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MINISTRY OF HEALTH-ETHIOPIA

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From Evidence to Impact: Ethiopia's Transition to Multiple Micronutrient Supplementation

A national policy shift from iron–folic acid to multiple micronutrient supplementation as the standard of antenatal care.

Nourish Pregnancy.
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HEALTHY MOTHERS HEALTHY BABIES

CIFF CHILDREN'S INVESTMENT FUND FOUNDATION

ELEANOR CROOK FOUNDATION

THE POWER OF nutrition

BILL & MELINDA GATES foundation

BACKGROUND & CONTEXT

Ethiopia Government Response: The Micronutrient Deficiency Crisis

Ethiopia faces a high burden of multiple micronutrient deficiencies among women of reproductive age, driving poor pregnancy and birth outcomes nationwide.

THE DEFICIENCY BURDEN

2/3
(66%)
of women of reproductive age have multiple micronutrient deficiencies

25–40%
anemia prevalence among women of reproductive age

12%
(400,000+)
of newborns affected by low birthweight each year

63–83
per 10,000 births
neural tube defects — vs. 21/10,000 in Africa overall; ~30,000 births/year

ETHIOPIA'S RESPONSE

Aligned with 2019 WHO guidance, the Government of Ethiopia implemented a demonstration programme to inform the transition from iron–folic acid (IFA) to multiple micronutrient supplementation (MMS) as the national standard of care for pregnant women.

11/12
regions reached via ANC platforms

423,000+
pregnant women reached by the MMS demonstration programme

IFA → MMS
Informed national policy transition

FROM DEMONSTRATION TO POLICY TO NATIONAL SCALE IMPACT

"In response to Ethiopia's high burden of micronutrient deficiency, the Government of Ethiopia has made the strategic, evidence-based decision to transition from iron–folic acid to multiple micronutrient supplementation as the national standard of care for pregnant women."

— H.E. Dr Dereje Duguma
State Minister, FMOH, Government of Ethiopia — December 2025

PROGRAMME DESIGN

Ethiopia's MMS Demonstration Programme (Nov 2022 – Jan 2026)

Using MMS as an entry point to strengthen nutrition service delivery for pregnant women attending antenatal care.

OVERALL GOAL

Use MMS as an entry point to improve delivery of nutrition services among pregnant women attending ANC.

PRIMARY OBJECTIVES

1. Demand generation
2. Improve quality of services
3. Increase coverage, uptake, and compliance for ANC

SECONDARY OBJECTIVES

a. Social marketing strategies

b. Promote local production

DELIVERY MODEL: RURAL vs. URBAN

RURAL

Public ANC facility

Free MMS during ANC

Pregnant women from the community

Single channel: pregnant women are reached exclusively through free MMS distribution at public ANC facilities.

