HEALTHY MOTHERS HEALTHY BABIES

Country Profile: Democratic Republic of the Congo (DRC)

Introduction

The Democratic Republic of the Congo (DRC), Africa's second-largest country and home to over 100 million people in 2025, faces significant public health challenges, particularly concerning maternal and infant nutrition. According to data available from the World Health Organization (WHO) Global Health Observatory, 45.1% (1,246,000) of pregnant women were anemic in 2023,[1] and 11.8% of women of reproductive age were underweight in 2022.[2] These deficiencies contribute to poor birth outcomes: 25.9 stillbirths per 1,000 total births were recorded in 2023,[3] 12.4% of births were preterm in 2020,[4] and 10.2% of newborns had low birth weight in 2023.[5] Infant mortality remains high at 44.47 per 1,000 live births in 2023,[6] underscoring the urgent need for more effective maternal nutrition interventions.

Nutrition International's policy brief laid out a compelling investment case for transitioning from Iron-Folic Acid (IFA) to Multiple Micronutrient Supplements (MMS). In DRC, the transition from IFA to MMS is expected to avert 1,380,213 disability adjusted life years (DALYs)[1] over 10 years, prevent the deaths of an additional 18,553 children, and yield benefits that are 125 times greater than the cost. Thus, MMS is not only safe and effective but also highly cost-efficient, aligning with WHO guidelines on cost-effectiveness and delivering a strong return on investment to break the intergenerational cycle of malnutrition. Interestingly, the DRC Ministry of Health has maintained a national MMS policy for the past 18 years.[7]

However, Vitamin Angels' 2018 assessment found that women were not receiving any antenatal supplements (MMS or IFA) due to resource constraints.[8] According to the Demographic and Health Survey DRC (DHS 2023-24), 84% of women who gave birth in the five years preceding the

[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.

survey received at least one ANC visit from a skilled provider.[9] However, only 44.6%[2] of women who had four or more ANC visits, which is the WHO-recommended minimum for effective maternal care.[10] With the renewed interest in scaling up MMS in DRC, organizations such as Vitamin Angels are collaborating with the government to implement and expand MMS nationwide.

This country profile presents a concise overview of the DRC's status in transitioning from IFA supplementation to MMS for pregnant women. This document 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

The DRC has had a national policy on MMS for the past 18 years.[8] However, due to resource constraints, pregnant women have historically been unable to access supplementation. The government recommends either MMS or iron supplementation for at least 90 days during pregnancy to prevent anemia.[11] The country has also established protocols and clinical guidelines for the treatment of anemia in pregnant women.[12]

Following the national MMS launch in 2021, stakeholders, including the Ministry of Health, NGOs, and international agencies, reached consensus to: (i) revise the National Maternal Health and Nutrition Guidelines to formally integrate MMS into standard antenatal care (ANC) services; (ii) develop a plan to strengthen antenatal care delivery to ensure high MMS uptake and adherence; and (iii) establish a technical working group to coordinate these policies.

A costed roadmap for the MMS transition has been completed, and MMS is now classified as a nutritional supplement, aligning with the country's regulatory environment. MMS has been incorporated into ANC guidelines and other relevant policies.[13] The process of its inclusion in the National Essential Medicines List (EML) is underway. National Task Forces and Advisory Groups have been formed to coordinate implementation, and capacity-building for healthcare providers is underway. A social and behavior change strategy has been launched to promote uptake, but further investment is needed to strengthen supply chains and ensure consistent access to MMS nationwide.[11]

[2] Demographic and Health Survey DRC (DHS 2023-24): Table 9.2 Number of prenatal visits and stage of pregnancy at the first visit (Tableau 9.2 Nombre de visites prénatales et stade de la grossesse à la première visite)

Implementation Status

The DRC has developed both national and sub-national operational plans to advance MMS as part of maternal nutrition strategies. A 2021 landscape analysis conducted by Vitamin Angels, which included a review of existing literature on health and nutrition indicators in the country, a mapping of key nutrition policies and programs, and interviews with stakeholders aimed to understand barriers and opportunities for introducing MMS into ANC services. This was supplemented by formative research highlighting social norms, product attributes, and health system challenges that influence MMS acceptability, uptake, and adherence.[11]

Vitamin Angels is providing support across multiple areas (supply, delivery, policy, etc.) in the DRC to advance MMS, including supporting the Ministry of Health and other stakeholders with exploring MMS introduction and scaling, and working with partners like HKI to provide training to healthcare workers and community caregivers.[8]

To optimize the MMS implementation outcomes, strategies have focused on strengthening delivery platforms (e.g., training health workers), enhancing monitoring, and engaging community health workers (CHWs) and midwives in MMS promotion.[12] A social and behavior change strategy has been developed to promote uptake among pregnant women. Whilst ongoing refresher training for frontline health workers continues to build their capacity.[14]

In addition, demand creation through advocacy, communication, and social mobilization (ACSM) activities, such as meetings, seminars, and/or workshops on MMS and maternal nutrition, and engagement of community and social influencers on MMS and maternal nutrition, were implemented as strategies to raise awareness to scale up MMS programs in 2024 (UNICEF NutriDash).[15]

