HEALTHY MOTHERS HEALTHY BABIES

# Country Profile: Ethiopia

## Introduction

Ethiopia, the second most populous country in Africa,[1] continues to face a high burden of malnutrition, particularly among pregnant and breastfeeding women.[2] While the country has made commendable progress in reducing childhood stunting and wasting and in promoting exclusive breastfeeding practices, maternal undernutrition and anemia remain pressing concerns,[1,3] According to the WHO, the Global Health Observatory, the national prevalence of anemia among pregnant women in Ethiopia was 26.2% (675,400) in 2023,[4] with regional disparities reaching as high as 41.9%[4] in some regions. Additionally, 21.3% of women were underweight in 2022.[5] The compounded effects of anemia and poor living conditions during pregnancy extend beyond maternal health, significantly affecting neonatal outcomes. The data on birth outcomes indicates that Ethiopia's stillbirth rate stood at 29.71 per 1,000 total births in 2023.[6] The preterm birth rate was 12.91% in 2020,[7] and the infant mortality rate reached 35.74 per 1,000 live births in 2023,[8] remaining above global targets in several areas.[9,10] Despite national guidelines recommending daily iron and folic acid (IFA) supplementation for six months during pregnancy, in 2022, only 17%[1] of pregnant women received IFA for 90 or more days.[11] This low coverage is likely linked to limited access to antenatal care (ANC), with only 43%[2] of pregnant women attending 4 or more ANC visits as of 2019.[12]

Nutrition International's policy brief laid out a compelling investment case for transitioning from IFA to Multiple Micronutrient Supplements (MMS). In Ethiopia, the transition from IFA to MMS is expected to avert 1,561,983 disability-adjusted life years (DALYs)[3] over 10 years, prevent the deaths of an additional 19,677 children, and yield benefits 177 times the cost. These modeled estimates suggest that MMS could provide substantial health and economic benefits compared to IFA in the Ethiopian context (based on partner-led investment analyses).[13]

This country profile presents a concise overview of Ethiopia's status in transitioning from IFA supplementation to MMS for pregnant women. This document aims to inform policymakers,

[1] National Food and Nutrition Strategy Baseline Survey: Key Findings Preliminary Report, Heading 9.1. Iron/Folic acid (IFA) intake for 90 + days during pregnancy

[2] Ethiopia: Mini Demographic and Health Survey 2019, Final report, Table 7.2 Number of antenatal care visits and timing of first visit

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

partners, and stakeholders about the current progress, challenges, and opportunities for scaling up MMS as part of maternal nutrition and health strategies.

## MMS Policy and Regulatory Status

Ethiopia is in the early stages of integrating MMS into its national health policies. MMS was incorporated into the country's updated Antenatal Care (ANC) guidelines in 2022, which now recommends its use "when feasible."[14] This language reflects a gradual policy shift from Iron and Folic Acid (IFA) supplementation toward MMS in antenatal services.[15] To support this transition, a costed implementation roadmap has been developed. United Nations International Multiple Micronutrient Antenatal Preparation (UNIMMAP) MMS is now registered with the Ethiopian Food and Drug Authority. The government has also initiated several foundational activities, including the establishment of an MMS Task Force and a Technical Advisory Group, both designed to guide and facilitate the transition from IFA to MMS.[16]

## Implementation Status

Initial pilot phases have been completed in selected areas, while additional implementation research and trials are ongoing to inform scale-up; the scale-up phase was initiated in Jan 2026. The government is currently investing in studies that assess the feasibility, cost-effectiveness, uptake, and coverage of MMS. In support of this effort, in 2025, donors committed funding to two major initiatives to reach approximately 800,000 pregnant women through public health channels. These initiatives are designed to assist the government in developing a costed roadmap for the transition and scale-up of MMS, while also strengthening governance structures and building health workers' capacity to support implementation.[17]

Until now, key activities such as nutrition situation assessment, stakeholder mapping, and co-creation workshops aligned with WHO's health system building blocks and social and behavior change communication (SBCC) strategies have been completed. The validated costed roadmap will pave the way for broader integration of MMS into Ethiopia's maternal health services.[16]

A pilot study on MMS within routine Antenatal Care in Ethiopia: Insights from Stakeholders"[18] has been published, introducing MMS to pregnant women across twenty-one districts in five regions by the end of 2024: Oromia, Gambela, Sidama, SNNPR (Southern Nations, Nationalities and Peoples Region), and Somali of Ethiopia

The Ministry of Health led the study, in collaboration with UNICEF, to explore early stakeholder perceptions and experiences related to transitioning from IFA to MMS, to inform future policy and scale-up strategies.[19] In January 2023, Ethiopia launched a pragmatic, cluster-randomized trial across forty-two districts in the same five regions, titled "Healthy Mums, Healthy Babies: Multiple Micronutrient Supplementation in Ethiopia." This research aims to evaluate the impact

of MMS on mean birthweight compared to IFA, as well as its acceptability and adherence to MMS within routine ANC services. This study follows participants until they are 6 months old, with plans to extend follow-up to 24 months (2 years). The objective is to understand the long-term developmental impacts of MMS and to bridge the existing evidence gap regarding its provision and effects in the postnatal period, a time when the demand for micronutrients is particularly high.[16,20,21]

