

# Country Profile: Venezuela

## Introduction

Venezuela, located in northern South America, has faced significant socioeconomic and public health challenges in recent years, which have directly affected maternal and child outcomes. According to the data available on the [World Health Organization Global Health Observatory](#) as of 2023, 29.1% of pregnant women were anemic,<sup>1</sup> while 5% of women were underweight in 2022.<sup>2</sup> The country had a stillbirth rate of 10.34 per 1,000 total births in 2023<sup>3</sup>, alongside a preterm birth prevalence of 8.27%<sup>4</sup> and low birthweight at 9.3% in 2020<sup>5</sup>. Likewise, infant mortality stood at 21.48 per 1,000 live births in 2022,<sup>6</sup> underscoring the need for strengthened maternal nutrition interventions.

Venezuela currently prevents antenatal anemia largely through the standard policy of routine iron–folic acid (IFA) prophylaxis embedded in national obstetric/ANC protocols.<sup>7</sup> While the country relies on IFA supplementation, multiple micronutrient supplementation (MMS) is evidently a cost-effective approach to achieve comparable protection against maternal anemia while also delivering additional reductions in low birth weight, small-for-gestational age, and stillbirths compared to IFA alone.<sup>8–10</sup>

This country profile provides a concise overview of Venezuela’s implementation and scaling up of MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders about the current progress, challenges, and opportunities for scaling up MMS as part of maternal nutrition and health strategies in Venezuela.

## MMS Policy and Regulatory Status

The [Ruta Materna](#), the national strategy for maternal health, aims to improve the quality and humanness of antenatal, postnatal, and infant care.<sup>11</sup> However, there are no current specific strategy documents for introducing MMS in the country or for transitioning from IFA to MMS.<sup>12</sup> The [list of essential medicines](#) in Venezuela does not yet include MMS; however, it does include folic acid and ferrous sulphate as supplements.<sup>13</sup>

## Implementation Status

UNICEF began implementing MMS in Venezuela in 2021 through a phased, geographically targeted approach. As part of this initiative, and within the framework of biannual work plans signed with the National Institute of Nutrition and the Ministry of Health, UNICEF is currently supporting the delivery of high-quality maternal nutrition services. This includes introducing MMS in 10 of the 23 states and strengthening nationwide advocacy for transitioning from IFA supplementation to MMS. Thus, the geographical coverage is 43% of the country.<sup>14</sup>

Although a nutrition situation analysis has been completed, there is no costed operation plan and no strategies to optimize MMS. Nevertheless, capacity-building efforts, including refresher training, are ongoing for frontline workers. There is currently no official, updated, and nationally representative data on the nutritional status of pregnant women in the country. No specific strategy documents have been developed for introducing MMS in the country or for the transition from IFA to MMS.<sup>14</sup>

The use of MMS in selected areas follows the existing national strategies and protocols, on supplementation for pregnant and lactating women, with MMS being used as a replacement for IFA. Every year, UNICEF publishes a situation report that includes data on the nutritional status of pregnant women collected in its targeted vulnerable areas. The 2020 edition, released before the first batch of MMS was delivered in the country, includes data on anemia.<sup>14</sup>

## MMS Coverage and Utilization

As of the end of 2024, Venezuela has begun implementing MMS for pregnant women. However, the initiative remains in the pilot phase, with distribution targeted rather than fully scaled nationally. In 2024, UNICEF delivered a comprehensive care package for pregnant and breastfeeding women, reaching over 163,614 beneficiaries. These women received either IFA supplements or MMS. Within this group, 13,069 malnourished pregnant women, including 5,097 adolescents, received additional nutritional support through adequate lipid-based nutritional supplements until they achieved a healthy weight<sup>15</sup>. Between January and June 2024, UNICEF reported that 34,535 pregnant and lactating women in Venezuela received comprehensive nutrition care and MMS.<sup>16</sup>

Venezuela is considering targeting breastfeeding women and postpartum women (e.g., first six months post-birth), independently of lactation status, for MMS in addition to the pregnant women. For the existing MMS programs, individual and group counseling at health centers, and group counseling in the community are provided as a strategy to increase adherence to MMS. UNICEF's 2025 work plan for Venezuela emphasizes continued support for supplementation and nutrition interventions, but the scale-up remains dependent on humanitarian funding and operational capacity. The goal is to reach 220,000 pregnant and breastfeeding women who receive childbirth attention in UNICEF-supported facilities.<sup>17</sup> Likewise,

Venezuela is one of the 16 countries to receive a package of nutrition services, including MMS, within the UNICEF Maternal Nutrition Acceleration Plan, which states that UNICEF intends to target 300,000<sup>1</sup> pregnant adolescent girls and women to receive these MMS and other nutrition services by the end of 2025 in Venezuela.<sup>18</sup>

## Key Program Actors and Partners

The Ministry of Health (MOH) is leading implementation initiatives in coordination with various national and international partners (Table 1).

