HEALTHY MOTHERS HEALTHY BABIES

# Country Profile: Sri Lanka

## Introduction

Sri Lanka, an island country in South Asia, is a lower-middle-income country that has experienced strong growth and poverty reduction over the last few decades. Sri Lanka has seen remarkable progress in maternal and child health and nutrition through the implementation of a series of national policies over the past decades. However, the prevalence of anemia among women of reproductive age and pregnant women shows little to no progress in Sri Lanka. Data from the WHO's Global Health Observatory and the Family Health Bureau of the Ministry of Health, 2025, shows that the prevalence of anemia among pregnant women was 19.1%, corresponding to approximately 46,000 pregnant women. The 2022 Sri Lanka National Nutrition and Micronutrient Survey showed that although iron deficiency affects only 11% of pregnant women, micronutrient deficiencies are widespread in this population, with a quarter affected by zinc deficiency, 36% by vitamin D deficiency, 17% by vitamin B12 deficiency, and suboptimal median iodine levels observed in all trimesters of pregnancy. Likewise, the data on birth outcome indicators show that the prevalence of low birthweight is 15% (36,000 newborns), and the infant mortality rate was 10.5 per 1,000 live births.

Nutrition International's policy brief presented a compelling investment case for transitioning from iron-folic acid (IFA) to multiple micronutrient supplementation (MMS). In Sri Lanka, the transition from IFA to MMS is expected to avert 53,069 disability-adjusted life years (DALYs) over 10 years, prevent the deaths of an additional 252 children, and yield benefits that are 263 times the cost. The brief emphasizes that MMS is not only more effective than IFA in addressing micronutrient deficiencies but also offers a high return on investment. [6]

In Sri Lanka, economic assessments and country analyses suggest MMS can be cost-effective where anemia and growth restriction are prevalent. MMS could yield meaningful gains in reducing low birthweight and improving long-term child outcomes when introduced alongside strong delivery and adherence systems.[7–9]

This country profile presents a concise overview of Sri Lanka's progress in transitioning from antenatal IFA supplementation to antenatal MMS. It aims to inform policymakers, partners, and stakeholders on the current progress, challenges, and opportunities for scaling up MMS as a part of maternal nutrition and health strategies.

## MMS Policy and Regulatory Status

Sri Lanka has a robust maternal care quality framework: the Standards for maternal care for quality improvement of maternal care services in Sri Lanka (2015)[10] and a national nutrition allowance (2023) supporting pregnant and lactating mothers.[11] In 2023, the government of Sri Lanka included MMS in its National Maternal Care Programme. A circular issued by the Family Health Bureau, Ministry of Health of Sri Lanka, announced that it had been decided to replace iron folate and vitamin C supplements with MMS containing 15 micronutrients for non-anemic pregnant women. The government recommends 180 tablets of MMS be taken at the beginning of the second trimester, with 1 tablet each day, taken separately from calcium carbonate or food.[12]

## Implementation Status

Nutrition situation and delivery platform assessments have been conducted. One year after the inclusion of MMS in the National Maternal Care Programme in 2023, the program reached 37,000 pregnant women in six districts. Efforts to scale up MMS to the 26 districts in the country followed, resulting in country-wide implementation of MMS[13]. UNICEF is conducting operational research, which is nearly complete, and the findings are expected to guide actions needed to strengthen program implementation. UNICEF is mobilizing MMS supplies through grants and donations from Kirk Humanitarian, as part of the global Maternal Nutrition Acceleration Plan, while the government is exploring local production capacity to produce MMS.[14]

Capacity-building efforts include orienting staff on MMS use and ongoing refresher training for frontline health workers. Integrating MMS delivery with other maternal nutrition interventions, such as balanced energy and protein (BEP) dietary supplementation, and engaging community health workers and midwives in MMS promotion may be strategies to optimize MMS implementation outcomes,[14]while using individual and group counseling at the healthcare center to increase awareness of MMS.

## Coverage and Utilization

Currently, no data are available on the coverage and utilization of MMS in Sri Lanka. Furthermore, Sri Lanka is one of the 16 countries planned to receive packages of nutrition services, including MMS, under the UNICEF Maternal Nutrition Acceleration Plan.[15]

## Key Program Actors and Partners

The national and international partners in Sri Lanka working to implement and scale up MMS are listed in the table below.

Table 1: List of national and international partners working to scale up MMS in Sri Lanka

| National Partners | International Partners |
|---|---|
| Family Health Bureau of the Ministry of Health, Government of Sri Lanka | United Nations Children's Fund (UNICEF) |
| | Nutrition International |
| | World Health Organization (WHO) |

## Supply Chain

A local manufacturer has emerged, and the option of procuring from that source is being explored.

## Challenges and Next Steps

Sri Lanka has now implemented MMS at the national level. Strengthening supply and manufacturing capacity is critical. Technical and financial assistance is needed to integrate MMS into national health financing schemes and to ensure long-term program sustainability.

## MMS Tools and Resources

### Costing and Economic Analysis Tools

These resources 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 Sri Lanka, Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, October 2019

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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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