URBAN

Public ANC facility

Private providers

Social marketing

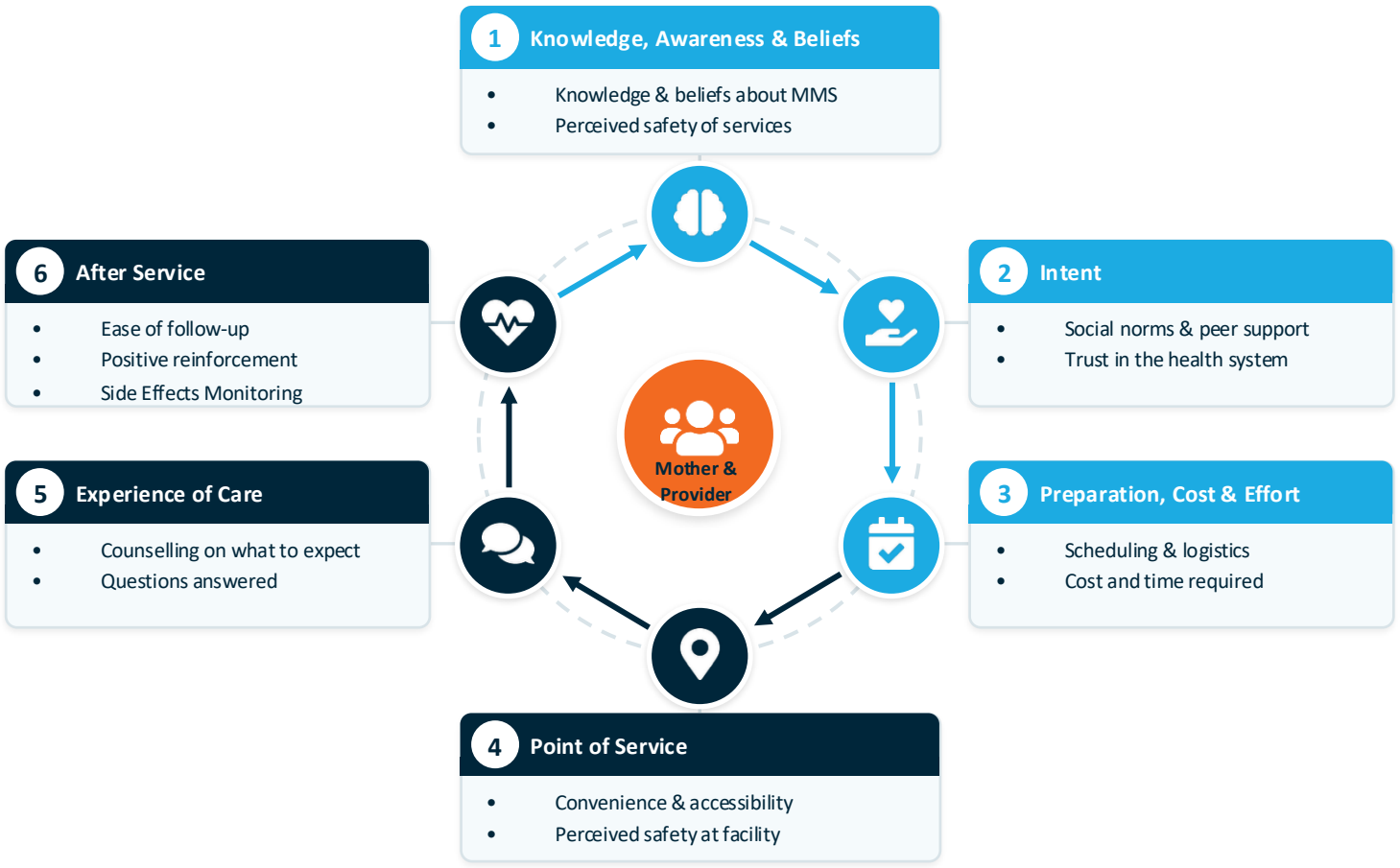
Pregnant women in urban areas

Two channels: public ANC facilities (as in rural areas) plus private providers reached through social marketing.

DEMAND GENERATION APPROACH

SBC key for generating and sustaining demand for MMS and maternal services

Examining barriers and mapping opportunities — for mothers and health care providers — at every stage of the journey to sustained MMS and maternal service use.



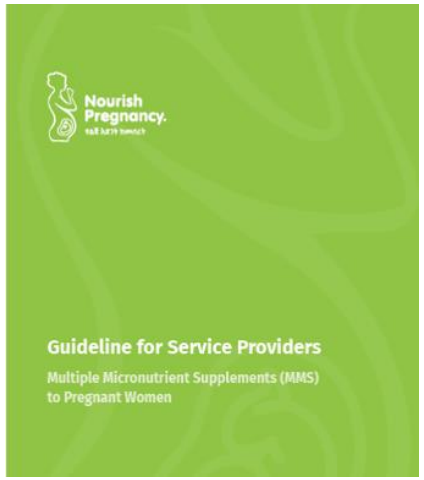
Modified from UNICEF's Journey to Health framework — ESARO Network Meeting, 2019.

RESEARCH & DESIGN PARTNER

BIRDLAB
BEHAVIORAL HEALTH INSIGHTS RESEARCH AND DESIGN LAB ETHIOPIA

Products

- *Innovations / best SBC practices*
- *SBC strategy for maternal nutrition*



MARKET SHAPING

MMS Social Marketing: Building Ethiopia's Private-Sector Market

Growing a sustainable, private-sector channel for MMS — alongside the public ANC platform — to widen access for pregnant women in urban Ethiopia.

