HEALTHY MOTHERS HEALTHY BABIES

Country Profile: Ghana

Introduction

Ghana is a lower-middle-income country on West Africa's Gulf of Guinea with a population of roughly 34.4 million (2024). It has made notable gains in economic and social development in the past two decades, with the government prioritizing human capital and maternal and child health in national development plans.[1] The Global Nutrition Report stated that Ghana has made some progress in reducing anemia among women of reproductive age and lowering the prevalence of low birth weight.[2] However, the burden of anemia persists and remains elevated, with the prevalence of 45.3% among pregnant women (WHO estimates, 2023).[3] Additionally, 5.65% of women were underweight in 2022.[4]

Anemia during pregnancy is an important contributor to adverse birth outcomes, and its high prevalence may be reflected in the national birth outcome indicators. Data from the World Health Organization Global Health Observatory show that the stillbirth rate was 19.4 per 1,000 total births in 2023, and the prevalence of preterm birth was 8% in 2020.[6] Likewise, 14.4% of children were born with low birthweight in 2020,[7] and the infant mortality rate was 28.17 per 1,000 live births in 2023.[8]

Ghana has implemented various interventions to tackle anemia. One of the key interventions is supplementation with iron and folic acid (IFA) along with fortification and deworming activities.[9] Although studies have found that adherence and effective coverage are relatively high,[10] the impact has been limited, as evidenced by the high prevalence of anemia among pregnant women in Ghana. While Ghana relies on IFA supplementation, multiple micronutrient supplementation (MMS) has been shown in meta-analyses to be a cost-effective approach, with potential to provide additional reductions in low birthweight, small-for-gestational age, and stillbirths compared to IFA in certain contexts.[11–13]

This country profile provides a concise overview of Ghana's implementation and scaling up of MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders about the current progress, challenges, and opportunities for scaling up MMS within maternal nutrition and health strategies in Ghana.

MMS Policy and Regulatory Status

MMS has been included in the Standard Treatment Guidelines for the prevention of anemia during antenatal care and incorporated into Ghana's national Essential Medicines List (EML). A national Technical Advisory Group (TAG) for MMS has been established, and UNIMMAP-MMS has been registered with Ghana's FDA for product entry/commercialization in the country. MMS is not currently included in the NHIS medicines list. Efforts are underway to explore sustainable financing mechanisms and procurement strategies.[16]

Implementation Status

Ghana's implementation of Multiple Micronutrient Supplements (MMS) is advancing through a phased approach focused on evidence building and system preparedness. A formative research study to explore factors influencing uptake and adherence among pregnant women, as well as healthcare workers' attitudes and practices, has been completed, and a supply readiness assessment and implementation research (IR) is currently underway.[14] The IR will assess adherence to and the acceptability of MMS among pregnant women, acceptance among healthcare providers and key influencers, and policy and system factors affecting the long-term adoption of MMS in place of IFA. The country held meetings, seminars, and/or workshops on MMS and maternal nutrition to scale up MMS programs in 2024 (UNICEF NutriDash).[17]

MMS Coverage and Utilization

The UNIMMAP specification MMS formulation has been the focus for registration and pilot procurement. MMS coverage in Ghana is limited to pilot and research settings; national routine MMS coverage data are not yet available. Planned pilot implementation is expected to reach approximately 65,300 pregnant women across three regions.[14]

Key Program Actors and Partners

The Ministry of Health/Ghana Health Service leads the implementation and scale-up of the MMS program. Additionally, various national and international partners are working together to scale up MMS in Ghana, as listed in Table 1 below. [14]

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

National Partners	International Partners
Ministry of Health	Clinton Health Access Initiative (CHAI)
Ghana Health Service	Eleanor Crook Foundation (ECF)
University of Ghana	UNICEF
University of Health and Allied Sciences	WHO

Monitoring, Evaluation, and Research

Routine ANC and maternal nutrition indicators are captured in Ghana's DHS survey cycles.[15] However, MMS specific indicators are not yet standardized in the national HMIS. Emerging evidence and programmatic experience suggest that successful MMS implementation depends on stakeholder collaboration, community participation, and integration into existing maternal health services.[14,16]

Financing and Sustainability

Eleanor Crook Foundation (ECF) is committed to supporting the government-led efforts from 2024 through 2026 to scale up high-impact nutrition interventions, including exploring the introduction and scale-up of MMS.[14]

Challenges and Next Steps

The implementation of MMS in Ghana faces several challenges, including limited sustainable financing mechanisms and higher MMS costs compared to iron–folic acid (IFA).[14,16] In addition, there is limited published implementation research on the acceptability and adherence to MMS among pregnant women and health workers in Ghana.

MMS Tools and Resources

1. Costing and Economic Analysis Tools

The resource provides guidance for policymakers and health program managers considering a transition from IFA to MMS. It could offer practical tools and costing aids to support effective decision-making and planning.