Table 1: List of national and international partners working to scale up MMS in Venezuela<sup>12,19</sup>

National Partners	International Partners
<a href="#">Instituto Nacional de Nutrición (National Institute of Nutrition – Venezuela)</a>	<a href="#">Caritas Carúpano</a>
	<a href="#">Cáritas de Venezuela (Caritas Nacional)</a>
	<a href="#">Fe y Alegría</a>
	<a href="#">Fundana (Fundación Amigos del Niño que Amerita Protección)</a>
	PALUZ (Pastoral de la Universidad del Zulia)
	<a href="#">UNICEF</a>
	<a href="#">World Vision International</a>

## Supply Chain

The current MMS supply chain relies on imports with no local production in Venezuela.<sup>14</sup>

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<sup>1</sup> United Nations Children’s Fund (UNICEF). Improving Maternal Nutrition: An Acceleration Plan to Prevent Malnutrition and Anaemia during Pregnancy (2024–2025). UNICEF, New York, 2024 (Table 1: Target numbers of pregnant adolescent girls and women to receive the package of nutrition services, including MMS, by the end of 2025)

## Monitoring, Evaluation, and Research

No formal implementation research studies on MMS have been published from Venezuela to date. Although the Ministry of Health and UNICEF collected data on antenatal supplements through routine healthy facility reporting, these data were not representative at the national level.<sup>12</sup>

## Financing and Sustainability

The primary funding for MMS in Venezuela comes from international donors, especially through humanitarian channels<sup>12</sup>.

## Challenges and Next Steps

Key challenges to scaling up MMS programming include the need for comprehensive technical and programmatic support to assess the evidence on the safety and benefits of MMS for specific populations, such as lactating women and adolescents. Establishing a National MMS Task Force is a critical next step to coordinate efforts and guide policy development. Inclusion of MMS in the national Essential Medicines List (EML) remains a priority to formalize its use within the health system. Additionally, barriers include the absence of a detailed costing analysis and the need for a structured roadmap and planning support to guide phased implementation. Addressing these gaps will be essential to accelerate and sustain MMS scale-up nationwide.<sup>12</sup>

## MMS Tools and Resources

### Situation and Policy Analyses and formative research

The UNICEF situation reports provide details on the programs implemented in the country. This also includes the most recent coverage of maternal care services and MMS provided to pregnant and lactating women.

[Bolivarian Republic of Venezuela situation reports](#)

## References

1. 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-(-))
2. 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)-(-))
3. 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))
4. 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))
5. 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-(-))
6. 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))
7. Ministerio del Poder Popular para la Salud. *PROTOCOLOS DE ATENCIÓN. CUIDADOS PRENATALES Y ATENCIÓN OBSTÉTRICA DE EMERGENCIA.*; 2013.
8. Firoz T, Daru J, Busch-Hallen J, Tunçalp Ö, Rogers LM. Use of multiple micronutrient supplementation integrated into routine antenatal care: A discussion of research priorities. *Matern Child Nutr.* 2025;21(1):e13722. doi:10.1111/MCN.13722;WGROU:STRING:PUBLICATION
9. Gomes F, Adu-Afarwuah S, Agustina R, et al. Effect of prenatal multiple micronutrient supplementation compared with iron and folic acid supplementation on size at birth and subsequent growth through 24 mo of age: a systematic review and meta-analysis. *Am J Clin Nutr.* 2025;122(1):185-195. doi:10.1016/J.AJCNUT.2025.04.022
10. Gomes F, Agustina R, Black RE, et al. Multiple micronutrient supplements versus iron-folic acid supplements and maternal anemia outcomes: an iron dose analysis. *Ann N Y Acad Sci.* 2022;1512(1):114. doi:10.1111/NYAS.14756
11. Ministerio del Poder Popular para la Salud-MPPS. *Manual Operativo Para La Implementacion de La Estrategia de La Ruta Materna.*; 2022. Accessed October 13, 2025. [https://venezuela.unfpa.org/sites/default/files/pub-pdf/ruta\\_materna.pdf](https://venezuela.unfpa.org/sites/default/files/pub-pdf/ruta_materna.pdf)
12. Healthy Mothers Healthy Babies. HMHB Survey 2025.
13. SEFAR. *LISTA SUBREGIONAL DE MEDICAMENTOS ESENCIALES.* Accessed October 13, 2025. <https://www.orasconhu.org/documentos/Listado de Medicamentos Esenciales Venezuela FINAL.pdf>

14. Healthy Mothers Healthy Babies Consortium, Micronutrient Forum. World Map of Activities - Healthy Mothers Healthy Babies Consortium (HMHB Survey 2021-2023) and (HMHB Survey 2025). Accessed October 1, 2025. <https://hmhb.micronutrientforum.org/world-map/>
15. UNICEF Venezuela. *Venezuela Situation Report No.2.*; 2025. Accessed October 13, 2025. [www.unicef.org/appeals/venezuela/situation-reports](http://www.unicef.org/appeals/venezuela/situation-reports)
16. UNICEF. *Situation Report No:1 |Venezuel Highlights.*; 2025. Accessed November 20, 2025. [https://www.unicef.org/media/173156/file/Venezuela-Humanitarian-Situation-Report-No.1,-\(Mid-Year\)-30-June-2025.pdf](https://www.unicef.org/media/173156/file/Venezuela-Humanitarian-Situation-Report-No.1,-(Mid-Year)-30-June-2025.pdf)
17. United Nations Children’s Fund (UNICEF). *Bolivarian Republic of Venezuela Appeal | UNICEF.* Accessed October 13, 2025. <https://www.unicef.org/appeals/venezuela>
18. United Nations Children’s Fund (UNICEF). *Improving Maternal Nutrition: An Acceleration Plan to Prevent Malnutrition and Anaemia during Pregnancy (2024–2025).*; 2024. Accessed October 13, 2025. [https://www.unicef.org/media/153581/file/Maternal nutrition acceleration plan.pdf](https://www.unicef.org/media/153581/file/Maternal%20nutrition%20acceleration%20plan.pdf)
19. Healthy Mothers Healthy Babies Consortium, Micronutrient Forum. World Map of Activities. Accessed October 6, 2025. <https://hmhb.micronutrientforum.org/world-map/>

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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