HEALTHY MOTHERS HEALTHY BABIES

Country Profile: Cambodia

Introduction

Cambodia has made important gains in maternal and child health but continues to face a substantial burden of micronutrient deficiencies among women of reproductive age. Data available on the World Health Organization Global Health Observatory shows a high burden of maternal anemia and persistent low birthweight and related perinatal risks. The data shows that the prevalence of anemia among pregnant women in 2023 was 41% (92,000),[1] while 11.46% of women were underweight in 2022.[2] The data on birth outcomes shows that there were 13.28 stillbirths per 1,000 total births in 2023,[3] while 6.21% were born preterm (2020)[4] and 11.4% had low birthweight (2020) [5] . Likewise, the infant mortality rate was 20.32 per 1,000 live births in 2023.[6]

Cambodia's 3rd National Strategy for Food Security and Nutrition (NSFSN) 2024-2028 aims to reduce anemia levels (44%) among women of reproductive age (WRA) to 23.1% and the prevalence of underweight to 5.4% by 2028. Since 2011, the Cambodian Ministry of Health has adopted weekly supplementation with Iron Folic Acid (IFA) for women of reproductive age to reduce the burden of anemia, as recommended by WHO guidelines.[7]

Nutrition International (NI)'s policy brief shows that the transition from IFA to multiple micronutrient supplements (MMS) is expected to avert 95,275 disability-adjusted life years (DALYs)[1] over 10 years, prevent the deaths of an additional 995 children, and yield benefits that are 138 times greater than the cost. MMS is not only safe and effective, but also highly cost-efficient, aligning with WHO guidelines for cost-effectiveness and offering a high return on investment.[8] Based on the recent developments, evidence, and updated guidelines from the WHO,[9] the government of Cambodia has recognized the need to transition from IFA to MMS for pregnant women in the country.[10]

This country profile presents a concise overview of Cambodia's status in transitioning from IFA supplementation to MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders about the current progress, challenges, and opportunities for further implementation of MMS as a part of maternal nutrition and health strategies in Cambodia.

[1] A Disability Adjusted Life Year (DALY) represents one lost year of perfect health. It is calculated by aggregating the effect of a health issue on mortality and morbidity. Interventions seek to avert DALYs.

MMS Policy and Regulatory Status

The national policy brief "Reduce maternal, infant and child mortality through promoting nutrition status of women reproductive, pregnant women, and postpartum women aged 15-49 years", developed by the Ministry of Women's Affairs, the Ministry of Health, and the national Institute of Statistics of the Ministry of Planning, has acknowledged the need to transition from IFA to MMS in Cambodia. The policy brief recommends that pregnant women receive antenatal care (ANC) at least 8 times during pregnancy, and that MMS be incorporated into ANC instead of IFA.[10]

The potential implementation of this recommendation is further outlined in the second edition of the "Fast Track Road Map for Improving Nutrition (FTRIN) 2023- 2030" developed by the National Nutrition Programme (NNP) of the National Maternal and Child Health Center (NMCHC) in collaboration with all other relevant ministries and institutions, the sub-national authorities, development partners, civil society, and the private sector. One of the key objectives of the FTRIN is to optimize the distribution and use of MMS among pregnant and lactating women. The intervention within this objective is to develop a transition plan from IFA to MMS and to implement a gradual transition for pregnant women. The roadmap also recommends adding details on the MMS supply chain, staff capacity, and Health Management Information System (HMIS) indicators based on appropriate reviews. Focus is also placed on capacity-building for the Commune Council for Women and Children (CCWC) and the Village Health Support Group (VHSG) in the use of MMS while supporting healthcare activities.[11]

Implementation Status

The Ministry of Health (MoH) of Cambodia, in collaboration with a coalition of technical partners including Vitamin Angels (VA) and Helen Keller International, is advancing efforts to introduce MMS into maternal health programs. Cambodia faces a high burden of maternal anemia—affecting more than half of all pregnant women—making this intervention a national priority.[12]

