MAGNO HUMPHRIES LABORATORIES

Humanitarian Product Guide

Products Manufactured to UNICEF & WHO Specifications

- **Prenatal Vitamins**
- **Children's Chewable Vitamins**
- **FoliSolv® Water Soluble Folic Acid**
- **Private Labeling Options for Larger Agencies**

unicef

World Health Organization

GETTING QUALITY PRODUCTS, FROM PEOPLE WHO CARE, INTO THE HANDS THAT NEED THEM!

ABOUT US

Magno Humphries Laboratories

Magno-Humphries Laboratories, Inc. (MHL) is a full service manufacturer of food supplements and over-the-counter pharmaceuticals. The company was established in 1982, and is solely owned by Thelma Magno.

We produce more than 500 products that are available in more than 15 countries worldwide. Our **OPTIMUM®** supplement line is distributed all across the world. We also manufacture and provide or have provided private-label products to numerous regional chains like Bi-Mart® Stores, Costco© Wholesale and various local and national multi-store operations.

In 2009 we are committed and focused on strong, continued growth in sales in the humanitarian products division. In 2007 we began providing humanitarian agencies with Prenatal and children's chewable vitamins. We decided to allow agencies and non-profit organizations to buy directly from us. Eliminating the mark up of a middle level distributor puts MORE of our high quality products in the hands of those who need them.

MHL manufacturing plant and operations have three buildings on their campus. Our company's world headquarters is located on 1.49 acres in Tigard, Oregon USA.

Magno-Humphries employs 75 people and has great employee retention with many employees working with **MHL** for over 20 years.

One Goal. One Promise. Exceptional Quality.

Research & Development

We have one of the best and most innovative teams creating new products. There is a lot of experience and knowledge with our staff. We patented "FoliSolv"®, the only soluble source of Folic Acid. Our formulas are always fully disclosed without any "proprietary" information. Our team is capable to formulate and create almost any type of tablets and hard gelatin capsules.

Highest Quality Raw Materials

Magno-Humphries has had an incredible reputation for producing exceptional quality products for decades. You cannot produce excellent products without exceptional raw materials. We research and search the world for the best quality raw materials at the lowest prices available. We only purchase materials from established and approved vendors that have a long history of supplying quality materials.

Quality Control & Product Testing

Part of keeping a great reputation is continual production of quality products. MHL has a complete chemical lab that we use to test the quality of our products.

Prompt Order Shipping

Part of keeping a great reputation is delivering products when you say you will. MHL takes timelines and delivery commitments **VERY SERIOUSLY**!

It is very important for us to communicate with our clients and ensure that we can deliver our shipments on the dates that we commit to. That means we stay current on raw material availability and pricing and our internal labor production schedules.

"Magno is only running an 8 hour production crew. We could triple our production with our current production plant and adding 50 to 150 more jobs for our community in 2009."

- Thelma Magno, CEO & Founder

Capacity for Growth in 2009

In 27+ years of operation Magno Humphries has become quite efficient in our production abilities.

We presently are able to fill 100% of our orders running with an 8 hour production crew. With our present plant of production equipment and inventory, we would be able to increase sales by 400% and handle the increased production and distribution with our existing facility. This results in prompt shipments and filling of purchase orders on time or ahead of schedule.

Magno-Humphries employs 75 people and has a good, long, history of employee retention. Many working over 20 years with the company. Magno CEO, Thelma Magno, has committed additional resources for hiring additional production workers and management staff if she feels it necessary.

Contract Mfg / Private Labeling

Many large companies and organizations do not buy a large enough quantity to justify private labeling products they distribute.

Most brokers of products do not have the ability to offer an option to private label products they sell. As the manufacturer, we can put any label on any of our products, assuming the agency has already ordered and paid for their labels in advance.

Contract manufacturing is a large part of our business that most companies don't even realize is available to them.

If you are interested in private labeling ANY of our **500+** OTC or Vitamin products, contact us today!

Leadership, Experience & Vision

The founder of **MHL** is Thelma Magno. Thelma is a Philippine immigrant who came to The United States with very little in the 1970s. Thelma spent decades building her company and gaining the respect of her peers. Thelma has an incredible reputation in the industry. She is known for putting only best ingredients in her products. She would never sacrifice quality for increased profits. In her travels around the world, she has seen many countries stricken with poverty and malnutrition. When she learned how she could directly help with saving lives of millions of people with the very products she manufactured, Thelma went to work.

