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.[1,2] 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.[3] 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, show that the prevalence of anemia among pregnant women was 19.1%, corresponding to approximately 46,000 pregnant women.[4] 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[5]. 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.[4]

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 about current progress, challenges, and opportunities for scaling up MMS as 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. [12]The government recommends taking 180 tablets of MMS at the beginning of the second trimester, with 1 tablet each day, taken separately from calcium carbonate or food.[12]

Sri Lanka revised its Basic Maternal Care (BMC) Guide to provide evidence-based guidance for pre-pregnancy, antenatal and postnatal care, which was made available in English, Sinhala and Tamil and introduced across all 26 health districts during 2025. By December 2025, 1,280 health-care providers in 26 health districts had been trained on the revised BMC Guide.[13]

Implementation Status

Nutrition situation and delivery platform assessments were 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 in 26 districts of the country followed, resulting in the country-wide implementation of MMS.[14] MMS was nationally scaled for non-anemic pregnant women across all 26 districts, and in 2025, 162,147 pregnant mothers were prescribed MMS.[13]

Sri Lanka paired program scale-up with implementation research. The study was designed to assess MMS coverage and adherence, supply-chain efficiency and resilience, women's and providers' experiences, facilitators and barriers to uptake, and nutrient adequacy, to generate practical recommendations for program improvement and future scale-up. The research covered all nine provinces through 13 districts and 32 Medical Officer of Health areas, including urban, rural and estate settings. By Q2 2026, the implementation research was completed. Findings are intended to inform improvements in MMS uptake, storage, distribution and information systems.[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.[15]

Maternal nutrition and MMS communication materials were developed for pregnant women, families and health staff, including materials used for Nutrition Month. 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,[15] 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 receiving packages of nutrition services, including MMS, under the UNICEF Maternal Nutrition Acceleration Plan.[16]

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	Nutrition International
	United Nations Children's Fund (UNICEF)
	World Health Organization (WHO)

Supply Chain

A local manufacturer has emerged, and the option of procuring from that source is being explored. MMS distribution was incorporated into the Ministry of Health electronic stock-management system, "Swastha", improving visibility of stocks down to divisional level.[13]

Challenges and Next Steps

MMS was not included in Sri Lanka's Essential Medicines List, creating storage, distribution and stock-management challenges. Earlier, local stock visibility was limited, and the initial targeting of MMS only to non-anemic pregnant women created operational complexity for clinic staff. Programme responses included integrating MMS into Swastha, revisiting national MMS guidance, strengthening collaboration with supply-chain actors, and completing implementation research to guide corrective action.[13] Sri Lanka has now implemented MMS at the national level, but next steps include applying findings from implementation research and further strengthening procurement, manufacturing, storage, distribution and information systems. 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 2026 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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