- Results for Development. "Multiple Micronutrient Supplements (MMS) Introduction and Scale-up Roadmap Costing Tool."

References

1. World Bank. Ghana Overview: Development news, research, data | World Bank. 2025. Accessed November 24, 2025. https://www.worldbank.org/en/country/ghana/overview#1
2. Global Nutrition Report. Global Nutrition Report | Country Nutrition Profiles - Ghana. Accessed November 24, 2025. https://globalnutritionreport.org/resources/nutrition-profiles/africa/western-africa/ghana/
3. Global Health Observatory (GHO) data. WHO Anaemia estimates: Anaemia in women of reproductive age (aged 15-49), prevalence (%), by pregnancy status. World Health Organization (WHO). 2025. Accessed September 26, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age-(-)
4. Global Health Observatory (GHO) Data. Underweight among adults, BMI < 18.5, prevalence (age-standardized estimate) (%). World Health Organization (WHO). 2022. Accessed September 26, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-underweight-among-adults-bmi-18-(age-standardized-estimate)-(-)
5. Global Health Observatory (GHO) Data. Stillbirth rate (per 1000 total births). World Health Organization (WHO). 2023. Accessed September 26, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/stillbirth-rate-(per-1000-total-births)
6. Global Health Observatory (GHO) data. Births, preterm (number). World Health Organization (WHO). 2020. Accessed September 26, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/preterm-births-(number)
7. Global Health Observatory (GHO) data. Low birthweight prevalence (%). World Health Organization (WHO). 2020. Accessed September 26, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/low-birth-weight-prevalence-(-)
8. Global Health Observatory (GHO) Data. Child deaths in infants, infant mortality rate (between birth and 11 months per 1000 live births). World Health Organization (WHO). 2023. Accessed September 27, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/infant-mortality-rate-(probability-of-dying-between-birth-and-age-1-per-1000-live-births)
9. Klu D, Kyei-Arthur F, Appiah M, Odame ML. Multilevel predictors of anaemia among pregnant women in Ghana: New evidence from the 2019 Ghana Malaria Indicator Survey. *PLOS Glob Public Heal*. 2024;4(9):e0003673. doi:10.1371/JOURNAL.PGPH.0003673
10. Seidu H, Gaa PK, Mogre V. *Adherence to Iron and Folic Acid Supplementation Among Pregnant Women From Northern Ghana*. Vol 17. SAGE Publications Ltd; 2024. doi:10.1177/11786388231218664
11. Firoz T, Daru J, Busch-Hallen J, Tunçalp Ö, Rogers LM. Use of multiple micronutrient supplementation integrated into routine antenatal care: A discussion of research priorities. *Matern Child Nutr*. 2025;21(1):e13722. doi:10.1111/MCN.13722;WGROUP:STRING:PUBLICATION
12. Gomes F, Adu-Afarwuah S, Agustina R, et al. Effect of prenatal multiple micronutrient

supplementation compared with iron and folic acid supplementation on size at birth and subsequent growth through 24 mo of age: a systematic review and meta-analysis. *Am J Clin Nutr*. 2025;122(1):185-195. doi:10.1016/J.AJCNUT.2025.04.022
13. Gomes F, Agustina R, Black RE, et al. Multiple micronutrient supplements versus iron-folic acid supplements and maternal anemia outcomes: an iron dose analysis. *Ann N Y Acad Sci*. 2022;1512(1):114. doi:10.1111/NYAS.14756
14. Healthy Mothers Healthy Babies. HMHB Survey 2025.
15. Ghana National Health Insurance Authority. *Ghana National Health Insurance Scheme Medicine List.*; 2025. Accessed November 24, 2025. https://cdn.who.int/media/docs/default-source/essential-medicines/national-essential-medicines-lists-(neml)/afro_neml/ghana-2025-nhis-ml.pdf?sfvrsn=af6e55e0_1&download=true
16. Healthy Mothers Healthy Babies Consortium. *Report of the 2nd Africa Maternal Nutrition and Multiple Micronutrient Supplementation Technical Meeting*. Accessed September 26, 2025. https://hmhb.micronutrientforum.org/wp-content/uploads/2025/03/HMHB_AMN-Report_6.pdf
17. UNICEF. UNICEF NutriDash - Global Nutrition Programme Monitoring. 2024. https://www.unicef.org/nutrition/nutridash

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.

Suggested Citation: MMS Country Profile: Ghana, World Map of Activities (2025). Healthy Mothers Healthy Babies (HMHB) Consortium, Micronutrient Forum.

Acknowledgements: First draft written by Anita Bake (Wageningen, the Netherlands) with contributions from the HMHB team: Elisabeth Mukendi, Rijuta Pandav, Carolina Pereira, Maurine Waudo, Martin Mwangi. Final version edited by Rijuta Pandav and approved by Martin Mwangi.