In a short time Thelma began manufacturing products to WHO and UNICEF specifications and then **MHL** started providing their products to a couple of humanitarian agencies like **Kirk Humanitarian** and **Globus Relief Organization.** Thelma began working on getting her products in the hands of people that truly **NEED** them at the lowest possible costs to the agencies distributing those products.

MHL Founder
Thelma Magno

World Health Organization · unicef · FDA U.S. Food and Drug Administration Protecting and Promoting *Your* Health · World Food Programme · KIRK · GLOBUS RELIEF

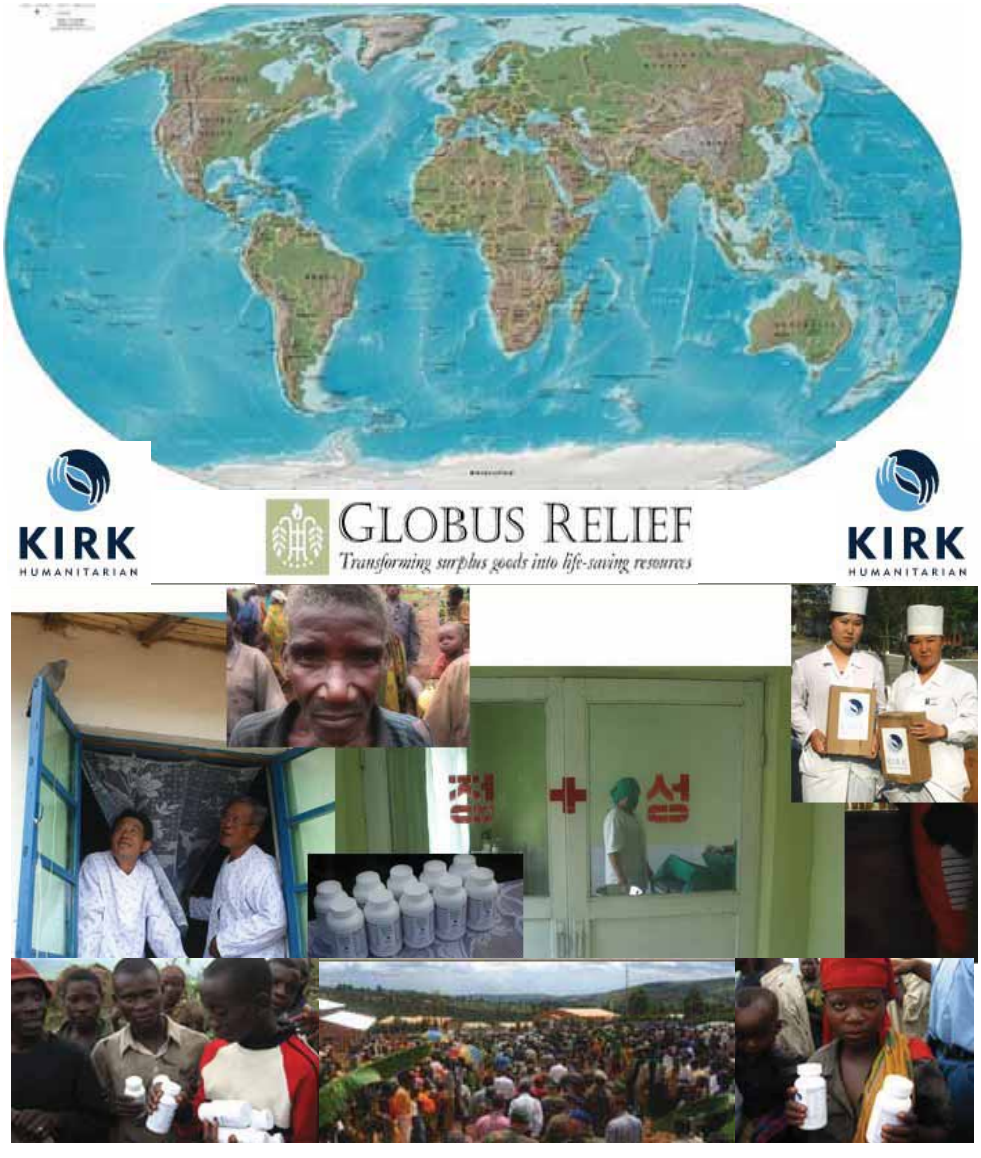
To Order Call: 1.503.684.5464

Global Distribution

The company has been positioning itself for global distribution and has increased efforts marketing their products and private labeling capabilities internationally in recent years. Our efforts have been successful and our international sales division is growing rapidly.