Between 2021 and 2022, the MoH and Helen Keller, with funding from VA, conducted a landscape analysis, a supply-readiness assessment, and a stakeholder workshop to assess the nutrition situation, review delivery platforms, and analyze the policy and regulatory environment. These findings informed the establishment of an MMS Steering Committee, composed of senior MoH officials and nutrition experts, to provide advisory and technical support for MMS introduction.[13]

From 2022–2024, VA and Helen Keller conducted formative research in Kampong Thom province, engaging 1,545 women to examine adherence, compliance, and perceptions of MMS. In 2024, VA also facilitated a cross-country learning exchange between MoH Cambodia and MoH Sierra Leone, enabling policy dialogue and knowledge-sharing on MMS implementation pathways. In addition, Helen Keller conducted research to explore factors affecting adherence to MMS during pregnancy, identify barriers and enablers to MMS acceptability and adherence, and identify strengths and challenges within ANC services in Cambodia. [14]

In 2025, VA partnered with the National Institute of Public Health (NIPH) to conduct a supply context assessment, which provides input on improving the MMS supply chain and distribution systems. To ensure a smooth transition from IFA to MMS, and to assess the sourcing scenarios, procurement costs, and programmatic transition expenditures over a five-year horizon, VA is conducting a Budget Impact Analysis (BIA) in 2026. Findings from BIA will support the MoH in decision-making and planning. In parallel, Helen Keller is developing and prototyping delivery strategies, while VA and Helen Keller have jointly supported MoH in drafting a policy guideline for MMS implementation. [15]

In addition, demand creation through advocacy, communication, and social mobilization (ACSM) was implemented as a strategy to raise awareness to scale up MMS programs in 2024 (UNICEF NutriDash).[16] Overall, an assessment of the nutrition situation, delivery platform, policy and regulatory environment, and stakeholder mapping for MMS has been completed in Cambodia.[15] Helen Keller Intl. is undertaking a pilot to implement MMS across one province (Takeo), in collaboration with the Ministry of Health. The next phase of implementation will focus on training and capacity building for frontline health workers. Together, these coordinated steps represent a phased approach to MMS introduction in Cambodia, moving from assessment and formative research toward operational planning, policy guideline development, and supply readiness for future scale-up.

MMS Coverage and Utilization

At present, nationwide coverage figures for MMS are not publicly available because activity remains pilot-led and is for research purposes only. Nevertheless, the results show that existing facility-based ANC services have the potential to serve as an effective delivery platform for UNIMMAP MMS distribution.[7] With 86% of pregnant women accessing ANC at least four times during pregnancy, this delivery platform could serve as an effective platform for MMS distribution nationally.[5]

Key Program Actors and Partners

The efforts to implement and scale up MMS in Cambodia are led by the National Nutrition Program under the National Maternal and Child Health Center (NMCHC) within the MOH. One of the key partners in Cambodia is VA. VA has conducted a landscape analysis and formative research and is undertaking a supply context assessment and MMS budget impact study for MMS in Cambodia. In addition, VA also facilitated learning exchange activities across countries.[15]

The list of national and international partners working in the implementation and scaling up of MMS in Cambodia is listed in Table 1.

Table 1: List of national and international partners working to scale up MMS in Cambodia[15]

National partners	International partners
National Institute of Public Health, Cambodia	Helen Keller International

National Maternal and Child Health Center (NMCHC) within the MOH, Cambodia	Kirk Humanitarian
National Nutrition Program	Sight and Life
	Vitamin Angels

Supply Chain

Current pilots rely on imported UNIMMAP-type MMS procured by partners.[8] VA is conducting a supply context assessment and budget-impact estimation. The Landscape Executive Summary[7] highlighted that the government representatives and local manufacturers are interested in collaborating to achieve a sustainable supply for UNIMMAP MMS. The document also recommended exploring both global and local production of MMS with existing private-sector companies, such as Pharma Product Manufacturing (PPM) and EPHAC in Cambodia.[7]

