

Country Profile: Indonesia

Introduction

Indonesia faces persistent maternal and child health challenges, particularly in rural and underserved regions. According to data available on [the World Health Organization Global Health Observatory](#), 27.1 % (752,800) of pregnant women are anemic (2023),¹ and 6.92 % of women were underweight in 2022.² The potential impact of the persistent high prevalence of anemia among pregnant women can also be observed in national maternal and birth outcome indicators. The stillbirth rate in 2023 was 8.33 per 1,000 total births,³ low birthweight in 2020 was 9.9 %⁴ and the infant mortality rate was 16.95 per 1,000 live births in 2023.⁵ Additionally, the maternal mortality rate is 140.5 per 100,000 live births,⁶ which is double the SDG goal 3.1 to reduce the global maternal mortality rate to less than 70 per 100,000 live births.⁷ These figures underscore the continuing challenges in improving maternal and newborn health outcomes in Indonesia.

Faced with these statistics, Indonesia has sought innovative strategies to address its maternal health challenges. On 17 October 2024, the Ministry of Health of Indonesia, with support from Vitamin Angels, Kirk Humanitarian and UNICEF Indonesia, officially launched a national policy introducing multiple micronutrient supplementation (MMS) to replace iron-folic acid (IFA) for pregnant women.⁸ The MMS program aims to support healthier pregnancies, and implementation has been initiated in 209 districts and cities across 15 provinces.⁸ Indonesia's transition from IFA to MMS is among the most ambitious and comprehensive maternal nutrition reforms in the region. Indonesia is setting a powerful global precedent.⁹ With strong government leadership, this multisectoral collaboration, with a clear investment case, is projected to avert 925,250 disability- adjusted life years (DALYs)¹ over 10 years and prevent 8,616 child deaths, yielding benefits 483 times greater than the cost.¹⁰

Since its launch in October 2024 through December 2025, the Ministry of Health, supported by Vitamin Angels and Kirk Humanitarian, has distributed a total of 2.6 million bottles of MMS (180 tablets per bottle) to pregnant women in 209 districts. The program has trained 50,000 health workers, distributed training materials and technical guidelines to more than 5,000 health centers

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.

and trained 24 local pharmaceutical companies on open-access UNIMMAP MMS product specification.⁸

The program is backed by implementation research from leading universities, including the University of Indonesia, Airlangga University, Hasanuddin University, Padjajaran University, and Johns Hopkins Bloomberg School of Public Health, which was initiated in 2020 by the Directorate of Nutrition within the Ministry of Health, coordinated by a locally formed the Indonesian MMS Technical Advisory Group (MMS-TAG) hosted by the Indonesia Nutrition Initiatives (MMS-TAG), and funded by Kirk Humanitarian and Vitamin Angels.⁸

This country profile presents a concise overview of Indonesia's progress in implementing and scaling MMS. This document aims to inform policymakers, partners, and stakeholders of the current progress, challenges, and opportunities for further implementation of MMS as part of maternal nutrition and health strategies.

MMS Policy and Regulatory Status

On 17 October 2024, the Ministry of Health of Indonesia, with support from Vitamin Angels, Kirk Humanitarian and UNICEF Indonesia, officially launched a national policy introducing multiple micronutrient supplementation (MMS) to replace iron-folic acid (IFA) for pregnant women. The MMS program aims to support healthier pregnancies, and implementation has been initiated in 209 districts and cities across 15 provinces.⁸

Implementation Status

The initial implementation of MMS began in several districts in 2019, with support from Airlangga University and Hasanuddin University.⁸

Landscape Analysis

Based on a request from MoH, Vitamin Angels and Kirk Humanitarian supported a supply context assessment that was carried out by PHARCI Padjadjaran University in 2021-22 to identify and facilitate the long-term local supply of UNIMMAP MMS. The key activities in this effort included conducting a supply context assessment that included cost-benefit and budget impact analyses as well as in-depth interviews with key supply stakeholders. Key issues and barriers identified included the need for national policy and regulations, manufacturing and marketplace, and procurement.⁸