MHL has secured alliances **Kirk Humanitarian** to distributes our products in Burundi, Central Africa. We also supply Globus Relief products that are distributed across the globe. Kirk & Globus are philanthropic organizations that supply much needed products like prenatal vitamins, supplements and Aspirin and Tylenol to third world countries that do not have access to simple, basic medical products. Kirk Humanitarian is presently buying all their vitamin and nutritional supplements from Magno-Humphries and is expected to increase their orders 20% annually. One of the reasons organizations choose Magno Humphries is our ability to grow our production when demand increases with relative ease.

MHL produces hundreds of products that are available globally. Our focus in 2009 will be to increase our distribution to charitable foundations and agencies that will help us get our products in the hands of those who truly need them!



Growth Equals Savings

As our distribution increases globally and our purchasing power increases, we will be able to purchase our higher quality ingredients in greater quantities for less money. By us reducing product costs, we can reduce our price per bottle to the foundations that are buying our products and stretching the buying power of the foundation to get more products to more people that need them.

As the global economy is declining, opportunity to buy materials at lower prices will eventually begin to increase. We are constantly monitoring international economies and we are continually looking for ways to reduce product and manufacturing costs without sacrificing the quality of our products.

World Health Organization | World Food Programme | unicef

Joint statement by the World Health Organization, the World Food Programme and the United Nations Children's Fund

Preventing and controlling micronutrient deficiencies in populations affected by an emergency

Multiple vitamin and mineral supplements for pregnant and lactating women, and for children aged 6 to 59 months

BACKGROUND

Deficiencies of micronutrients are a major global health problem. More than 2 billion people in the world today are estimated to be deficient in key vitamins and minerals, particularly vitamin A, iodine, iron and zinc. Most of these people live in low income countries and are typically deficient in more than one micronutrient. Deficiencies occur when people do not have access to micronutrient-rich foods such as fruit, vegetables, animal products and fortified foods, usually because they are too expensive to buy or are locally unavailable. Micronutrient deficiencies increase the general risk of infectious illness and of dying from diarrhoea, measles, malaria and pneumonia. These conditions are among the 10 leading causes of disease in the world today (1).

The groups most vulnerable to micronutrient deficiencies are pregnant women, lactating women and young children, mainly because they have a relatively greater need for vitamins and minerals and are more susceptible to the harmful consequences of deficiencies. For a pregnant woman these include a greater risk of dying during childbirth, or of giving birth to an underweight or mentally-impaired baby. For a lactating mother, her micronutrient status determines the health and development of her breast-fed infant, especially during the first 6 months of life. For a young child, micronutrient deficiencies increase the risk of dying due to infectious disease and contribute to impaired physical and mental development.

MICRONUTRIENTS IN EMERGENCIES

Micronutrient deficiencies can easily develop during an emergency or be made worse if they are already present. This happens because livelihoods and food crops are lost; food supplies are interrupted; diarrhoeal diseases break out, resulting in malabsorption and nutrient losses; and infectious diseases suppress the appetite whilst increasing the need for micronutrients to help fight illness. For these reasons it is essential to ensure that the micronutrient needs of people affected by a disaster are adequately met. For this to happen it is critical that general food-aid rations are adequate and well balanced to meet nutrient needs, and that they are distributed regularly and in sufficient quantities.

One way to meet the recommended daily intake of micronutrients is to provide foods fortified with micronutrients (2–3). Fortified foods, such as corn-soya blend, biscuits, vegetable oil enriched with vitamin A, and iodized salt, are usually provided as part of food rations during emergencies. The aim is to avert micronutrient deficiencies or prevent them from getting worse among the affected population (4). Such foods must be appropriately fortified, taking into account the fact that other unfortified foods will meet a share of micronutrient needs.

However, foods fortified with micronutrients may not meet fully the needs of certain nutritionally vulnerable subgroups such as pregnant and lactating women, or young children. For this reason UNICEF and the WHO have developed the daily multiple micronutrient formula shown in Table 1 to meet the recommended nutrient intake[a] (RNI) of these vulnerable groups during emergencies (2, 3, 5).