In collaboration with MSI Ethiopia

- **Supplier Sourcing** — Renata Bangladesh selected as manufacturing partner
- **Product Branding** — Brand identity developed for market launch
- **EFDA Registration**
- **Training & Capacity Building** — Sales and service-provider training completed
- **Social Marketing** — Demand-generation campaign

MSI ETHIOPIA — PRIVATE-SECTOR SERVICE NETWORK

Franchised Clinic Network

- Antenatal & MMS counselling
- Maternal & child health
- Family planning commodities
- Community outreach

400+
franchised clinics (urban)

5
target regions

ACHIEVEMENTS

- Secured EFDA approval to launch the product for Ethiopia & MSI-supported country programmes
- Procurement & distribution via MSI-supported franchised clinics (400+ urban)
- Scale to target regions: Addis Ababa, Bahir Dar, Adama, Hawassa & Mekelle — ≈300,000–450,000 women/year nationally
- Replace Pregna-Vit with UNIMAP across MSI-supported country programs

MMS Dashboard

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Nourish Pregnancy
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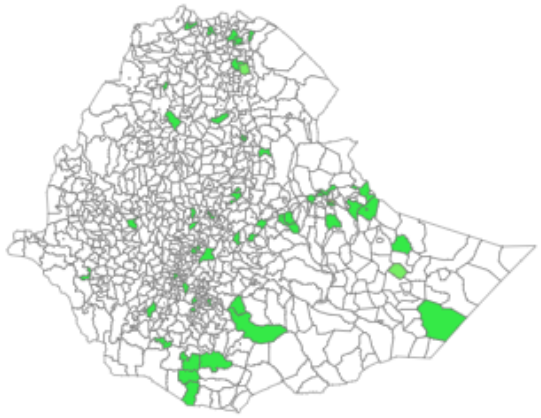
Period
- 2022
- 2023
- 2024