Formative Research

The University of Indonesia, Johns Hopkins Bloomberg School of Public Health, and Vitamin Angels conducted formative research in 2022 to understand contextual factors, enablers, and barriers to UNIMMAP MMS use and to inform the development of implementation strategies to achieve high MMS uptake and adherence in Indonesia.⁸

Barriers and enablers of MMS uptake and adherence⁸:

- Exploration of MMS delivery platforms
- MMS supply chain
- Health worker perceptions of MMS

A co-design process including pregnant women, ANC providers, and district health officials was utilized to validate the formative research findings and co-develop new delivery strategies. Two primary solutions emerged to help ensure MMS acceptability and adherence, including 1) creation of a label to support delivery of both a 90 and 180 c bottle [including information on how to open the child safety cap]; and 2) the need for new, more interactive counseling strategies.⁸

Implementation Research

The strategies developed as part of the formative research and co-design process were tested across the eight socio-cultural and geographically diverse districts. Data collection has been completed, and analysis is underway, with results expected to be published by mid-2026.⁸

MMS Implementation

The initial implementation of MMS began in several districts in 2019, with support from Airlangga University and Hasanuddin University. The MMS program has also received support from implementation research conducted by universities such as the University of Indonesia, Airlangga University, Hasanuddin University, and Johns Hopkins Bloomberg School of Public Health.⁸

On 17 October 2024, the Ministry of Health of the Republic of Indonesia, with support from Vitamin Angels, Kirk Humanitarian and UNICEF Indonesia, officially launched multiple micronutrient supplementation (MMS), replacing iron-folic acid (IFA) to support healthy pregnancies as part of its national policy.⁸

The MMS program, launched in 2024, has been implemented in 209 districts/cities across 15 selected provinces. These 15 provinces were selected based on the rates of low birth weight, pregnant women with chronic energy deficiency, stunting, high population density, and a large number of pregnant women. Four of these provinces (8 districts/cities) were also part of previous MMS implementation studies.⁸

A total of 2.6 million bottles of MMS (180 tablets per bottle) have been distributed in 209 districts/cities across the 15 target provinces from October 17 until December 2025.⁸

To ensure a sustainable, high-quality supply of MMS, a training on the Global UNIMMAP MMS Standards and Specifications for the pharmaceutical industry in Indonesia was held on 8–9 October 2024. The training was hosted by the Ministry of Health, Vitamin Angels, Kirk Humanitarian, and the Centre of Excellence for Pharmaceutical Care Innovation (PHARCI), Universitas Padjadjaran, and was attended by 24 local pharmaceutical industry representatives.⁸

Geographic Coverage

Phase 1: 209 districts, 15 provinces⁸

Training and Capacity-building of Frontline Health Workers Related to MMS

To ensure the effective implementation of the MMS program, the Ministry of Health, with support from Vitamin Angels, has developed two main training programs⁸:

1. MMS Technical Guidelines (available both offline and online); and
2. MMS Interpersonal Communication Skills training (available both offline and online).

Together, these two trainings have successfully reached 50,000 health workers and will continue to be implemented in the coming years.

In addition, the Ministry of Health, with support from UNICEF Indonesia, has incorporated MMS content into the new national guidelines for Pregnant Mothers' Classes, which began rollout in December 2025 and will continue in the following years.⁸

In parallel, SAL, in partnership with Alodokter, is supporting the Ministry of Health on the effective roll-out of MMS by educating doctors on the government-approved MMS guidance¹², with the aim of sensitizing more than 100,000 doctors on the use of MMS during pregnancy.¹³ In 2025, nine live webinars were conducted, four massive open online courses were launched, and two e-courses were published. Over 5,200 doctors have received continuing professional development credit units (SKP) from the Ministry of Health. Additional information on these learning channels is available on [the Alomedika website](#).