Table 1. The composition of multiple micronutrient supplements for pregnant women, lactating women, and children from 6 to 59 months of age, designed to provide the daily recommended intake of each nutrient (one RNI)

Micronutrients	Pregnant women[a]	Children (6–59 months)[a]
Vitamin A µg	800.0	400.0
Vitamin D µg	5.0	5.0
Vitamin E mg	15.0	5.0
Vitamin C mg	55.0	30.0
Thiamine (vitamin B1) mg	1.4	0.5
Riboflavin (vitamin B2) mg	1.4	0.5
Niacin (vitamin B3) mg	18.0	6.0
Vitamin B6 mg	1.9	0.5
Vitamin B12 µg	2.6	0.9
Folic acid µg	600.0	150.0
Iron mg	27.0[b]	10.0
Zinc mg	10.0	4.1
Copper mg	1.15[c]	0.56[c]
Selenium µg	30.0	17.0
Iodine µg	250.0[d]	90.0

[a] See ref. *3*; [b] see ref. *5*; [c] see ref. *13*; [d] See ref. *14*

Table 2. Schedule for giving the multiple micronutrient supplement shown in Table 1 which provides a daily recommended nutrient intake (1 RNI)

Target groups	Fortified food rations are NOT being used	Fortified food rations are being used
Pregnant and lactating women	1 RNI each day	1 RNI each day
Children (6–59 months)	1 RNI each day	2 RNI each week

Pregnant and lactating women should be given this supplement providing one RNI of micronutrients daily, whether they receive fortified rations or not. Iron and folic acid supplements, when already provided, should be continued. When fortified rations are not being given, children aged 6 to 59 months should be given one dose each day of the micronutrient supplement shown in Table 1; when fortified rations are being given, children aged 6 to 59 months should be given two doses each week of the micronutrient supplement shown in Table 1. This schedule is shown in Table 2.

Furthermore, vitamin A supplements should continue to be given to young children and mothers post-partum according to existing recommendations. Breastfeeding and appropriate complementary feeding should also continue to be promoted actively.

The multiple micronutrient supplements should be given until the emergency is over and access to nutrient rich foods is restored. At this time the micronutrient status of the population should be assessed to decide whether further interventions to prevent and control micronutrient deficiencies are needed.

Two multiple micronutrient supplement formulae are currently available from UNICEF, one for pregnant and lactating women (2) and one for children aged from 6 to 59 months (15). The micronutrient composition of these formulae correspond to approximately one RNI for each nutrient and therefore are similar to those presented in Tables 1a and 1b.

MONITORING

The delivery of supplements should be monitored to assess coverage while existing micronutrient programmes should continue as before emergency (6). The health of target groups should be monitored to ensure that they are protected from deficiencies as well as from excessive consumption. Indicators for this are described in several WHO publications (7–12).

Moreover the continued need for supplements and fortified foods should be assessed periodically during and after the emergency. As the crisis wanes, the general distribution of supplement is likely to be reduced and then increasingly targeted to specific groups.

[a] Recommended nutrient intake is defined (RNI) as the daily dietary intake of a nutrient sufficient to meet the nutrient requirements of nearly all apparently healthy individuals in a specific population group, usually by age and sex (13). The definition of the RNI is equivalent to that of recommended dietary allowance (RDA) used by the Food and Nutrition Board of the United States Institute of Medicine (13)