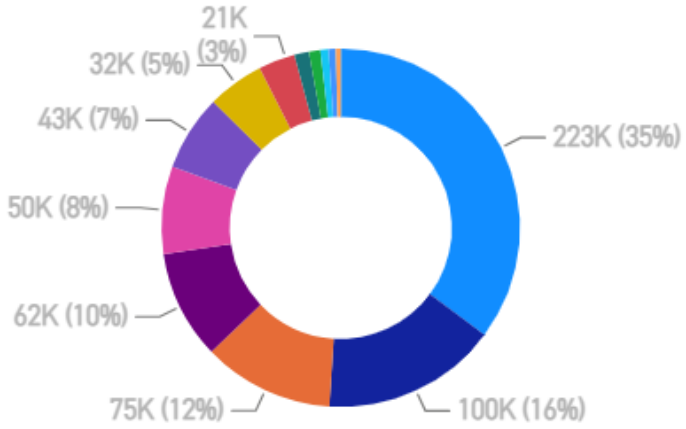
Woreda Status
- Existing
- Expansion

Region
- Addis Ababa
- Afar
- Amhara

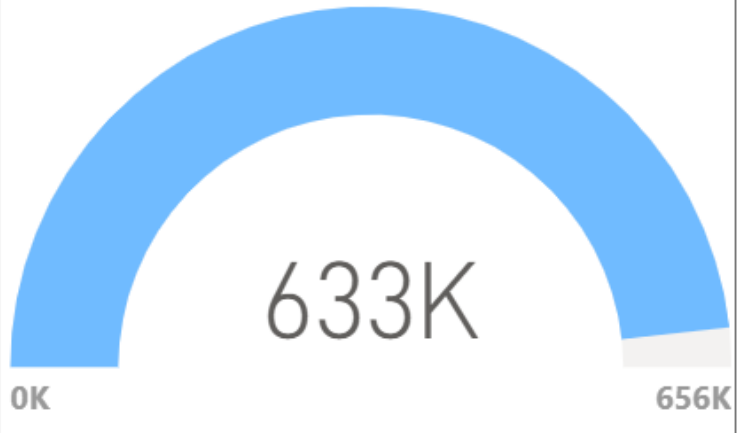
Monthly MMS coverage by woreda



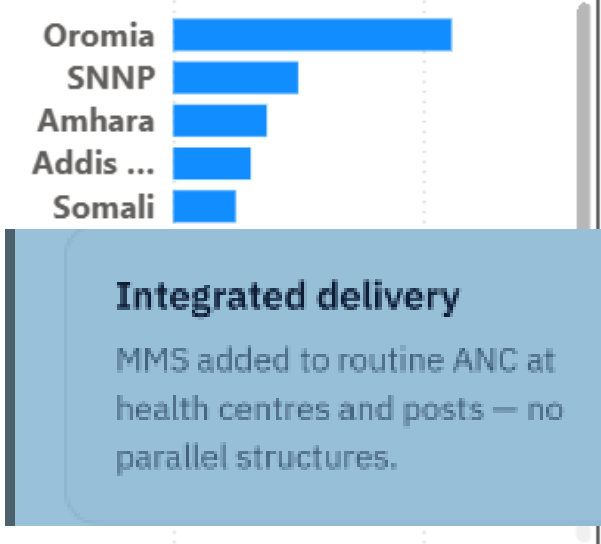
MMS supplementation-Regional share



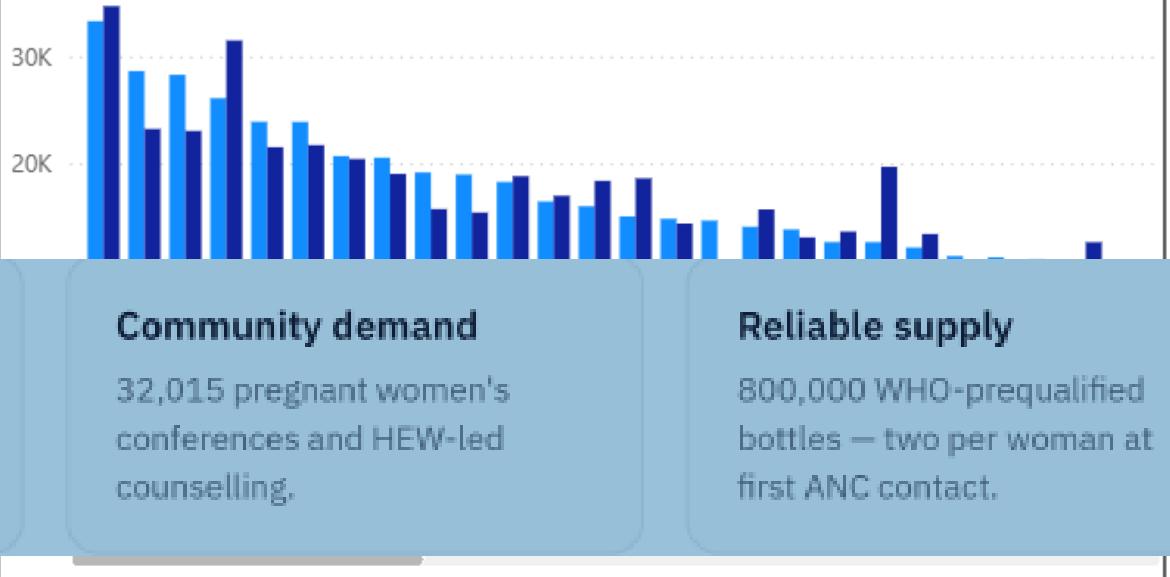
Target vs Performance



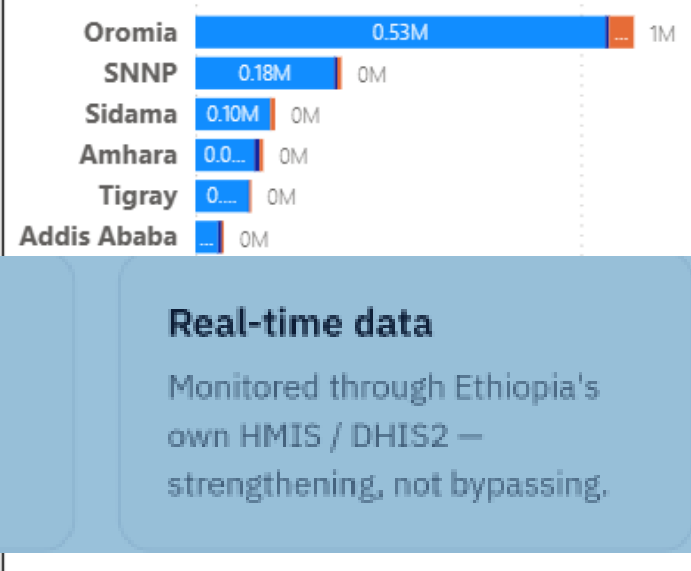
Number of PW supplemented with MMS by Region



Target vs performance by woreda



SBC Activities



Integrated delivery

MMS added to routine ANC at health centres and posts — no parallel structures.

Community demand

32,015 pregnant women's conferences and HEW-led counselling.