Key Program Actors and Partners

Indonesia's MMS Taskforce is hosted by the Indonesia Nutrition Institute and supported by the Summit Institute of Development, Vitamin Angels, Airlangga University, Hasanuddin University, Padjadjaran, and the University of Indonesia. The Taskforce is responsible for:

- i. facilitating stakeholder meetings and consultations to support advocacy, policy change, and creation of a local supply,
- ii. providing technical advisory support to national health officials to help interpret the evidence and formulate a national MMS policy, and
- iii. develop publications, policy briefs, reports, and other resources to support the use of MMS in Indonesia.

Furthermore, the list of national and international partners working in Indonesia is as follows:

Table 1: List of national and international partners supporting MMS efficacy studies and implementation research.⁸

National partners	International partners
Airlangga University	Children Investment Fund Foundation
Kemenkes Bapelkes Mantaram /BAPELKES NTB (Center of Health Training West Nusa Tenggara Province)	DSM-Firmenich
BKKBN (National Population and Family Planning Board)	Eleanor Crook Foundation
Family Health Directorate – Ministry of Health, Indonesia	Harvard University
Food and Drug Administration (BPOM) Indonesia	Helen Keller Intl
Hasanuddin University	JHU Global mHealth Initiative
HNRC-IMERI – Universitas Indonesia	Johns Hopkins Bloomberg School of Public Health (JHSPH)
Indonesia Health Supplement Association	Kirk Humanitarian
Indonesian Medical Doctor Association (IDI)	Ona Systems
Indonesia Nutrition Institute (IGI)/MMS Taskforce	Sight and Life
Nutrition Directorate – MoH Indonesia	Summit Institute for Development
Kantor Staf Presiden (Office of the President's Staff (KSP)	UC Davis
Padjadjaran University	UNICEF Indonesia
MoH decentralized system – MoH Health Services /Primary Health Centres (Puskesmas)	University of Oxford
Provincial and district health offices	Vitamin Angels
SOHO Global Health / PT SOHO Global Health (local producer)	
PUSBANGKI UI – University of Indonesia	
Summit Institute for Development – Indonesia	
Sumba Foundation	
University of Indonesia	
University of Mataram	

Table 2: List of national and international partners supporting MMS scale-up.⁸

National partners	International partners
Ministry of Health (Director General for Primary Health Care and Community Health, the Director General of Pharmaceuticals and Medical, Directorate of Family Health Services)	Johns Hopkins Bloomberg School of Public Health (JHSPH)
Food and Drug Authority (BPOM)	Kirk Humanitarian
Ministry of Finance	Nutrition International
Ministry of Trade	The Healthy Mothers Healthy Babies Consortium (HMHB) (hosted by the Micronutrient Forum)
Indonesian Society of Obstetricians and Gynecologists	UNICEF Indonesia
Ikatan Bidan Indonesia	Vitamin Angels
Indonesia Nutrition Initiative (IGI)	
The Indonesian MMS Technical Advisory Group (MMS-TAG)	
Pusat penelitian Keluarga sejahtera FKM University of Indonesia	
Indonesian Center For Nutrition Studies Faculty of Public Health, University of Hasanuddin	
Faculty of Public Health, Airlangga University	
Center of Excellence for Pharmaceutical Care Innovation, Universitas Padjajaran	
Faculty of Human Ecology, IPB University	
Province Health Offices, District Health Offices and Primary Health Centers	
Alodokter	
Indonesian Pharmaceutical Companies Association (G.P. Farmasi Indonesia)	
The Indonesian Health Supplement Entrepreneurs Association (APSKI)	

Supply Chain

Procurement Source

During the MMS program transition period (2024–2027), the MMS donated and distributed through the program has been made possible through the generous support of Kirk Humanitarian and Vitamin Angels. The Ministry of Health will gradually begin sourcing MMS locally, depending on budget availability and domestic MMS production capacity.⁸

Production and Manufacturing

To ensure a sustainable and high-quality supply of MMS, training on the Global UNIMMAP MMS Standards and Specifications for Indonesia’s pharmaceutical industry was conducted on 8–9 October 2024. The training was organized by the Ministry of Health, Vitamin Angels, Kirk Humanitarian, and the Center of Excellence for Pharmaceutical Care Innovation (PHARCI), Universitas Padjadjaran, and was attended by representatives from 24 local pharmaceutical companies.⁸