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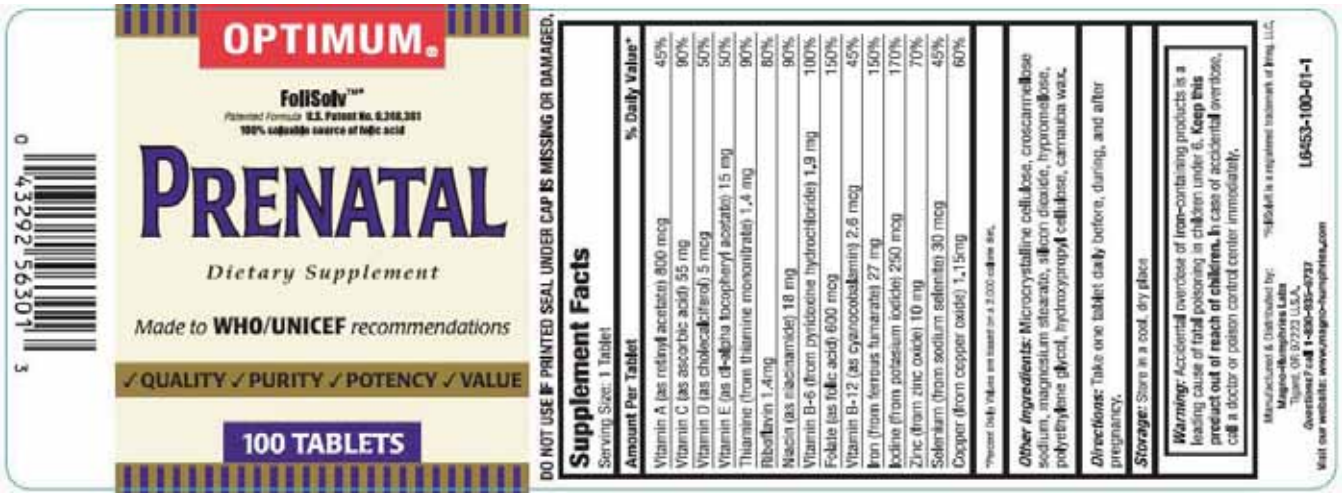
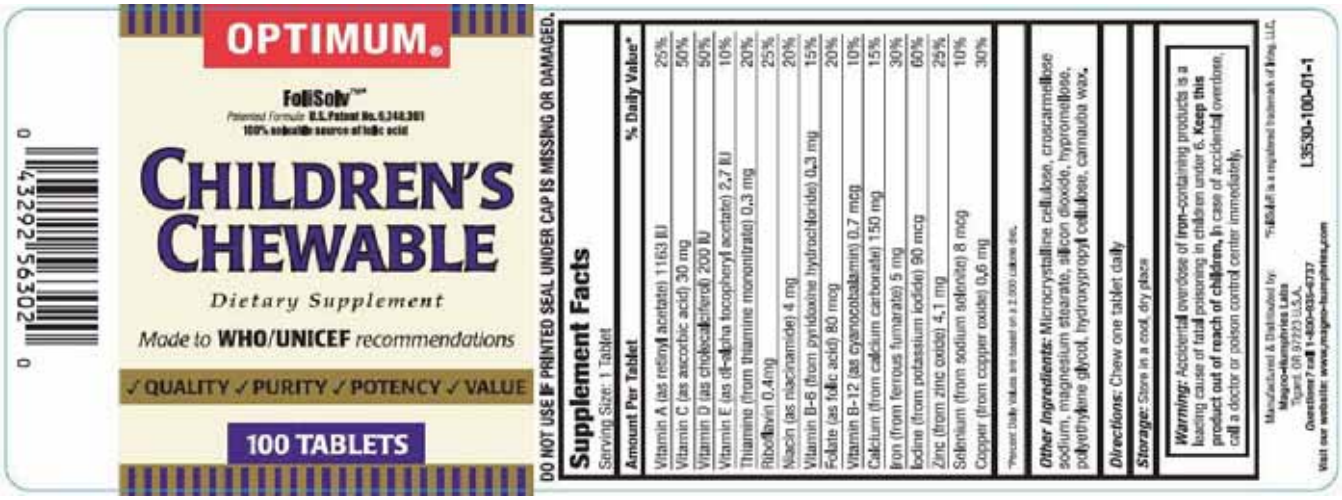
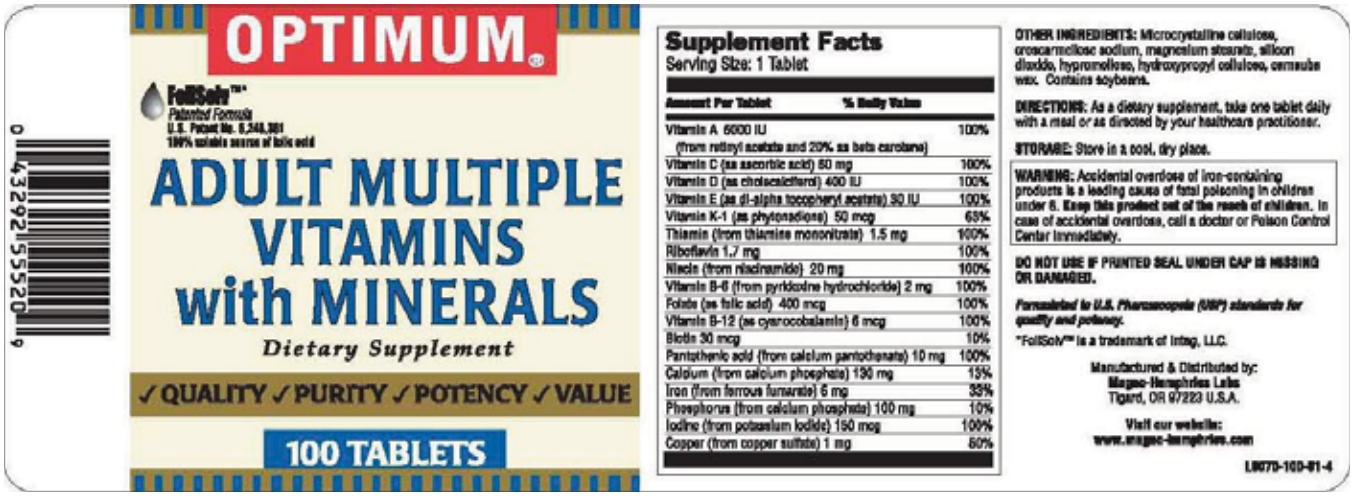
World Health Organization