Monitoring, Evaluation, and Research

Cambodia benefits from strong evidence base generated during the MMS preparatory work. The qualitative studies by Labonté et al. (2024/25)[15] and Sauer et al. (2025)[17] provide detailed findings on adherence enablers and barriers, as well as on ANC service strengths and gaps. These studies provide critical inputs for M&E design. The Fast Track Roadmap for Improving Nutrition 2023-2030 also recommends integrating MMS into national monitoring systems.[11]

Financing and Sustainability

Partners (VA, Helen Keller, and the MOH) are preparing a budget impact study to estimate procurement and programmatic costs for potential national introduction. The National Nutrition Program (NNP), under the NMCHC and MOH, is responsible for ensuring the implementation and budget of the national and sub-national plan under which the government aims to transition from IFA to MMS.[10,11,13]

Challenges and Next Steps

Cambodia's introduction of MMS faces key technical, regulatory, and programmatic challenges. First, the inclusion of MMS in the national Essential Medicines List (EML) remains pending, a critical step for procurement, regulation, and institutional uptake. Second, the Updated National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia are still under review. Third, robust costing analyses and a budget impact study are still underway to model the financial implications of transitioning from IFA to MMS at scale. Fourth, there has been limited progress so far in integrating MMS into national health financing schemes; lastly, coordination with pharmaceutical suppliers to ensure quality, pricing, and supply continuity is underdeveloped, impeding reliable supply chain planning.[12,15]

To move forward, Cambodia's key priorities for next year include implementing policies, conducting research, and pilot projects in selected provinces to test delivery models, adherence strategies, and integration into existing ANC systems. [12,15]

MMS Tools and Resources

1. Costing and Economic Analysis Tools

These resources can guide policymakers and health program managers considering a transition from IFA supplementation to MMS. They offer practical tools and costing aids to support effective decision-making and planning.

a) A tool to aid decision-making transitioning from IFAS to MMS
b) A policy brief for Cambodia: Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional Internation, April 2020

2. Situation and Policy Analyses and formative research

These resources are critical for informing evidence-based policy decisions, optimizing program design, and ensuring that MMS interventions are culturally appropriate, logistically feasible, and impactful in improving maternal and newborn health outcomes in Cambodia.

a. *Cambodia MMS Landscape Analysis: Executive Summary*. August 2025.
b. Iron deficiency prevalence among pregnant women in Cambodia varies widely by trimester, inflammation adjustments, and across different ferritin thresholds.
c. Assessing the adherence and acceptability of iron and folic acid compared with multiple micronutrient supplements during pregnancy: a cluster-randomized noninferiority trial in Cambodia,
d. Exploring factors affecting adherence to multiple micronutrient supplementation during pregnancy in Cambodia: A qualitative analysis.
e. Fostering an enabling environment for UNIMMAP MMS for pregnant women: Progress and lessons learned from Cambodia and Vietnam. Sight and Life Magazine. 2023;67-71.

3. Clinical research on MMS

These papers detail the impact of maternal micronutrient supplementation during pregnancy in Cambodia. The research provides evidence for the long-term benefits of MMS on the health and growth of mothers and children.

a) The effect of oral iron with or without multiple micronutrients on hemoglobin concentration and hemoglobin response among nonpregnant Cambodian women of reproductive age: a 2 x 2 factorial, double-blind, randomized controlled supplementation trial12,
b) Hoang MA, Kroeun H, Klemm R, et al. Adherence and acceptability of multiple micronutrient supplementation during pregnancy: Study protocol for a cluster-randomized non-inferiority trial in Cambodia.

4. **Other important resources on MMS**
    a) Knowledge Bytes: MMS - Situation Analysis, Advocacy and Pilot in Cambodia: Hou Krouen

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The information and country-level data provided herein were received from our partners as of 2025 and are shared with permission for public dissemination. This profile will be updated periodically. If you have updates or additional information to share, please fill out this feedback form. For questions contact us at HMHB@micronutrientforum.org.

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