privately, rather than expecting it to be provided through public funds. This perspective underscores a divide in approaches to addressing maternal nutrition challenges.

Mr. Akram pointed out the harsh realities in areas like Gwadar, where access to fresh food is severely limited due to salty water, sandy soil, and a lack of fresh produce, with markets offering only days-old vegetables. He emphasized that while social protection programs cover essential, life-saving services, they do not adequately address nutrition needs like MMS. He urged the group to leverage

their collective experience to identify recommendations and challenge themselves to find actionable solutions for these pressing issues.

Dr. Naeem discussed the challenges of addressing nutrition in areas like Gwadar, where demand exists but supply remains inconsistent. She noted that even in tertiary care hospitals, where implementation is feasible, MMS is often not prioritized. While the concept of an "ideal diet" is commonly suggested, doctors frequently view nutrition counselling as outside their responsibilities, suggesting it should be managed by nutritionists. However, she pointed out that many nutritionists face their own challenges, often prioritizing product sales for profit over providing unbiased guidance. She emphasized the need for streamlined systems and community-level awareness. Without proper education and engagement, doctors are unlikely to actively promote nutrition initiatives. She concluded by stressing the importance of addressing both demand and supply to ensure consistent and effective implementation of programs like MMS.

Dr. Ayesha Babar suggested that for at least one or two years, funding should be utilized to popularize MMS. She emphasized that once the name becomes well-known, people will start purchasing it independently, and private practitioners will also become more familiar with it. However, she stressed that this is only possible if there is consistent production and the brand gains recognition as a reliable source of MMS.

Here, Ms. Aaliya Habib drew a parallel to the introduction of implants in Sindh, noting how their ensured availability led to a significant increase in demand, even surpassing IUDs. She explained that human nature gravitates toward new products, driven by curiosity and effective marketing. The same trend was seen when IFA was first introduced pharmaceuticals began producing it, and now it is widely available. Applying this to MMS, Ms. Habib stressed that local production and sustainability are essential. Echoing earlier discussions, including Dr. Shahzad's points, she emphasized that sustainability relies on the public sector and local production working in tandem. Public sector enforcement is key; when MMS is readily available in the market, private doctors will confidently prescribe it. Otherwise, as she aptly put it, "Why would they write a prescription for something their patients can't even find?"

Mr. Akram asked if the usual dynamic of pharmaceuticals approaching doctors to promote their medicines could be reversed, with doctors proactively advocating for MMS instead. He referenced past initiatives in this area and sought input on implementing such an approach.

Ms. Habib shared her experience with awareness campaigns and initiatives, highlighting the example of Wellma, a balanced energy protein product (BEP) for pregnant women. She noted that private

sector doctors prescribed it widely, and even after initial funding ended, Greenstar continued promoting it due to positive responses. Wellma is now available over the counter, allowing doctors to prescribe it for undernourished pregnant women. However, Ms. Habib pointed out that while Velma's local production is managed by Ismail Industries, large-scale local production for similar products, like MMS, is still lacking. She emphasized that the sustainability of nutrition initiatives, whether BEP or MMS, relies heavily on public sector support and local production, without which long-term viability cannot be ensured.

Dr. Babar Shaikh emphasized that local production and demand generation must go hand in hand for sustainable implementation of MMS. He shared an example from the 1990s when a product launched through a campaign failed due to a lack of market availability, underscoring the importance of synchronizing awareness efforts with product supply. Without availability, even successful awareness campaigns can falter.

Dr. Shaikh reflected on systemic challenges in local production, drawing parallels with initiatives for indigenous vaccine production and family planning commodities like condoms. Despite numerous stakeholder meetings, international tours, and advocacy efforts, local production of condoms remains stagnant due to bureaucratic hurdles, lack of ease in doing business, and high production costs. He highlighted that multiple ministries—Health, Commerce, Industries, Planning, and DRAP—must collaborate, yet inefficiencies and time-consuming processes obstruct progress.