Reliable supply

800,000 WHO-prequalified bottles — two per woman at first ANC contact.

Real-time data

Monitored through Ethiopia's own HMIS / DHIS2 — strengthening, not bypassing.

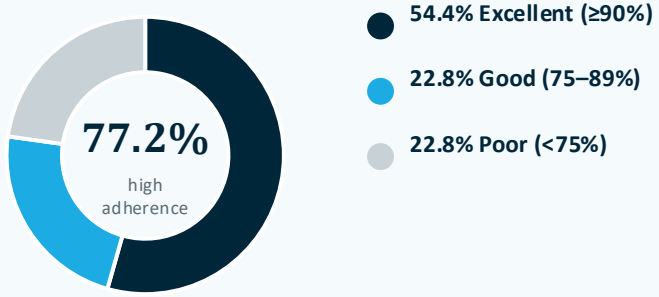
DEMAND GENERATION & ADHERENCE — WHAT WE LEARNED

High MMS Adherence Is Achievable at Scale

Targeted support is essential to close equity gaps for young mothers, rural communities, and mothers with limited formal education.

Longitudinal cohort embedded in the programme (Johns Hopkins & Addis Ababa University) — 1,296 pregnant women across 6 districts in 5 regions, enrolment through delivery (Feb–Nov 2025).

ADHERENCE ACHIEVED AT SCALE



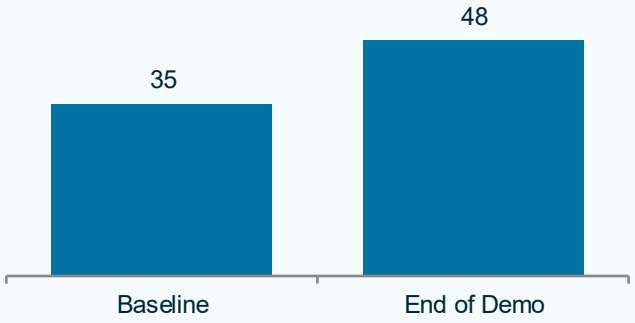
Measured via 30-day recall and validated against independent bottle-weight checks — reliable and low-cost enough for routine monitoring through DHIS2.

DEMAND GENERATION: EARLY ANC ATTENDANCE

+13 pts

early ANC attendance in MMS districts

National Early ANC is 31%



MMS implementation strengthened early ANC attendance — suggesting the intervention catalysed broader ANC quality improvements beyond supplement provision alone.

WHERE ADHERENCE GAPS PERSIST — THE EQUITY FRONTIER

KEY TAKEAWAY

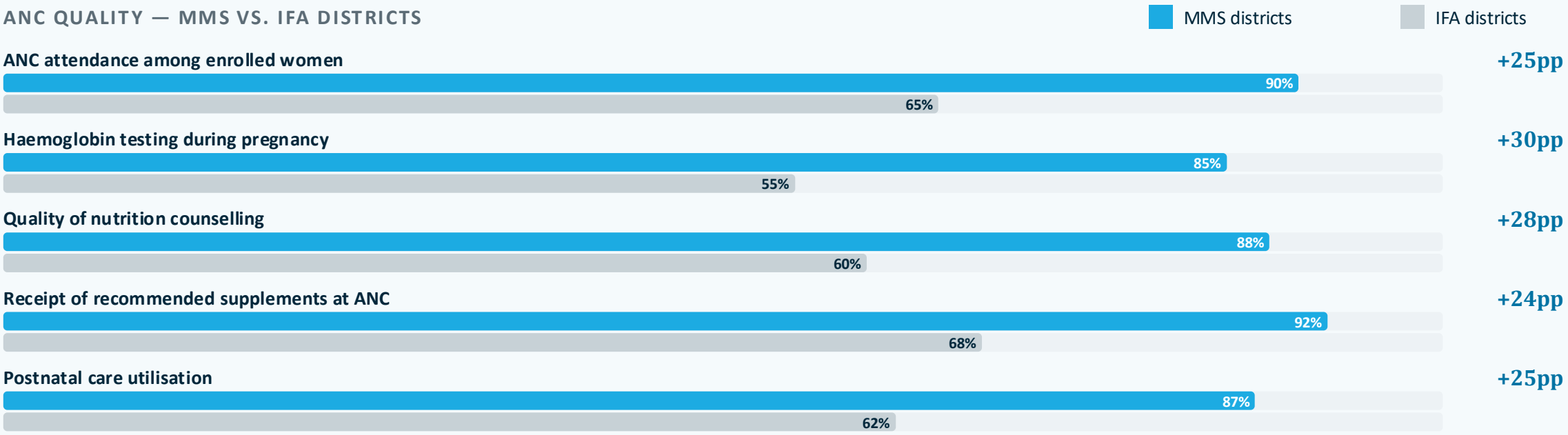
Sustained impact will require targeted adherence support for young, less-educated, rural women — where delivery risks are highest and the marginal returns to intervention are likely greatest.