In addition to research on health outcomes, a qualitative study was conducted to gather and analyze expert opinions on delivery channels and on plans to scale up MMS for adolescent girls, pregnant and lactating women.[16,18] Additionally, Results for Development (R4D) is implementing the *"Market Shaping for MMS in ANC"* project, funded by the Bill & Melinda Gates Foundation. This initiative supports Ethiopia's leadership in scaling up MMS for pregnant women by leveraging both global and local market insights to improve access and affordability.[22]

Likewise, healthcare workers' training has commenced in study areas, and Social and Behavior Change Communication (SBCC) strategies are being actively employed to support uptake. Whilst the ongoing refresher training for frontline health workers is strengthening the MMS implementation.[16]

## MMS Coverage and Utilization

The implementation of MMS in Ethiopia has expanded significantly in recent years. The Ethiopian Ministry of Health initially implemented the MMS program in 21 districts. The program is continued by UNICEF and Johns Hopkins Center for Communication Programs (JHU CCP). As of now, MMS coverage has reached approximately 70 districts nationwide.[15] This includes the original twenty-one demonstration woredas, an additional twenty-nine woredas operating in emergency contexts, and several urban settings where MMS is being piloted to address nutritional gaps among pregnant women.[16] In 2024, UNICEF NutriDash reported that MMS was delivered freely through ANC facilities to a total of 95,212 pregnant women in Ethiopia.[23] The country undertook the following awareness-raising activities to scale up MMS programs in 2024:

- Demand creation through advocacy, communication, and social mobilization (ACSM),
- Meetings, seminars, and/or workshops on MMS, maternal nutrition,
- Engagement of community and social influencers on MMS and maternal nutrition (UNICEF NutriDash).[23]

Furthermore, Ethiopia has already received the packages of nutrition services, including MMS, within the UNICEF Maternal Nutrition Acceleration Plan.[24] The target is for 1,500,000[4] pregnant adolescent girls and women in Ethiopia to receive nutritional services, including MMS, by the end of 2025.[25]

## Key Program Actors and Partners

The Ministry of Health/Nutrition, Chief Executive Office, is leading MMS implementation, with technical support from UNICEF and donor support from CIFF and BMGF.[16] UNICEF NutriDash reported that the government of Ethiopia has established a standalone MMS coordination mechanism that supports the planning and implementation of MMS programs and activities in the country.[23] In addition, multiple national and international partners are currently working in Ethiopia to support this transition. The names of these organizations are listed in Table 1.

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

| National partners | International partners |
|---|---|
| Ministry of Health, Ethiopia / Nutrition Coordination Lead Executive Office | Bill & Melinda Gates Foundation |
| Other Government Health Offices | Brown University |
| Addis Ababa University | Children's Investment Fund Foundation (CIFF) |
| Addis Continental Institute of Public Health (ACIPH) | Ghent University |
| Clinton Health Access Initiative (CHAI) Ethiopia | Harvard University |
| Ethiopian Public Health Institute (EPHI) | Johns Hopkins Center for Communication Programs (JHU CCP) |
| Ethiopian Food and Drug Authority (EFDA) | Johns Hopkins University |
| | London School of Hygiene & Tropical Medicine (LSHTM) |
| | MSI Reproductive Choices (Marie Stopes International) |
| | Nutrition International |
| | Results for Development (R4D) |

[4] United Nations Children's Fund (UNICEF). Improving Maternal Nutrition: An Acceleration Plan to Prevent Malnutrition and Anaemia during Pregnancy (2024–2025). UNICEF, New York, 2024 (Table 1: Target numbers of pregnant adolescent girls and women to receive the package of nutrition services, including MMS, by the end of 2025)

| | |
|---|---|
| | Sight and Life |
| | UNICEF – United Nations Children's Fund |

## Supply Chain

An analysis of local MMS production has been completed. Plans include strengthening the supply chain and engaging manufacturers.[15]

## Monitoring, Evaluation, and Research

The MMS pilot program in Ethiopia, launched in 2021, published a process evaluation document and a research paper, drawing on stakeholder insights, on the integration of MMS into the routine antenatal care system in Ethiopia. Many lessons learned have been discussed. The main lesson learned included the need for and the importance of strategic partnerships and collaboration with government leadership, community engagement, social behavior change, and localized messaging to generate demand and improve service quality for women. Likewise, it noted that training for health care workers, innovative, strong, and sustainable supply chains, along with effective monitoring, is crucial to transition from IFA to MMS.[15,16]

The Ethiopian Public Health Institute (EPHI), in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), conducted an evaluation of the Multiple Micronutrient Supplementation (MMS) demonstration program. Implemented by the Ministry of Health (MOH) and UNICEF, this pragmatic cluster-randomized trial examined the program's impact on birth weight. In addition, the evaluation explored implementation processes—highlighting challenges, adaptations, and implications as the healthcare system considers a potential transition in supplementation policy—alongside an assessment of costs and cost-effectiveness.