Throughout 2025, the Ministry of Health — including through one meeting co-hosted with UNICEF Indonesia — conducted a series of follow-up meetings with manufacturers and industry associations to ensure that the pharmaceutical sector is prepared to produce high-quality MMS in support of the national program.⁸

As of the end of 2025, six pharmaceutical companies have shown progress in developing MMS products, with two of them successfully obtaining product registration approval from the Indonesian Food and Drug Authority (BPOM) of the Republic of Indonesia for the MoH program.⁸

In 2026, the Ministry of Health will begin procuring 200,000 bottles of MMS as buffer stock, while Kirk Humanitarian, through Vitamin Angels, will continue supporting the supply of 1.3 million bottles of MMS. In addition, the Danantara Trust Fund and UNICEF will support the provision of approximately 1 million bottles of MMS. All supplies are expected to be locally produced MMS.⁸

Monitoring, Evaluation, and Research

There have been multiple research trials on MMS in Indonesia. The key research implemented in Indonesia is:

- a. The Supplementation with Multiple Micronutrients Intervention Trial (SUMMIT) was a double-blind cluster randomized trial that assessed the effect of maternal MMS on fetal loss and infant death in Indonesia. It concluded that maternal multiple micronutrients can

reduce early infant mortality, especially in undernourished and anemic women, in comparison to IFA.¹⁴

- b. Operations research on community facilitators for MMS behavior change aimed at understanding the programmatic effects of a large-scale MMS trial in Indonesia using community facilitators as intermediaries for behavior change. This research revealed that the more competent community health workers are the higher the impact of the MMS.¹⁴
- c. Follow-Up of the SUMMIT trial was aimed to assess the impact of MMS and other biomedical and socioenvironmental influences on children's cognition at 9-12 years in Indonesia. The results showed that maternal micronutrient supplementation may have long-term benefits for child cognitive development.¹⁵

In addition to these, multiple other studies have been conducted to evaluate the impact of MMS on maternal and birth outcomes.¹⁶

Financing and Sustainability

The transition from IFA to MMS started with donated products. Kirk Humanitarian donated 1.3 million bottles of UNIMMAP MMS through Vitamin Angels annually for three years. UNICEF has also committed to providing MMS to the Ministry of Health for two years. The government itself has also allocated funding to purchase locally produced MMS from 2025. Vitamin Angels reports that the government and the Pharmaceutical Industry Association of Indonesia have committed to local production of MMS to support the scale-up.¹⁷

Challenges and Next Steps

The transition to MMS was a groundbreaking step for Indonesia. It was made possible by the collaboration with multiple stakeholders, strong government leadership, and keeping women at the center. However, the major challenges that exist and where support is needed are⁸:

1. Increasing adherence to MMS.
2. Strengthening the capacity of health workers in terms of knowledge of MMS and interpersonal communication skills.
- Aligning the transition process, particularly in terms of supply provision, while considering the available budget, the MMS supply that can be procured, and the remaining supply of IFAS

Another major challenge is to create and maintain an enabling environment across policy and regulatory frameworks, as well as supply and delivery. Likewise, the formative research on enablers and barriers listed key barriers to MMS scale-up in Indonesia as:

1. lack of clarity related to supplement dose,
2. side effects of the supplement,

3. existing ANC practices of not providing IFA early in the first trimester,
4. limited counselling, existing MMS stock shortage,
5. low provider knowledge and negative perception related to supplement use,
6. Concerns raised due to the difference in formulation of MMS and IFA, and mixed views related to MMS packaging.¹³

The next steps include⁸:

- Expanding coverage of the MMS program beyond the initial 15 provinces
- Incorporating MMS into the National Essential Medicines List (EML)
- Ensuring the adequacy of MMS supply
- Conducting a large-scale evaluation of the MMS program

MMS Tools and Resources

1. Costing and Economic Analysis Tools

These resources can guide policymakers and health program managers considering a transition from IFA 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 Indonesia, Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, October 2019](#)
- c. [Results for Development. "Multiple Micronutrient Supplements \(MMS\) Introduction and Scale-up Roadmap Costing Tool."](#)

2. Situation and Policy Analyses and Formative Research

These resources provide comprehensive insights into the procurement and production of MMS, the planning cycles for national health initiatives, and key formative research findings from MMS pilot programs.

