

Country Profile: Thailand

Introduction

Thailand has experienced decades of decline in poverty and inequality, with steady, significant growth, and is considered an upper-middle-income country in Asia.¹ In Thailand, antenatal care (ANC) is free under the Universal Healthcare Coverage (UHC) and includes a daily iron and folic acid (IFA) supplement for pregnant women to prevent maternal anemia.² However, according to data from the World Health Organization Global Health Observatory, the prevalence of anemia was 23.8% (86,900) in 2023³, and 5.49% of women were underweight in 2022.⁴ Likewise, data on birth outcomes shows that infant mortality was at 22.87 per 1,000 live births in 2023,⁵ stillbirths at 3.94 per 1,000 total births⁶, and pre-term births were at 7.27% in 2020.⁷ The prevalence of low birthweight was 10.3% in 2020.⁸

As Thailand considers transitioning from IFA to multiple micronutrient supplements (MMS), this profile provides a concise overview of its progress. This country profile aims to inform policymakers, partners, and stakeholders about the current progress, challenges, and opportunities for scaling up MMS within maternal nutrition and health strategies in Thailand.

MMS Policy and Regulatory Status

The Department of Health (DOH) in Thailand is considering a transition from IFA to MMS.⁹ However, a costed operational plan has not yet been developed.¹⁰ Currently, ANC care is provided free of charge as part of the national health promotion package and is available to all Thai pregnant women under Thailand's Maternal and Child Health (MCH) program. To prevent anemia among pregnant women, the MCH program provides a capsule supplement containing iodine, folic acid, and iron produced by the Government Pharmaceutical Organization (GPO) as the current national standard for antenatal supplementation.²

Implementation Status

Between 2022 and 2023, Mahidol University (MU), supported by Vitamin Angels (VA), conducted a landscape analysis to map the context and assess Thailand's readiness for integrating MMS into ANC services. The landscape analysis aimed to identify and recommend strategic investments for the effective implementation and scaling of MMS. Thus, assessment of the nutritional situation, delivery platforms, policy, and regulatory environment, and stakeholder mapping has been completed.¹⁰

Based on the findings and recommendations of these assessments, a Technical Advisory Group (TAG) has been established, comprising key influencers and decision-makers from the Department of Health (DOH) and academic experts from the country, to drive the MMS roadmap activities.¹⁰ Thus, in 2024, MU finalized Thailand’s MMS roadmap. The TAG and stakeholders identified a need for implementation research to determine effective strategies to improve MMS uptake and adherence and emphasized the importance of advocating with DOH to update the national ANC guidelines and include MMS on the National Essential Medicines List (EML).⁹

As a next step, MU plans to conduct a systematic MMS review specifically for Thailand, finalize the methodology, and schedule a formative study.¹⁰ No capacity-building initiatives for frontline workers have been implemented to date.¹⁰

Key Program Actors and Partners

The Department of Health (DOH) of the Ministry of Public Health (MoPH) oversees maternal and child health nutrition programs in Thailand, including policy discussions and work to transition from IFA supplementation to MMS. Table 1 lists the national and international partners collaborating to implement and scale up MMS in Thailand.

Table 1: List of national and international partners working to scale up MMS in Thailand⁹⁻¹⁰

National Partners	International Partners
Mahidol University	Sight and Life
Technical Advisory Group for MMS (Thailand)	UNICEF
	Vitamin Angels

Supply Chain

There are currently no procurement sources for MMS in Thailand.¹⁰

Monitoring, Evaluation, and Research

MMS indicators are not yet integrated into national health information systems.¹⁰

Financing and Sustainability

Mahidol University has finalized a roadmap; however, cost planning is not yet ready.¹⁰

Challenges and Next Steps

Key challenges to introducing and scaling up MMS programming include the need for comprehensive technical and programmatic support. This encompasses technical guidance and presentations on MMS, as well as assessments of safety and benefits for specific populations such as lactating women and adolescents.¹⁰

Support is needed to include MMS in the national EML, and costing analyses are required to inform budgeting and resource allocation. Additional support is required for roadmap development, supply and manufacturing strategies, and integration into national health financing schemes. Coordination with pharmaceutical suppliers is also essential to improve access.¹⁰

References

1. Beckmaan A, Strassner C, Kwanbunjan K. Thailand – how far are we from achieving a healthy and sustainable diet? A longitudinal ecological study. *Lancet Reg Heal Southeast Asia*. 2024;29(100478). Accessed October 14, 2025. <https://www.sciencedirect.com/science/article/pii/S2772368224001288>
2. National Health Security Office (NHSO). Free antenatal care (ANC) for pregnant women and partners. 2022. Accessed October 14, 2025. <https://eng.nhso.go.th/view/1/DescriptionNews/Free-antenatal-care-ANC-for-pregnant-women-and-partners-/414/EN-US>
3. Global Health Observatory (GHO) data. WHO Anaemia estimates: Anaemia in women of reproductive age (aged 15-49), prevalence (%), by pregnancy status. World Health Organization (WHO). 2025. Accessed September 26, 2025. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age-(-))
4. Global Health Observatory (GHO) Data. Underweight among adults, BMI < 18.5, prevalence (age-standardized estimate) (%). World Health Organization (WHO). 2022. Accessed September 26, 2025. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-underweight-among-adults-bmi-18-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-underweight-among-adults-bmi-18-(age-standardized-estimate)-(-))
5. 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))
6. Global Health Observatory (GHO) Data. Stillbirth rate (per 1000 total births). World Health Organization (WHO). 2023. Accessed September 26, 2025. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/stillbirth-rate-\(per-1000-total-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/stillbirth-rate-(per-1000-total-births))
7. Global Health Observatory (GHO) data. Births, preterm (number). World Health Organization (WHO). 2020. Accessed September 26, 2025. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/preterm-births-\(number\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/preterm-births-(number))
8. Global Health Observatory (GHO) data. Low birthweight prevalence (%). World Health

- Organization (WHO). 2020. Accessed September 26, 2025.
[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/low-birth-weight-prevalence-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/low-birth-weight-prevalence-(-))
9. Healthy Mothers Healthy Babies Consortium, Micronutrient Forum. World Map of Activities - Healthy Mothers Healthy Babies Consortium (HMHB Survey 2021-2023). Accessed October 1, 2025. <https://hmhb.micronutrientforum.org/world-map/>
 10. Healthy Mothers Healthy Babies. HMHB Survey 2025.

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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