PROGRAMME IMPACT — ANC QUALITY

MMS Became an Entry Point for Stronger Antenatal Care

Under comparable conditions, MMS districts outperformed IFA districts on every measured ANC quality indicator — gains of 24–30 percentage points (average +26pp).

ANC QUALITY — MMS VS. IFA DISTRICTS



Endline survey across 42 study districts in 5 regions. MMS districts were randomised to switch from IFA as part of routine ANC; IFA districts retained standard supplementation.

EARLIER ANC ATTENDANCE

+13pp first ANC before 12 weeks in MMS sites (35% → 48%, 2023–25)

vs. +4pp national gain over the same period (27% → 31%).

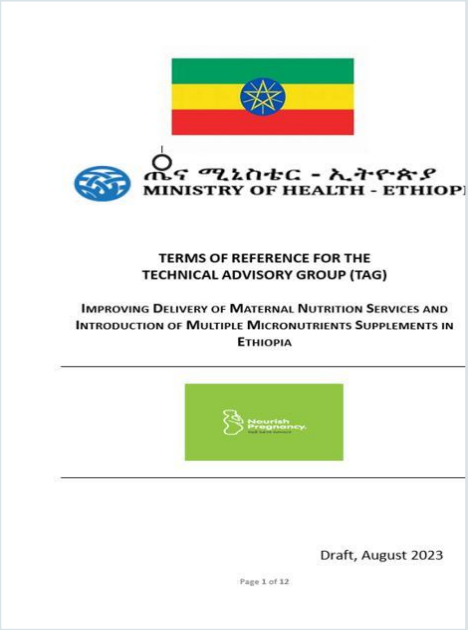
BEHAVIOUR CHANGE & COMMUNITY MOBILISATION

BIRD Lab co-created and field-tested **six SBC innovations**, strengthening Ethiopia's existing **monthly Pregnant Women's Conferences** led by the Women's Development Army and HEWs — engaging spouses, faith-based and community leaders to shift household and social norms.

GOVERNANCE & TECHNICAL LEADERSHIP

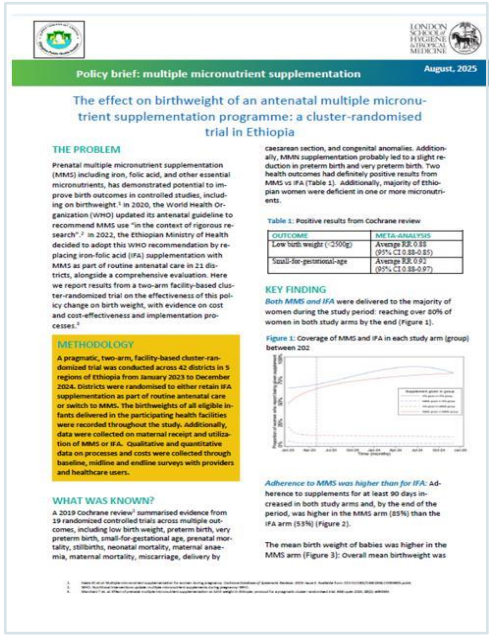
Established TAG to Support Ethiopia's National Leadership

The Technical Advisory Group plays a critical role in guiding MMS policy and delivery — but effective operation requires strong local capacity and close linkages with regional and global TAG structures.



