

## Country Profile: Lebanon

### Introduction

Lebanon continues to face pressing maternal and newborn health challenges, compounded by economic instability, food insecurity, and strained health systems. According to the [World Health Organization Global Health Observatory](#), 33.6% of pregnant women were anemic in 2023,<sup>1</sup> and 3.02% of women of reproductive age were underweight in 2022,<sup>2</sup> reflecting ongoing micronutrient deficiencies among women of reproductive age. Birth outcome data remain concerning: the stillbirth rate was 9.46 per 1,000 total births in 2023.<sup>3</sup> Likewise, 8.74% of births were preterm in 2020,<sup>4</sup> and 12.6% of newborns were of low birthweight in the same year.<sup>5</sup> These indicators are further compounded by a high infant mortality rate of 17.81 per 1,000 live births in 2023, underscoring the urgent need for more comprehensive maternal nutrition interventions.

Lebanon has relied on iron-folic acid (IFA) supplementation as the standard antenatal intervention to reduce maternal anemia and improve birth outcomes. The nutrition strategy also mentions micronutrient supplementation and acknowledges the need to ensure access to maternal and child nutrition services, including maternal, infant, and young child feeding counseling, for the prevention and treatment of child malnutrition. Additionally, “UNICEF Lebanon Response to Nutrition Crisis” also emphasizes the use of MMS. Emerging global evidence shows that multiple micronutrient supplementation (MMS), which includes fifteen essential vitamins and minerals, may offer additional benefits compared to IFA in certain contexts.<sup>6</sup>

Thus, this country profile presents a concise overview of Lebanon’s progress in transitioning from IFA supplementation to MMS for pregnant women, the challenges, and next steps for MMS implementation and scale-up. 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

Lebanon’s National Nutrition Strategy 2021–2026 emphasizes improving maternal nutrition, including micronutrient deficiencies, as key outcome objectives. The strategy also includes outcome indicators aimed at reducing anemia among women of reproductive age (WRA) by 20%. The key activities reported under the maternal and child nutrition services include implementing

micronutrient screening and a supplementation protocol for children and WRA. The strategy aims to develop and disseminate a National Protocol for screening for anemia and iron supplementation. The current strategy also mentions the use of micronutrient supplementation to prevent and treat child malnutrition. The national protocol is not yet publicly available.<sup>7</sup> Lebanon has a guidance note on the use of MMS developed in collaboration with the nutrition sector, MoPH and the PHC department.<sup>13</sup> MMS were included in the last updated National Essential Medicines List (EML) in 2023.<sup>9</sup>

MMS has been integrated into Phenics (the PHCC HMIS) as an MMS indicator within the national Health Management Information System (HMIS), and MoPH shares the data monthly.

## Implementation Status

Lebanon has undertaken national assessments of micronutrient status (LIMA 2023–24) and is implementing targeted supplementation through the Ministry of Public Health (MOPH) and partners.<sup>8</sup> There has not been any formative research in the country specific to MMS.<sup>9</sup>

MMS is available in primary health care centers under the MoPH network. It is currently being distributed, though the coverage is relatively low. Currently, capacity-building efforts and follow-up mechanisms are being implemented to increase the coverage of the provision in the centers.

MMS is also distributed in Lebanon through a humanitarian and emergency response mechanism.<sup>10</sup> This provision is not conditional on a humanitarian response. However, as part of the humanitarian and emergency response, the provision of MMS was extended to the community outreach level with partner support. This practice continues today, post-ceasefire. In addition, PHCC also provides IFA supplementation that is interchangeable with MMS

MMS are delivered primarily through primary health care centers (PHCs) and humanitarian outreach platforms supported by UNICEF and partners. UNICEF also provides MMS to nutrition sector partners to supply hard-to-reach areas where beneficiaries cannot access nutrition services in PHCs.<sup>11</sup>

Efforts to strengthen delivery platforms include training health workers, engaging community health workers and midwives in MMS promotion, and implementing monitoring mechanisms. Thus, refresher training for frontline health workers is currently ongoing as part of the capacity-building efforts.<sup>9</sup>

## MMS Coverage and Utilization

As of 2025, MMS is being distributed in PHCCs, which are considered public health channels in Lebanon. It has data on national coverage from the nutrition sector. MMS is the only product provided by partners at the community level to adolescent girls and PBW. However, PHCC still use IFA and MMS interchangeably. MoPH have both products in its stock. The MMS distributed for emergency humanitarian purposes by the United Nations Central Emergency Response Fund (UN CERF) targets the provision of MMS to 8,000 adolescent girls through school-based interventions and PHCs, per the Standard Operating Procedures (SOPs). In addition to pregnant women, non-pregnant adolescents and breastfeeding women are additional target groups for MMS distribution. UN CERF reported that 7,049 pregnant and lactating women and 2,760 adolescents have received MMS.<sup>11</sup>

Likewise, UNICEF's quarterly highlights on Lebanon reported that 1,333 women, adolescents, and children arriving in Lebanon from Syria have received a nutrient supplement, including MMS. The MMS implementation and scale-up program includes group and individual counseling during PHC visits and in the community to support adherence and compliance.<sup>9</sup> UNICEF NutriDash data reports that in 2024, a total of 9,541 women received MMS in Lebanon (UNICEF NutriDash).<sup>12</sup>

## Key Program Actors and Partners

The distribution of MMS in Lebanon is supported through procurement from [UNICEF](#) and [UNFPA](#), in close collaboration with the MOPH. UNICEF is the key organization responsible for procuring and distributing MMS to PHCs and nutrition sector partners, with MMS integrated into the nutrition sector coordination system.

Furthermore, the list of national and international partners working with the Lebanese government is shown in Table 1:

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

National Partners	International Partners
<a href="#">Ministry of Public Health (MOPH)</a>	<a href="#">Action Against Hunger</a>
	AMEL
	<a href="#">ANERA</a>
	<a href="#">International Medical Corps (IMC)</a>
	<a href="#">International Orthodox Christian Charities</a>
	<a href="#">IRC</a> – for adolescent girls only
	LOST
	LRC
	<a href="#">MEDAIR</a>

	<a href="#">Médecins Sans Frontières (MSF)</a>
	<a href="#">Mercy USA</a>
	Mouvement Social – for adolescent girls only
	<a href="#">Premiere Urgence</a>
	<a href="#">Relief International</a>
	<a href="#">Save the Children International</a>
	<a href="#">TDH-L</a>
	<a href="#">UNFPA</a>
	<a href="#">UNICEF</a>

## Supply Chain

MMS supplies for Lebanon are primarily imported and procured through UNICEF and humanitarian procurement channels; MOPH, alongside UN agencies and partners, coordinates logistics and supports the health system in supplying PHCs and partners.<sup>9</sup>

## Monitoring, Evaluation, and Research

Lebanon implemented the Micronutrient, Anthropometric and Child Development Survey (LIMA) (2023–24).<sup>8</sup> This is the most recent national nutrition survey assessing micronutrient status and service coverage.

## Financing and Sustainability

Procurement is largely supported by UNICEF with the support of donors. NGOs/iNGOs and PHCCs under the MoPH support only distribution.

## Challenges and Next Steps

Based on the existing information, challenges include reliance on donor- and humanitarian-led procurement, limited evidence of a national, costed operational plan for full government-led scale-up, supply chain fragility in a crisis setting, and limited published formative research on acceptability and adherence in the Lebanese context.

Further support may be needed to develop a costed roadmap and plan to support and scale MMS programming.

Lebanon plans to conduct formative research on uptake and adherence. This could provide the necessary evidence and strategic insights for the national implementation of MMS. Thus, the key priority for next year is to scale up MMS programming nationally and reinforce its routine use during ANC and PNC visits.

## MMS Tools and Resources

The key documents available for Lebanon are the following:

### 1. Training and Implementation Materials

This is training material developed by the PHCs Network and the government of Lebanon on MMS.

- [Lebanon PHCC Training MMS](#)

### 2. Situation and Policy Analyses and Formative Research

These are two key reports on the micronutrient status of adolescent girls, children, and women in Lebanon.

- [United Nations Children’s Fund \(UNICEF\), Lebanon Integrated Micronutrient, Anthropometry and Child Development Survey \(LIMA\) 2023-2024: Final Report \(Beirut: Ministry of Public Health & UNICEF, 2024\).](#)
- [Multiple Micronutrient Supplements for Adolescent Girls and Pregnant Lactating Women \(PLW\) – Lebanon Nutrition Sector: Guidance Note Series, May 2023](#) – a guidance note to partners/PHCC on the provision of MMS

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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](mailto:HMHB@micronutrientforum.org).

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