

Country Profile: Haiti

Introduction

Haiti faces significant structural and economic constraints that limit access to diverse, affordable diets, contributing to poor diet quality and a high burden of micronutrient deficiencies, particularly among women and children. The prevalence of anemia in 2023 was 45.5% (73,600)¹, while 10.05%² of women were underweight in 2022. The potential impact of anemia severity can also be observed in national birth outcomes, as anemia is one of many factors that can affect them. The prevalence of stillbirths was 17.8 per 1000 total births³, while infant mortality was 40.3 per 1000 live births in 2023.⁴ Thus, addressing this key micronutrient gap is essential to improve the situation for both mothers and children in Haiti. Iron-folic acid (IFA) supplementation has been part of routine services during antenatal care (ANC) visits in Haiti for decades. According to the latest Haiti Demographic and Health Survey (2016-2017), coverage of ANC for more than 4 times during pregnancy was 62.8% (two-year preceding survey), but only 43.2% of women reported consuming IFA for the recommended 90 days or more during their last pregnancy.⁵ However, there has been no progress in reducing the prevalence of anemia in the country.⁶ The policy brief produced by Nutrition International on Haiti estimated that, if Haiti transitions from IFA to MMS, it would avert 100,002 DALYs¹ over 10 years. It may also prevent the deaths of an additional 1,361 children, with yield benefits that are 818 times greater than the cost.⁷

Thus, this country profile presents a concise overview of Haiti's transition from IFA supplementation to MMS for pregnant women, providing insights into its current MMS landscape, sustainability, and proposed next steps. This document aims to inform policymakers, partners, and stakeholders on the current progress, challenges, and opportunities for scaling MMS as a part of maternal nutrition and health strategies.

MMS Policy and Regulatory Status

In terms of national adoption of MMS, Haiti has engaged formally with the global MMS policy process and taken steps toward regulatory acceptance. Country actors have submitted materials to

¹A 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.

the WHO Essential Medicines List (EML) Expert Committee to support the inclusion of MMS in the national EML, indicating active national-level policy engagement.⁸ However, a fully costed, government-led national operational plan for MMS scale-up is not publicly available, and product registration/classification in the national EML has not yet occurred,⁹ although some MSPP departments have taken steps to update their monitoring forms to include MMS. UNICEF NutriDash data showed that a national policy and strategy, including MMS for pregnant women, has been finalized and approved by the government ([UNICEF NutriDash](#))¹⁰.

Implementation Status

The Haitian Ministry of Public Health and Population (MSPP), in partnership with the Haitian Health Foundation (HHF), Vitamin Angels (VA), and the Johns Hopkins Bloomberg School of Public Health (BSPH), initiated an implementation research study in 2019 to inform the introduction of MMS in Haiti, exploring the barriers and enablers to antenatal care and supplement use¹¹. The findings have been used to develop training and job aids to strengthen the capacity of healthcare providers and supervisors in effective MMS counseling, which were piloted in the Grand Anse region, as well as a multi-component social and behavior change strategy to address community- and family-level determinants of MMS adherence.¹²

Formative research examining the barriers and enablers to MMS acceptability, uptake, and adherence, as well as the exploration of MMS delivery platforms for pregnant women, has been completed. Partners reported that the draft manuscript of formative research findings is currently being finalized.^{11,12} The findings have contributed to the development of capacity-strengthening tools and social and behavior change approaches intended to support effective MMS counseling and adherence.¹² Furthermore, Vitamin Angels has been working with the Ministry of Health (MSPP) in Haiti since 2018 to support evidence generation and inform the introduction and potential future scale-up of MMS.

MMS Coverage and Utilization

In 2024, Vitamin Angels reported reaching 261,466 pregnant women and babies with UNIMMAP MMS, through 43 partners across 9 departments.¹³ Adherence and compliance strategies include group and individual counseling at health centers and in the communities, and mobile phone reminder messages as part of the demonstration pilot¹². In 2024, MMS for pregnant women in Haiti was delivered free of charge through ANC facilities and community platforms ([UNICEF NutriDash](#)).¹⁰

Key Program Actors and Partners

The MSPP is leading the MMS implementation and scaling up in Haiti. The Haitian Health Foundation is working to increase MMS reach and implementation in hard-to-reach areas in the country. The [MSPP](#) and the Haitian Health Foundation are the VA's main working partners. UNICEF

NutriDash data showed that the Haitian government and/or partners have discussed MMS in a broader coordination mechanism that supports the planning and implementation of MMS programmes and activities in the country ([UNICEF NutriDash](#))¹⁰.

Table 1: List of national and international partners working to scale up MMS in Haiti¹⁰⁻¹¹

National Partners	International Partners
HaForS (Haiti Focused Research & Support)	Helen Keller International
Haitian Health Foundation	Kirk Humanitarian
MSPP	Sight and Life Foundation
Provincial Governments	Vitamin Angels
Viamo Inc.	UNICEF

Supply Chain

MMS supplies in Haiti have been procured and distributed primarily through partner procurement channels (e.g., Vitamin Angels' international procurement).¹²

Monitoring, Evaluation, and Research

MMS is integrated into a few MSPP monitoring tools, including the Supplies Monthly Report form; used for reporting from MSPP departmental offices to the Pharmacy Bureau (DPM/MT: Directorate of Pharmacy, Medicines, and Traditional Medicine); and the Institution Monthly Report, which is used for reporting from health facilities to the Monitoring Bureau (UEP: Study and Planning Unit.). Revisions are still pending for at least eight additional MSPP monitoring tools.

Challenges and Next Steps

Based on implementation research findings, potential next steps include further development of SBCC strategies and tools to support the uptake and adherence to MMS among pregnant women, as well as consideration of how MMS could be integrated into existing antenatal care services. Additional learning on acceptability, coverage, and adherence has also been identified as an important area for future work^{12,14}. Future activities related to piloting or expansion would build upon continued leadership by the Ministry of Health and alignment with national priorities, stakeholder input, and available resources.

MMS Tools and Resources

1. Costing and Economic Analysis Tools

These resources can 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.

- a) [Results for Development. "Multiple Micronutrient Supplements \(MMS\) Introduction and Scale-up Roadmap Costing Tool."](#)
- b) [Cost-benefit analysis to switch from IFA to MMS by Nutrition International](#)
- c) [MMS Policy Brief Haiti: Cost-effectiveness of transitioning from iron and folic acid to multiple micronutrient supplementation for pregnancy \(FR\)](#)

2. Situation and Policy Analyses and formative research

This resource provides insights into barriers and enablers for MMS scaling up in Haiti

- a) [An Assessment of Barriers and Enablers to Uptake and Adherence of UNIMMAP MMS for Pregnant Women in Haiti](#)
- b) [Ensuring Effective Implementation of MMS for Pregnant Women in Haiti](#)

3. Other resources

[Knowledge Byte 7: Country Experiences from Haiti – MMS Blended Approach](#)

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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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