He pointed out that the cost of production is prohibitively high, compounded by unreliable utilities like gas and electricity, making local manufacturing challenging. Dr. Shaikh stressed the need to address these structural barriers if local production of MMS is to succeed. Discussing sustainable solutions, he advocated for indigenous approaches, such as leveraging positive deviance examples. He suggested identifying communities where women have better nutrition and haemoglobin levels and studying their practices to replicate locally viable solutions. He also highlighted the importance of culturally acceptable interventions, such as local production of peanut butter in areas like Gilgit and Hunza.

Dr Shaikh emphasized the critical role of gynecologists and obstetricians in promoting MMS and improving maternal nutrition. He observed that many private practitioners focus on profit-driven

practices, prescribing expensive vitamins for commissions rather than advocating for affordable solutions like MMS. He stressed that gynecologists should not only promote MMS but also guide women on the correct use of iron and new supplements to ensure effective treatment and better health outcomes. He called for a fresh approach, emphasizing the need for reverse engineering to identify past mistakes, learn from them, and move forward with innovative solutions. He urged stakeholders not to repeat the same errors but to embrace new challenges and strategies. Acknowledging the limitations of the government in managing a population of 250 million, he highlighted a growing disconnect between the government and the population, describing it as a chronic issue.

Dr. Naeem further discussed the importance of gaining public confidence in health initiatives. She suggested that if public trust is lacking, products like vaccines should be rigorously tested at the National Institute of Health (NIH) and presented as safe and effective, holding the government accountable for its implementation. She highlighted that, despite products like MMS being introduced and distributed by organizations like UNICEF and WHO, there has been no precedent for locally testing these batches, a gap that needs to be addressed to strengthen trust and ensure safety.

Mr. Akram shared his experience with the People's Primary Healthcare Initiative (PPHI) in Sindh, which receives therapeutic food through grants. He noted that the government and UNICEF serve as the primary importers, while Ismail Industries manufactures the product locally. However, he highlighted a significant challenge: when someone sources products from Ismail Industries, the lot must be sent abroad for testing due to a lack of local facilities meeting international standards.

Mr. Akram further explained that delays occur because the testing facility at Ismail Industries is nearing its operational end, and quality issues have resulted in batches being rejected multiple times. He pointed out that while the pharmaceutical industry has its own quality control facilities before products are sent to DRAP, these resources are not utilized for therapeutic food, creating bottlenecks in ensuring quality and compliance. This underscores the need for strengthening local testing infrastructure to meet international standards and improve efficiency.

Mr. Ihtasham questioned why people in remote areas like Lasbela, Zhob, and Gwadar are familiar with products like Ensure and Cerelac but lack awareness of MMS.

Mr. Mazhar from the Population Council responded by noting that people are aware of MMS, but the communication approach must consider the connotations and understanding of what MMS represents to the public. He emphasized that products like Cerelac succeed due to consistent marketing and reinforcement, which creates demand.

He suggested that while advocacy and demand creation are essential, addressing supply-side challenges is equally critical. Reflecting on his experience with a World Bank project, he highlighted that systems such as IT infrastructure and supply chain management must be robust to ensure the availability of resources. Without a functioning system, even strong advocacy and outreach efforts may fall short of fulfilling demand. He urged stakeholders to consider both demand and supply challenges holistically to achieve meaningful progress.

Dr. Shah outlined two key points as the way forward for the implementation and sustainability of MMS in Pakistan:

1. Short-Term Plan:

- Currently, MMS is not widely available and relies on international donations. To address this, all provincial governments should include MMS in their procurement plans and integrate it into their systems. Punjab has already initiated efforts to procure MMS, and Sindh has expressed interest in following suit. He emphasized that provinces should prioritize immediate procurement to ensure availability in the short term.