RHR Reproductive Health and Research

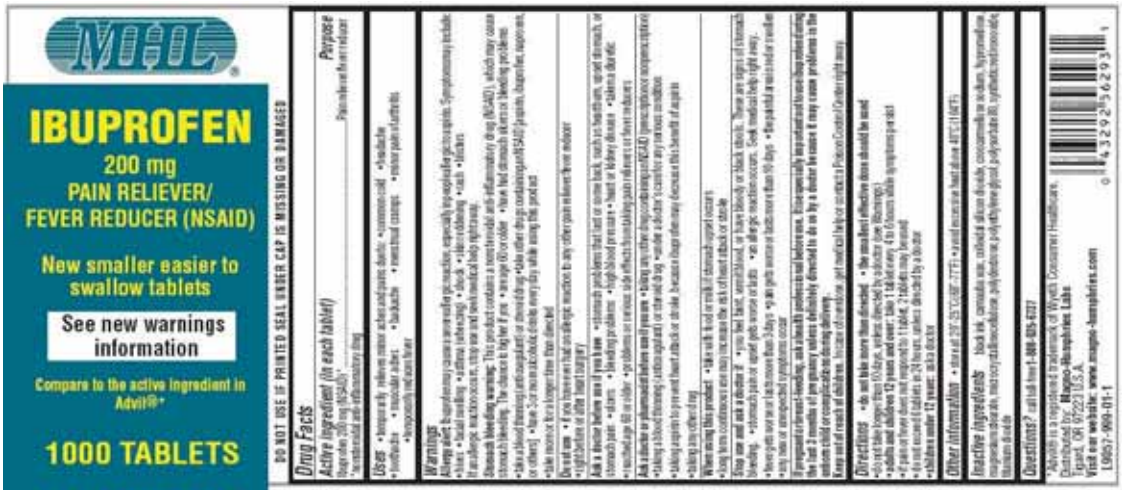






These are actual labels for some of the most popular products sold to Humanitarian Agencies. We will provide you with a similar proof for every product you purchase, prior to production.

If you would like any information on any product we manufacture, do not hesitate to contact our Sales & Marketing Department at 1-800-935-67-37 ext. 100/125 or eMail info@magno-humphries.com



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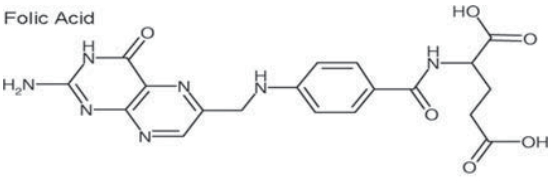
Patented Products

FoliSolv™ Patented Formula

The only 100% soluble source of folic acid



Our technical team in 1996 received a patent for the **ONLY** water soluble Folic Acid. Folic acid and Folate inclusive are essential to numerous bodily functions ranging from nucleotide synthesis to the remethylation of homocysteine. It is especially important during periods of rapid cell division and growth. Both children and adults require folic acid to produce healthy red blood cells and prevent anemia.

We are hoping that our water soluble product will be instrumental in the development of many food fortification programs in the years to come. We at MHL hope our **Folisolv** product will help reduce the number of premature deaths or malnutrition related deaths in 3rd word countries across the globe.

For additional informat ion or clarification on **ANY** of the information contained in this product guide **PLEASE CONTACT** Sales & Marketing Dept. at 503-684-5464 ext 125 or email info@magno-humphries.com.

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