

Country Profile: Mozambique

Introduction

Mozambique continues to face significant nutritional challenges, including high rates of stunting and widespread micronutrient deficiencies.¹ Progress has been made in improving childhood nutrition indicators, such as stunting, wasting, low birth weight, and childhood overweight.² However, anemia remains a serious concern,² with a prevalence of 54.6% in 2023.³ Additionally, the prevalence of underweight among women was recorded at 9.41% in 2022.⁴ Poor nutrition among women, especially those who are pregnant, negatively affects birth outcomes. Data from [the World Health Organization's Global Health Observatory](#) reported that Mozambique has a relatively high stillbirth rate at 18.27 per 1000 total births (2023)⁵, pre-term birth at 7.3%,⁶ low birth weight at 17.8% in 2020⁷, and an infant mortality rate of 36.91 per 1,000 live births (2022).⁸

Nevertheless, the Mozambique government has been actively working for the past two decades, generating policies, plans, and guidelines to address the micronutrient deficiencies as key public health priorities. The Nutrition Intervention Package (NIP) for Mozambique was redesigned and implemented across 11 provinces. However, the focus of NIP 2018 was mostly on children under two years of age. A recent evaluation of the NIP recommends that Mozambique nutrition interventions should target pregnant women to break the intergenerational cycle of malnutrition.¹

In addition, Nutrition International's (NI) policy brief laid out a compelling investment case for transitioning from Iron Folic Acid (IFA) to Multiple Micronutrient Supplements (MMS). In Mozambique, transitioning from IFA to MMS is expected to yield a 144-fold greater benefit for MMS than IFA, averting 384,443 disability-adjusted life years (DALYs) and preventing the deaths of an additional 5,002 children over 10 years.⁹ Shifting from IFA to MMS could help address intergenerational malnutrition and improve maternal and infant health outcomes.

This country profile presents a concise overview of Mozambique's status in transitioning from IFA supplementation to MMS for pregnant women. 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

The MMS supplementation strategy is currently in the exploration phase, working toward establishing a technical working group and developing a pilot. Presently, Helen Keller International (HKI) is collaborating with the Mozambican Ministry of Health to facilitate the exploration and rollout of MMS supplementation.¹⁰

Implementation Status

In terms of implementation, a cost-benefit analysis of MMS and a workshop to discuss MMS's potential rollout have been completed, as the government is entering the exploration phase.¹⁰

MMS Coverage and Utilization

MMS has not yet been introduced at scale, and coverage remains limited to pre-implementation stages. Currently, about 78% of pregnant women in Mozambique take iron supplements during pregnancy, but only 5% take them for the recommended 180 days or more. Antenatal Care (ANC) is relatively widespread, with 87% of women receiving care from a qualified professional and nearly half attending at least 4 ANC visits.¹¹ Integrating MMS into ANC services could leverage this strong contact point, offering a promising opportunity to improve maternal nutrition and both maternal and birth outcomes.

Key Program Actors and Partners

The lead for scaling up MMS in the country is the Mozambique Ministry of Health, which collaborates with national and international partners listed in Table 1 below.

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

National Partners	International Partners
Food Security and Nutrition Technical Secretariat (SETSAN), Mozambique	ChildFund
National Institute of Health	Global Alliance for Improved Nutrition (GAIN)
	Helen Keller International (HKI)
	UNICEF
	World Bank
	UN World Food Program (WFP)

Financing and Sustainability

Regarding the financing of the MMS, only the cost-benefit analysis has been done. The constant search for financing to purchase supplements is a significant challenge, and despite the recognized importance of MMS, the country is facing constraints in advancing implementation due to limited sustainable financing.¹²

Challenges and Next Steps

The key challenges identified were the lack of funding for MMS implementation, especially for purchasing supplements, which is a significant challenge for the government. In addition, supply chain challenges and coordination with pharmaceutical suppliers to improve access are barriers to MMS implementation and scaling up in Mozambique¹⁰

MMS Tools and Resources

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: Mozambique Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International.](#)
- c) [A tool to aid decision-making transitioning from IFAS to MMS](#)

References

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 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-\(probability-of-dying-between-birth-and-age-1-per-1000-live-births\)](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))
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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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