2. Long-Term Plan:

- MMS should be locally produced to ensure sustainability and reduce reliance on international donations. UNICEF is already negotiating with pharmaceutical companies under the Ministry of Health to facilitate local production.
- Sustainability should be institutionalized by integrating MMS into the health system at both provincial and regional levels. It should be listed as an essential medicine in procurement plans and regularly purchased.
- MMS must also be incorporated into the DHIS-2 system for effective monitoring and tracking. While Punjab and KP have initiated this process, the system needs to be fully rolled out in all districts to ensure consistent implementation.
- Additionally, a costed implementation plan supported by the Ministry of Health should include annual budget allocations for MMS to secure its long-term availability.

Dr. Shah also clarified that a single MMS bottle containing 180 pills is sufficient for an entire pregnancy. This ensures ease of distribution, as women would only need to receive the bottle during their first antenatal care visit (ANC1) and take one pill daily throughout their pregnancy, simplifying access and compliance.

Dr. Ayesha Babar shared her experience of training maternal nutrition for over a decade, from LHWs to professors. She noted that while participants grasp the concepts and show understanding, the need for reinforcement remains critical. Reflecting on the potential of MMS, she suggested creating a strong brand identity for it—something meaningful and appealing that resonates with the community and emphasizes its importance.

Mr. Akram shared his experience from Swabi, where MMS has been recorded to have high acceptance due to its ease of use and promotion by health workers rather than external campaigns. He compared it to products like Cerelac, highlighting that women value convenience and quick preparation. MMS's multiple micronutrients, appealing packaging, and free availability made it effective and easy to prescribe, increasing its acceptance among both users and healthcare provider.

He then summarized the discussion by categorizing it into key areas: 1) system capacity, 2) healthcare provider capacity, 3) behaviour change communication, 4) demand creation, 5) supply, 6) private sector engagement, 7) monitoring, and 8) equity. He highlighted the importance of ensuring that market-produced MMS is accessible to the poorest segments of society.

He mentioned that the Benazir Income Support Program (BISP) should be a key partner due to their BNP National Program and Nourishmaa initiatives, supported by a robust economic registry with detailed data on 85% of households. He stressed the need to engage BISP for equity-focused solutions and leverage their insights on low-income communities. Mr. Akram then called for actionable solutions, asking for a clear call to action and inviting experts to guide the next steps.

Dr. Aman concluded the meeting by urging all stakeholders to scale up the efforts for a national dialogue. While acknowledging the ongoing individual contributions, he emphasized the need for a unified and holistic push at a national level. He suggested that the National Dialogue should not be limited in scope but instead involve collaborative efforts to make a significant impact.

Closing remarks:

Dr. Babar Shaikh provided closing remarks and outlined key steps for moving forward. He highlighted that, as Dr. Aman mentioned, a national-level dialogue is already being planned. The discussion should focus on defining the content of this dialogue and identifying the relevant stakeholders. Dr. Shaikh emphasized that today's meeting helped clarify who must be present in such a dialogue, particularly policy-level decision-makers who can shape the way forward.

He stressed the importance of starting the dialogue with sensitization, which must go beyond mere discussion. Sensitization should be rooted in evidence, supported by data, facts, and figures that clearly illustrate the implications of the issues at hand. For example, with 40-50% of women in Pakistan suffering from micronutrient deficiencies and 40-50% of children being stunted, the dialogue should explore both intergenerational and transgenerational implications of these challenges.



Dr. Shaikh proposed that the national dialogue should then address critical areas such as availability, affordability, equity, local production, and the supply chain. This structured approach would ensure a meaningful and actionable outcome, paving the way for effective implementation of MMS in Pakistan. He concluded with expressing confidence that with collective action, addressing the challenges of MMS is achievable. By working together on a larger scale, he believed that meaningful progress could be made toward creating sustainable solutions and advancing maternal and child health initiatives in Pakistan.

