

## Country Profile: South Africa

### Introduction

South Africa faces a complex burden of malnutrition, including micronutrient deficiencies among women of reproductive age, in the context of persistent socioeconomic inequalities. However, the country faces slower growth, rising inequality, poverty, and unemployment.<sup>1</sup> The country is continuously suffering from malnutrition and micronutrient deficiencies, especially among pregnant women and women of reproductive age.<sup>1</sup>

South Africa is a country that transitioned to democracy in the early 1990's and has a rich and diverse cultural history. The country's economy is highly diversified, with tourism, agriculture, precious metals and minerals, and the automotive industry. The economy reflects a Gross Domestic Product (GDP) growth of 0.7% per year, and the contracted growth affects vulnerable population groups, such as women and youth, with unemployment levels reaching 33% in the 2025/ 2026 financial year. The poverty rate in South Africa is estimated at 68% in 2025, these constraints in economic growth were amplified by the COVID-19 pandemic and the introduction of social relief safety nets through the social relief of distress grant has addressed social pressures but the slow growth however, the newly established Government of National Unity, seeks to address aspects of governance, infrastructure, skills development and unemployment.

The South African Human Science Research Council conducted the National Food and Nutrition Security Survey, which recorded access to food, dietary diversity, and household hunger. Findings did not reflect acute insecurity at the national level; however, levels of moderate and severe deprivation were identified in more rural nodes such as the Northwest Province. Dietary diversity outcomes were also declining in more remote and rural areas of the provinces, such as the uMkhanyakude District in KwaZulu-Natal, where 24% of households scored poorly. Reduced dietary diversity is a determinant of nutrient deficiencies and a predisposition to lifestyle-related chronic diseases.

The prevalence of anemia in pregnant women was 29.23% (217,000) in 2023, and 2.4% of women were underweight. This increases the risk of low birth weight, stillbirths, and a high prevalence of other negative birth outcomes. Data available from the [World Health Organization's Global Health Observatory](#) indicate that several birth outcome indicators remain elevated: stillbirths were at 18.72 per 1,000 total births in 2023,<sup>2</sup> low birthweight was at 16.6%<sup>4</sup> in 2020, and infant mortality was at 24.42 per 1,000 live births in 2023.<sup>5</sup> Thus, there is a need for a more comprehensive program

to address these nutritional challenges. Anemia rate in women of reproductive age is 30.5%, with policy support for both standard treatment guidelines for pregnancy supplementation and population-based fortification of staple foods such as bread and maize. Although routine publication of anemia prevalence is not readily available, regional studies have reported the prevalence of anemia in pregnant women as high as 41,7%.

Multiple Micronutrient Supplement (MMS) has been shown in meta-analyses to offer additional benefits over IFA in certain contexts. Modeling research shows that scaling up MMS in South Africa could prevent between 1100 and 2700 preterm births, 300 and 600 stillbirths, 2600 to 6500 low-birth-weight births, and 1500 to 3600 small-for-gestational-age births each year.<sup>6</sup>

This country profile presents a concise overview of South Africa's status in transitioning from IFA supplementation to MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders about the current progress, challenges, and opportunities for scaling MMS within maternal nutrition and health strategies.

## MMS Policy and Regulatory Status

South Africa was among the first countries and an early leader in MMS implementation. Between 2010 and 2016, the government of South Africa provided MMS to all pregnant and lactating women in most provinces. However, MMS was removed from the national Essential Medicines List (EML) in 2016, leading to the discontinuation of MMS provision for women.<sup>7</sup>

Several organizations, including Sight and Life (SAL) and Vitamin Angels (VA), have supported efforts to explore the re-establishment of an MMS program in the context of the 2020 WHO recommendation. SAL conducted a supply-readiness assessment in 2015 and a policy and programmatic review of MMS in 2019. Building on these insights, Sight and Life conducted additional research to understand barriers to uptake and adherence as well as women's preferences around product attributes.<sup>7,8</sup> The analysis presented by SAL in its special report concluded that MMS is easy to manufacture and deliver; however, the key challenges are inconsistent guidelines and the lack of a clear policy framework for implementing MMS.<sup>7</sup>

## Implementation Status

From the operational perspective, South Africa has done substantial formative work. So far, policy/regulatory and supply readiness assessments were conducted in 2015, while the policy and programmatic review of MMS was conducted in 2019. Furthermore, SAL has conducted additional research to understand barriers to uptake and adherence as well as women's preferences around product attributes. Also, SAL successfully supported the establishment of a local production hub in partnership with dsm-firmenich, which has now been approved by the UNICEF Supply Division. In the meantime, South Africa aims to review supplement-related regulations, assess the quality

of existing brands in the market, and build local capacity, including ongoing sensitization of doctors and health workers on MMS evidence and benefits.<sup>8,9</sup>

South Africa has recently updated the National integrated maternal and perinatal care guidelines (2024), and using a decentralized service delivery model, the District Health System, the capacitation and cascading of the guidelines is undertaken at a Provincial level. These guidelines have prioritized Nutrition as an independent chapter which addresses topics such as anthropometric assessment, preconception care, nutrition throughout the continuum of care, postnatal and lactation recommendations, identifying at-risk women and addressing minor ailments during pregnancy, etc.