Infants born in districts implementing MMS had a higher mean birth weight than those in districts providing IFA. Moreover, districts providing MMS reported improvements in antenatal care (ANC) contacts, receipt of supplements, health worker counseling, and adherence. The cost–benefit analysis further indicated that MMS yields a positive economic return: the estimated net benefits of transitioning from IFA to MMS are 65 times greater than the additional budget required over ten years. Overall, investment in the MMS program is effective and provides the best possible value for money.

Additionally, a dedicated Telegram group has been established to facilitate real-time information exchange and progress reporting across all implementing woredas. At the national level, Annual Performance Review (APR) meetings are conducted with key stakeholders, including donors and UNICEF, to assess progress and align strategic priorities. Routine data collection is streamlined

through Google Sheets and Telegram, ensuring timely and coordinated monitoring of MMS implementation efforts.[16]

## Financing and Sustainability

Currently, financing the implementation of MMS relies on donors[16] . Since the government is in transition and most initiatives are pilot programs, they are largely supported by donor funding.

## Challenges and Next Steps

The major challenges for Ethiopia in transitioning from IFA to MMS included gaps in public awareness, economic constraints and dependence on donor funding, data-collection issues, health system limitations, and regulatory hurdles.[16] There have also been reports of MMS stock-outs in some parts of the country during the pilot implementation program, along with inconsistent training for health workers.[26]

The next steps for Ethiopia are to strengthen governance, leverage emerging evidence, officially register MMS, and develop a sustainable financing strategy to scale MMS initiatives effectively.[16] Advocacy at the national and subnational level for the expansion of MMS, consolidating MMS with different guidelines and training materials, and developing an interim guide.

## MMS Tools and Resources

### 1. Costing and Economic Analysis Tools

These resources 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. International partners (NI and R4D) have developed country-specific cost-benefit and costing tools for specific countries.

- A policy brief for Ethiopia: Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, October 2019
- Multiple Micronutrient Supplements (MMS) Introduction and Scale-up Roadmap Costing Tool
- A tool to aid decision-making transitioning from IFAS to MMS
- Fill the Nutrient Gap – Ethiopia Summary Report – (English)

## 2. Situation and Policy Analyses and formative research

These resources provide comprehensive evidence base on maternal and child nutrition in Ethiopia. They include implementation research, stakeholder analysis, and systematic reviews. Together, these materials support informed decision-making for health planners and practitioners, and policymakers.

- Characterization of multiple micronutrient supplementation in Ethiopia, Ethiopian Public Health Institute, Addis Ababa, Ethiopia, London School of Hygiene and Tropical Medicine, London, UK, July 2023
- Prevalence and associated factors of anemia among postpartum mothers in public health facilities in Ethiopia, 2024: a systematic review and meta-analysis
- WHO Country Planning Cycles – Country national health planning cycles, health programmatic/project timelines, and information on key partners (Ethiopia)
- Integrating maternal nutrition into antenatal care platforms: results from its implementation research in Burkina Faso, Ethiopia, and India
- Strengthening Maternal Nutrition within Antenatal Care in Ethiopia
- Adherence of iron and folic acid supplementation and determinants among pregnant women in Ethiopia: a systematic review and meta-analysis
- Association between anemia in pregnancy with low birth weight and preterm birth in Ethiopia: A systematic review and meta-analysis
- Piloting Multiple Micronutrient Supplementation Within the Routine Antenatal Care System in Ethiopia: Insights From Stakeholders
- Prevalence of anemia and its associated factors among children aged 6-23 months, in Ethiopia: a systematic review and meta-analysis
- Association between anemia in pregnancy with low birth weight and preterm birth in Ethiopia: systematic review and meta-analysis

## 3. Clinical research on MMS

These studies and protocols explore the clinical effectiveness of MMS in improving birth outcomes. They include randomized trials, midline survey reports, and implementation protocols. Together, these resources provide a scientific foundation for integrating MMS into Ethiopia's maternal health system.

- Effect of prenatal multiple micronutrient supplementation on birth weight in Ethiopia: protocol for a pragmatic cluster-randomized trial
- *MMS Ethiopia Midline Survey Report* "Healthy Mums, Healthy Babies in Ethiopia: A Cluster-Randomized Trial", September 2024
- Perinatal outcomes in anemic pregnant women in public hospitals of eastern Ethiopia

- The effect of UNIMMAP multiple micronutrient supplements versus iron-folic acid and placebo in anemia reduction among women of reproductive age in Kebribeyah Woreda, Somali Regional State, Ethiopia: a study protocol for a community-based individual RCT
- Enhancing Nutrition and Antenatal Infection Treatment (ENAT) study; protocol of a pragmatic clinical effectiveness study to improve birth outcomes in Ethiopia
- The effect of UNIMMAP multiple micronutrient supplements versus iron-folic acid and placebo in anemia reduction among women of reproductive age in Kebribeyah Woreda, Somali Regional State, Ethiopia: a study protocol for a community-based individual RCT
- Effect of prenatal multiple micronutrient supplementation on birth weight in Ethiopia: protocol for a pragmatic cluster-randomized trial

### 4. Other resources on MMS

- Women's Voices from Ethiopia

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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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