Recommendations

- Include MMS in provincial procurement plans and integrate it into the health system as an essential medicine for long-term sustainability.
- Collaborate with pharmaceutical companies to establish local MMS production, reducing reliance on international donations.
- Incorporate MMS into the DHIS2 system for monitoring and tracking, ensuring consistency across all districts.
- Work with the BISP to leverage their robust economic registry for equity-focused MMS distribution to low-income communities.
- Create a strong brand identity for MMS to increase public awareness and demand, making it appealing and accessible across demographics.
- Address supply-side challenges by ensuring a sustainable production system, resolving quality control issues, and improving local testing facilities to meet international standards.
- Align public and private sector efforts to ensure consistent supply and affordability of MMS, promoting its integration into both markets.
- Promote training for healthcare providers on MMS benefits and effective counselling methods to improve maternal nutrition and compliance.
- Develop a costed implementation plan with annual budget allocations for MMS under the Ministry of Health's guidance.
- Advocate for actionable solutions by engaging the Planning Commission and other government entities to address structural barriers and facilitate funding.
- Ensure monitoring and equity by targeting underserved regions like Tharparkar, Gwadar, and South Punjab, where nutrition challenges are most acute.
- Encourage gynaecologists and obstetricians to actively promote MMS, including guidance on its correct usage, to improve maternal and child health outcomes.
- Engage the Prime Minister on the national importance of MMS implementation by utilizing the Vice Chancellor's Office of the HSA to develop a comprehensive policy brief or position paper outlining its benefits and submitting it as an advocacy tool to prioritize MMS on the national agenda.
- Establish interactions with key officials from the Planning Commission to integrate MMS into broader national health and nutrition strategies.

- Explore integrating MMS initiatives into the Public Sector Development Program (PSDP) and collaborate with the Deputy Chief and Chief of Health to secure dedicated financial resources for effective implementation.
- Focus on evidence-based sensitization during the National Dialogue, using data to highlight intergenerational and transgenerational implications of maternal and child malnutrition.
- Engage all relevant stakeholders to scale up efforts for a unified and impactful National Dialogue on MMS implementation.

Annexure

Participants List:

Sr No.	Name	Designation	Organization
1	Dr. Shahzad Ali Khan	Vice Chancellor	Health Services Academy
2	Dr Babar Shaikh	Professor/Director ORIC	Health Services Academy
3	Dr Aman Ullah	<i>CEO</i>	FWDR
4	Dr Marium Ashraf	Assistant Professor/Manager ORIC	Health Services Academy
5	Anwar Gillani	Consultant	HEC
6	Aaliya Habib	Deputy Chief of Party	Greenstar Social Marketing
7	Ali Mazhar Choudary	Director Communications	Population Council
8	Dr Samina Naeem	HoD MNCH	Health Services Academy
9	Dr Qaiser Javaid	Executive Director	PLYC
10	Dr Tahreem Shoukat	Director Resource Mobilization	PLYC
11	Dr Ayesha Babar	Professor/ HoD Public Health	Al Shifa School of Public Health
12	Dr Zakir Shah	National Program Manager	Nutrition International
13	Dr Humaira Mahmood	Professor Public health	Health Services Academy
14	Ihatsham Akram	CEO	Change Consultant
15	Javaria Nisar	Assistant National Coordinator	FWDR
16	Amal Humayun	Project Internee	FWDR
17	Muhammad Shafiq	Finance & Admin Officer	FWDR

Agenda;



EPMM/ENAP Technical Advisory and Accountability Group (TA&AG) Round Table: Accelerating Implementation of MMS in Pakistan

EVENT INFORMATION:

Date: Friday, December 20, 2024

Time: 10:30 am to 12:30 pm

Venue: Conference Room, Health Services Academy, Islamabad

AGENDA	
10:30 – 10:40 am	Registration
10:40 – 10:50 am	Welcome & Introductions - Dr Amanullah, <i>CEO, Forum for Women Development & Research (FWDR)</i>
10:50 – 11:00 am	Opening Remarks - Prof Dr Shahzad Ali Khan, <i>VC, Health Services Academy</i>
11:00 – 12:15 pm	Plenary Discussion - Facilitated by <i>Mr Ihtasham Akram, Consultant, FWDR</i>
12:15 - 12:30 pm	Concluding Remarks - Dr Babar Tasneem Shaikh, <i>Professor Public Health, Health Services Academy</i>
12:30 - 01:00 pm	Group Photo and Lunch

Gallery:

