

Country profile: Malawi

Introduction

Malawi, a landlocked country with high dependence on agriculture, continues to face a significant burden of micronutrient deficiencies, especially among pregnant and breastfeeding mothers, girls, and children under 5 years of age.¹ Maternal health challenges remain significant, with 35% of pregnant women in 2023 suffering from anemia, while 9.8% of women aged 15-19 years and 5.3% of women aged 20-49 years are underweight (DHS, 2024).³ While the country is making some progress in reducing wasting and low birth weight, progress has been limited, with some deterioration in addressing anemia prevalence.⁴

The Health Sector Annual Progress Report indicates that access to essential health services, including basic ANC facilities and IFA, was poor.⁵ The combined impact of high prevalence of anemia among pregnant women and poor access to health services has a significant impact on birth outcomes. The data available on the [World Health Organization's Global Health Observatory](#) show that the stillbirth rate is 18 per 1,000 total births, the preterm birth rate is 15% (2020),⁷ the infant mortality rate is 35 per 1,000 births, and low-birth-weight prevalence is 14% (MDS, 2024). These figures underscore the necessity of improving maternal and newborn health outcomes in Malawi.

Nutrition International's policy brief presented a compelling investment case for transitioning from Iron Folic Acid (IFA) to Multiple Micronutrient Supplements (MMS) using a cost-benefit analysis. The analysis shows that in Malawi, the transition from IFAS to MMS is expected to avert 203,774 disability-adjusted life years (DALYs)¹ over 10 years, prevent the deaths of an additional 2,463 children, and yield benefits that are 77 times the cost. The policy brief highlighted the cost-effectiveness and long-term benefit of MMS compared to IFA.

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

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.

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

Malawi has made significant progress in integrating MMS into its policy and regulatory framework since national discussions on MMS integration began in mid-2023, including in the recent National Multi-Sector Nutrition Policy and Strategic Plan (2025-2030), which commits to rolling out and distributing Micronutrient Supplements to pregnant women nationally. A National MMS Taskforce has been established, consisting of government sectors, development partners, and civil society organizations. The country has revised its antenatal care guidelines to include MMS; however, the guidelines remain in draft form with the government planning to finalize and disseminate them in 2026.¹⁰

Concurrently, the government, with support from UNICEF, has reviewed the Maternal, Infant, and Young Child Nutrition Strategy, in which MMS has been incorporated into the draft document, which Malawi plans to finalize by July 2026. With technical support from UNICEF, the government approved the inclusion of MMS in Malawi's Essential Medicine List (EML) in October 2024.¹⁰ The inclusion of MMS in the EML is expected to facilitate engagements within the government on co-financing, including funding for delivery system strengthening.¹⁰ Additionally, MMS-specific social behavior change materials have been developed, pre-tested, and rolled out.

Implementation Status

Implementation of MMS in Malawi is progressing well, with several preparatory activities completed, including a nutritional situation assessment, supply readiness assessment, and stakeholder mapping. Malawi received a total of 206,553 MMS bottles from Kirk Humanitarian, and JBJ Foundation supported the shipment of the supplies from the USA to Malawi. While the Malawi Central Medical Stores Trust (CMST) provided warehousing facilities, UNICEF provided financial support to enable CMST to conduct last-mile in-country distribution of the MMS tablets to all health facilities within the five initial districts. Blantyre, Chikwawa, Machinga, Mchinji, and Nkhata Bay districts are the five districts that began the transition to MMS and are implementing it as part of the core maternal nutrition package. Further, in three of the initial five districts, the MMS intervention is being integrated with either Balanced Energy and Protein (BEP) or the Supplementary Feeding Program.¹⁰

The Department of Nutrition and Reproductive Health Directorate in the Ministry of Health (MoH), in collaboration with UNICEF, conducted formative research to explore social, cultural, and economic factors influencing women's knowledge, attitudes, and practices regarding nutrition and antenatal care, including prenatal micronutrient supplementation. The study also provided insights into health workers' perceptions of maternal nutrition interventions, with a focus on

prenatal micronutrient supplementation, and informed the development of the SBC strategy and guided the implementation of SBC interventions prior to the roll-out of MMS.¹⁰

Since September 2024, Kamuzu University of Health Sciences, with financial and technical support from UNICEF, has been conducting implementation research. The results from the Implementation research, to be disseminated in the first quarter of 2026, will support the scaling up of MMS in Malawi by identifying practical strategies for effectively integrating MMS into Malawi’s health system. The research has also generated context-specific evidence on the feasibility, equity, and sustainability of MMS, helping policymakers and health programs to adapt MMS delivery to local needs while maximizing maternal and newborn health outcomes. UNICEF supported capacity strengthening of front-line workers at health facilities and the community level, including demand creation for services to increase uptake of MMS and ANC attendance.

MMS Coverage and Utilization

MMS coverage in Malawi currently spans five districts, and since May 2025, a total of 81,117 pregnant women have received MMS (75,155 bottles of 180 tablets and 5,962 bottles of 90 tablets) across the five districts.

Key Program Actors and Partners

The leading agencies for MMS transition and scaling up are the Ministry of Health, the Department of Nutrition, and the Reproductive Health Directorate. Multiple partners are collaborating with the government. [UNICEF NutriDash](#) reported that the government of Malawi has established an MMS standalone coordination mechanism that supports the planning and implementation of MMS programs and activities in the country¹². The list of national and international partners is provided in Table 1 below.¹⁰

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

National partners	International partners
Health Education Division (Ministry of Health)	Clinton Health Access Initiative (CHAI)
DMT consultants	JBJ Foundation
Farmers Union of Malawi	Kirk Humanitarian
Kamuzu University of Health Sciences (KUHeS)	Nutrition International
Media Council of Malawi	PATH
Operation Smile	Save the Children
	UNICEF

Supply Chain

In February 2025, Malawi received a total of 206,000 bottles of MMS from Kirk Humanitarian through the JBJ Foundation, and the available supplies are sufficient until November 2026 to support the five districts. Kirk Humanitarian, through UNICEF, donated another 99,990 bottles of MMS, which are expected to arrive in Malawi in the first quarter of 2026, and will support the scale-up of MMS to five more districts, reaching 99,000 pregnant women. UNICEF is committed to supporting the shipment of the supplies from the USA to Malawi and supporting the government with in-country logistics to ensure delivery to the last mile.

Monitoring, Evaluation, and Research

Various materials have been developed to facilitate monitoring and reporting, and digital reporting tools are being used to support online reporting. UNICEF is also working closely with the government to facilitate the inclusion of MMS in the District Health Information Software (DHIS). UNICEF also worked with the government to support the five districts earmarked to start the transition in developing and reviewing Social Behavior Change (SBC) plans, informed by the findings of the formative research. In December 2025, UNICEF and CHAI supported the Ministry of Health in conducting a joint monitoring exercise to assess how the initial districts have integrated the maternal nutrition package (including MMS) into the routine health system, understand the challenges, and support the districts in developing action points to address the identified gaps.

Financing and Sustainability

Currently, financial support for implementing MMS activities in Malawi has primarily come from UNICEF and CHAI. **Error! Bookmark not defined.** Acknowledging the contributions of Kirk Humanitarian and the JBJ Foundation in ensuring supplies are available for the first phase of implementation. In July 2025, the National Taskforce costed the scale-up of MMS in Malawi. The total cost to scale up MMS across all 28 districts by 2028 is \$3,851,367, and the government is reaching out to partners to support the scale-up. UNICEF is also supporting the government in applying for the Child Nutrition Fund to procure MMS, reduce the cost of scaling up, and facilitate government ownership and sustainability.

Challenges and Next Steps

Late ANC initiation due to myths and misconceptions surrounding early reveal of pregnancy, and in most rural communities, distances to health facilities affect the timely initiation of ANC and, subsequently, prenatal supplements. Although Malawi's ANC platform is functional, with ANC services being delivered in hospitals, health centers, mobile clinics, and health posts in hard-to-

reach communities, **Error! Bookmark not defined.** only 50% of those have basic ANC requirements, including iron supplementation.⁵ In addition, the changes in external funding have affected the functionality of some mobile clinics, many of which were supported by US-supported organizations.

Additional challenges include limited partner support and constrained domestic funding dedicated towards supporting MMS activities **Error! Bookmark not defined.** Crucial steps in scaling up MMS include supporting the implementation of social marketing analysis to inform the SBCC strategy for the MMS scale-up, capacity building, and monitoring activities to track progress.¹⁴

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.

- a. [Multiple Micronutrient Supplements \(MMS\) Introduction and Scale-up Roadmap Costing Tool](#)
- b. [Policy Brief: Malawi Cost-benefit analysis of improving neonatal and maternal health outcomes in Malawi – Technical Report](#)

2. Clinical research on MMS

These studies explore the clinical effectiveness of Multiple micronutrients in improving birth outcomes. They include randomized trials that provide a scientific foundation for integrating MMS into Malawi's maternal health system.

- c. [The impact of lipid-based nutrient supplement provision to pregnant women on newborn size in rural Malawi: a randomized controlled trial](#)
- d. [Supplementation of Maternal Diets during Pregnancy and for 6 Months Postpartum and Infant Diets Thereafter with Small-Quantity Lipid-Based Nutrient Supplements Does Not Promote Child Growth by 18 Months of Age in Rural Malawi: A Randomized Controlled Trial](#)

3. Other resources for Malawi

- e. [Associations of fish and meat intake with iron and anemia in Malawian Children](#)

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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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