Partners have supported advocacy and stakeholder engagement, including with the National Department of Health, through a local partnership with the DG Murray Trust. SAL has undertaken a developmental approach with the National Health Department and commissioned research to generate localized evidence that addresses implementation-related factors, including adherence, attitudes, and beliefs around supplementation during pregnancy, and has combined this with stakeholder perspectives from the manufacturing, regulatory, and healthcare sectors. This groundwork is required to contextualize the global recommendations within existing policy directives that address both population-based nutrition security and standard treatment guidelines during pregnancy. Furthermore, the commissioned studies will provide the National Department of Health with a roadmap and cost-effectiveness study to facilitate comprehensive planning and policy recommendations.

## MMS Coverage and Utilization

According to provincial procurement data after removal from the EML, between 2017 and 2019, only ~15.64 million MMS capsules/tablets were distributed across several provinces (Eastern Cape, KwaZulu-Natal, Northern Cape, Gauteng, Mpumalanga, Western Cape), a small fraction compared to IFA distributions. A pilot is currently planned with local NGOs/rural clinics in six provinces (states) to generate evidence on acceptability and adherence, in partnership with the DG Murray Trust.<sup>9</sup>

## Key Program Actors and Partners

Multiple stakeholders are engaged at the national level, with support from various international partners. SAL is a key international partner supporting South Africa in establishing an MMS manufacturing hub in partnership with DSM-F, CIFF, and ECF, conducting quality assessments and research on MMS, building local capacity, and engaging with national partners such as DG Murray Trust to conduct an implementation research study.

Table 1: List of national and international partners working to implement and scale up MMS in South Africa.

National partners	International Partners
Community Development Organizations – South Africa	<a href="#">Children’s Investment Fund Foundation (CIFF)</a>
Clinics and Hospitals (South Africa Department of Health)	<a href="#">DG Murray Trust (South Africa)</a>
NGO health centers	<a href="#">dsm-firmenich (DSM-F)</a>
	<a href="#">Eleanor Crook Foundation (ECF)</a>
	<a href="#">Kirk Humanitarian</a>
	<a href="#">Sight and Life Foundation</a>
	WITS RHI

## Supply Chain

MMS procurement is at the local level, as partners have supported the establishment of the MMS manufacturing hub in South Africa in partnership with DSM-Firmenich, CIFF, and ECF. The local manufacturer secured UNICEF SD approval in 2025 and is undergoing product registration with the local FDA <sup>10</sup>. This makes it among the first MMS manufacturing facilities in Africa to receive UNICEF Supply Division approval. <sup>11</sup>

## Challenges and Next Steps

The SAL reported the case study of reintroducing MMS in South Africa’s EML in its special report. The challenges in South Africa were listed as:

- Inconsistent policy guidelines,
- lack of resources for training, demand creation, and compliance of healthcare workers, and investment in social and behavioral change communication
- Varying levels of capacity across provinces that do not prioritize MMS.<sup>7</sup>

Hold My Hand and Change Ideas collaboratively produced a policy brief on MMS for South Africa with a comprehensive analysis of MMS in South Africa. It also lists the suggested MMS roadmap of South Africa that includes:

1. Policy and regulatory improvement, such as establishing a national MMS Technical Advisory Group, conducting implementation research, including MMS on the EML list;
2. Financial roadmap and sustainability.
3. Delivery channels strengthening, such as ANC care platforms, healthcare workers training, outreach campaigns, and monitoring and evaluation.
4. Quality of product with local availability, registration, quality assurance, and user-friendly packaging and labeling.<sup>6</sup>

In addition, South Africa also needs support on the assessment of evidence and safety of MMS for specific target groups, such as lactating mothers and adolescents.<sup>9</sup>

## 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) [A tool to aid decision-making transitioning from IFAS to MMS](#)
- b) [Policy Brief: South Africa. Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy. Nutrition International, October 2019](#)
- c) [Results for Development. "Multiple Micronutrient Supplements \(MMS\) Introduction and Scale-up Roadmap Costing Tool."](#)

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