MMS Coverage and Utilization

Vitamin Angels began supporting the provision of MMS in the DRC in 2018, working in coordination with the Ministry of Health and through a network of local NGO partners to expand coverage. Since then, the program has grown to include more than 100 NGO partners across 19 provinces. The program aimed to reach 400,000 pregnant women with MMS in 2020.[8] In 2021 alone, partners reached over 600,000 pregnant women with MMS. [16] As of 2025, Vitamin Angels has supplied 1,240,000 bottles of UNIMMAP MMS to support partner-led distribution. Through these efforts, Vitamin Angels has played a central role in advancing MMS institutionalization and coverage, including supporting supply and delivery systems, and engaging with the Ministry of Health and other stakeholders on MMS policy.

MMS for pregnant women in DRC is delivered free of charge through ANC facilities. An additional 7,017 pregnant women received MMS through UNICEF support in the DRC in 2024 (UNICEF NutriDash data).[15]

To improve MMS uptake, mass media campaigns (TV, radio, ads, etc.) alongside individual and group counseling, both at healthcare centers and within communities, have been implemented. Target groups from MMS promotion include pregnant women, postpartum women (e.g., first three months post-birth), regardless of lactation status, and breastfeeding women[12]

Key Program Actors and Partners

The Democratic Republic of the Congo (DRC) has engaged a wide network of national and international partners to support MMS introduction and scale-up efforts. DRC has established a standalone MMS coordination mechanism to support the planning and implementation of MMS programs and activities nationwide (UNICEF NutriDash).[15] The Government of DRC, alongside national partners and local NGOs, supports coordination efforts.

Table 1: List of national and international partners to implement and scale up MMS in DRC.[11,12]

National partners	International Partners
Ministry of Public Health	Food and Agriculture Organization (FAO)
Local NGOs	Helen Keller International (HKI),
	Kirk Humanitarian
	US-funded projects: PROSANI
	Sight and Life
	UNICEF
	Vitamin Angels
	World Bank
	World Food Programme (WFP)
	World Health Organization (WHO),
	World Vision

Supply Chain

At present, almost all MMS products are imported by Vitamin Angels in collaboration with the government. UNICEF, through its procurement services linked to the Supply Division, also supports the government by leveraging its procurement expertise to provide additional essential supply needs. A landscape analysis conducted by Vitamin Angels in 2021 identified several barriers to

MMS implementation in the DRC, including procurement challenges, difficulties reaching remote and insecure areas, and limited capacity within health facilities.[16]

Monitoring, Evaluation, and Research

National surveys such as the DHS and Multiple Indicator Cluster Survey (MICS) provide foundational data on maternal anemia and antenatal care coverage. However, MMS-specific indicators are not yet systematically captured. MMS is integrated into the Health Management Information System (HMIS), but full-scale tracking of distribution, adherence, and outcomes is lacking. In the DRC, DHS data include MMS coverage.[12]

Vitamin Angels is supporting the government through implementation research phases, including exploring community-driven MMS and vitamin A supplementation and deworming (VAS+D) distribution through Village Health Volunteers. Vitamin Angels also conducted a coverage study to evaluate partnership mechanisms in the DRC aimed at addressing coverage gaps and supporting the most vulnerable populations.[16]

Financing and Sustainability

Financing is primarily donor-supported, with no government budget allocation or investment to strengthen delivery systems. Capacity building for healthcare providers is underway, but supply chain infrastructure and MMS integration into health information systems need improvement. A social and behavior change strategy is in place to encourage uptake.[11]

Challenges and Next Steps

Despite growing momentum for MMS programming in the Democratic Republic of Congo, several technical and programmatic challenges remain. Key barriers include inconsistent stock availability, slow policy adoption at national and provincial levels, and limited integration of MMS indicators into health information systems.[11]

Supply chain infrastructure is fragile, particularly in remote and conflict-affected areas, and healthcare provider capacity, while improving, requires continued investment in training and supervision. Sustainability and efficient scale-up require costing analyses and evidence, as well as lessons learned from implementation research. Thus, priority next steps include strengthening logistics systems, accelerating policy alignment, improving data collection on adherence, increasing coverage, and expanding MMS delivery through ANC platforms nationwide.[14]

MMS Tools and Resources

1. 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. International partners (NI and R4D) have developed country-specific cost-benefit and costing tools.

a) Multiple Micronutrient Supplements (MMS) Introduction and Scale-up Roadmap Costing Tool
b) A policy brief for the Democratic Republic of Congo (DRC): Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, April 2020
c) A tool to aid decision-making transitioning from IFAS to MMS

2. Situation and Policy Analyses and formative research

Exploratory Efforts to Distribute UNIMMAP Multiple Micronutrient Supplements (MMS) in the Democratic Republic of the Congo

3. Clinical research

Prevalence and associated factors of anemia during pregnancy in Lubumbashi, in the south of the Democratic Republic of Congo: situation in 2020.

4. Other resources

a) Women's Voices from the Democratic Republic of Congo
b) Coffee and Chai Chat: MMS in DRC

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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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