- a. [Country case study: Indonesia. Using Implementation Science to Support the Introduction of Scale-up of Multiple Micronutrient Supplementation](#)
- b. [Better Quality for Better Impact: Optimized packaging and appearance of maternal multiple micronutrient supplements for pregnant women in Indonesia](#)

- c. [Formative Research: Barriers and enablers for successful implementation of antenatal MMS in Indonesia](#)
- d. [Anemia in Breastfeeding Women and Its Impact on Offspring's Health in Indonesia: A Narrative Review](#)
- e. [WHO Country Planning Cycles – Country national health planning cycles, health programmatic/project timelines and information on key partners \(Indonesia\)](#)
- f. [Preconception Studies in Indonesia](#)

3. Clinical Research on MMS

These papers detail the impact of maternal micronutrient supplementation during pregnancy in Indonesia, exploring outcomes such as, infant mortality, birthweight, gestational duration, and child development. Collectively, the research provides evidence for the long-term benefits of MMS on the health and growth of mothers and children.

- a. [Maternal biomarker patterns for metabolism and inflammation in pregnancy are influenced by multiple micronutrient supplementation and associated with child biomarker patterns and nutritional status at 9-12 years of age.](#)
- b. [Assessing the effect of the Expanding Maternal and Neonatal Survival program on improving stabilization and referral for maternal and newborn complications in Indonesia.](#)
- c. [Modifiers of the effect of maternal multiple micronutrient supplementation on stillbirth, birth outcomes, and infant mortality: a meta-analysis of individual patient data from 17 randomised trials in low-income and middle-income countries.](#)
- d. [Maternal multiple micronutrient supplementation and other biomedical and socioenvironmental influences on children's cognition at age 9-12 years in Indonesia: follow-up of the SUMMIT randomised trial.](#)
- e. [Multiple Micronutrients Given to Undernourished Pregnant Mothers Improve Child Cognition: A Randomized Trial in Indonesia.](#)
- f. [Determinants of Low Birthweight, Small For Gestational Age and Preterm Delivery in Lombok, Indonesia: Analyses of the birthweight cohort of the SUMMIT trial.](#)
- g. [The effect of maternal multiple micronutrient supplementation on cognition and mood during pregnancy and postpartum in Indonesia: a randomized trial.](#)
- h. [Modifying effect of maternal nutritional status on the impact of maternal multiple micronutrient supplementation on birthweight in Indonesia.](#)
- i. [Programmatic effects of a large-scale multiple micronutrient supplementation trial in Indonesia: using community facilitators as intermediaries for behavior change.](#)
- j. [Effect of maternal multiple micronutrient supplementation on fetal loss and infant death in Indonesia: a double-blind cluster-randomised trial.](#)
- k. [The effectiveness of the iron folic acid supplementation program in reducing anemia and stunting prevalence in Indonesia: a meta-analysis](#)

- I. [Preventing Low Birthweight through Maternal Multiple Micronutrient Supplementation: A Cluster-Randomized, Controlled Trial in Indramayu, West Java](#)

4. Reports

- a. Suwantika, A. Transition Scenario of UNIMMAP-MMS Implementation in Indonesia: 2024-2029. A technical report of Center of Excellence for Pharmaceutical Care Innovation (PHARCI) Universitas Padjadjaran. Bandung: PHARCI Universitas Padjadjaran, 2023.
- b. Holis, H.; Ajello, C.; Atwater, J. Study of Recommendations on Standard Specification of Multiple Micronutrient Supplement for Pregnant Women in Indonesia based on United Nations International Multiple Micronutrient Antenatal Preparation for a Multiple Micronutrient Supplement. A technical report of the Center of Excellence for Pharmaceutical Care Innovation (PHARCI) Universitas Padjadjaran. Bandung: PHARCI Universitas Padjadjaran, 2024.
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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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