Terms of Reference for the TAG

August 2023



Evaluation Brief: Effect on Birthweight

From the randomized trial, Aug 2025

Policy Brief: MMS vs. IFA

Efficacy & cost-effectiveness

National Interim Guideline, MMS

March 2026

TAG'S CRITICAL ROLE

1. Provides technical guidance on MMS policy, quality, and service delivery
2. Anchors evidence-to-policy translation — protocols, policy briefs, terms of reference
3. Demonstrates Ethiopia's national ownership and leadership on maternal nutrition

WHAT EFFECTIVE OPERATION REQUIRES

1. Strong local secretariat capacity, with sustained staffing and financing
2. Close linkages with the Regional TAG (ESARO) for technical backstopping
3. Active connection to the Global TAG for alignment with international guidance

NATIONAL POLICY MILESTONE

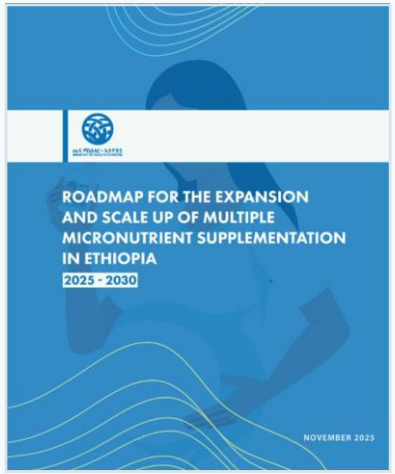
National Costed Roadmap for Scaling MMS by 2030

Endorsed and launched by the Government of Ethiopia — a costed pathway to national scale-up of multiple micronutrient supplementation through 2030.

National Launch: Costed Roadmap for Scaling Up MMS — December 4, 2025, Addis Ababa, Ethiopia

Co-hosted with EPHI, Addis Ababa University, Results for Development, MSI, the Gates Foundation, CIFF and UNICEF.

NATIONAL ROADMAP DOCUMENT



Roadmap for the Expansion and Scale-Up of Multiple Micronutrient Supplementation in Ethiopia

2025–2030

Ministry of Health, Ethiopia — November 2025

Ethiopia_MMS_Roadmap_Final_2025

The roadmap sets out a fully costed, phased pathway — financing, supply chain, and delivery platforms — to reach national scale by 2030.

Informed the Investment Case and Financing Strategy for Ethiopia

FINANCING & SCALE-UP

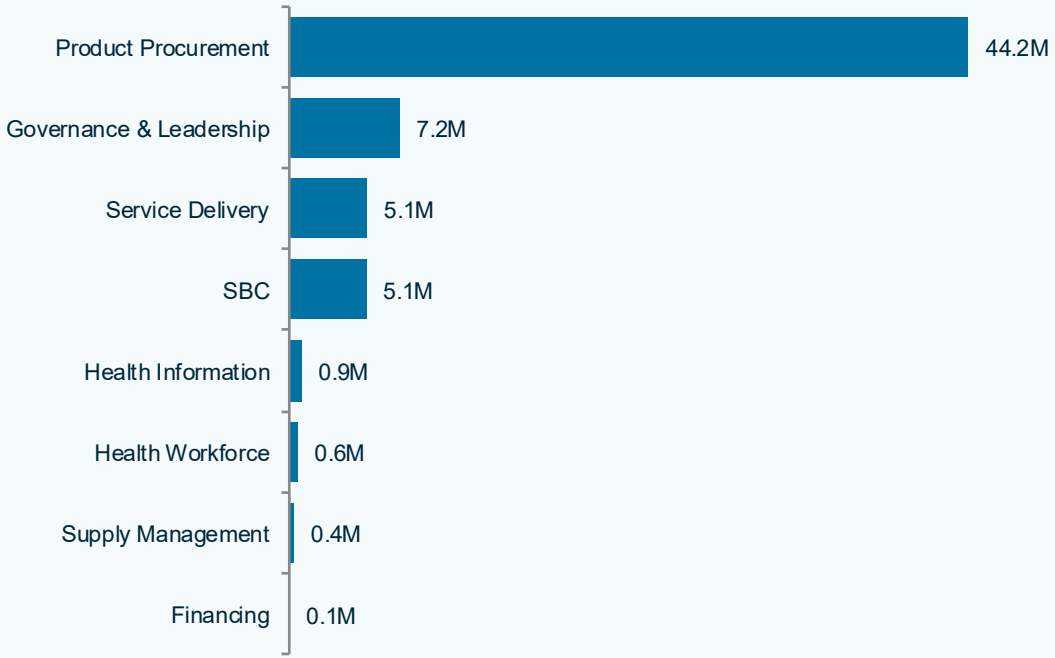
A Fully Costed Pathway to National Scale by 2030

USD 63.5 million over five years — scaling from 70 to 1,067 woredas (100% coverage) through phased start-up, expansion, and scale-up.

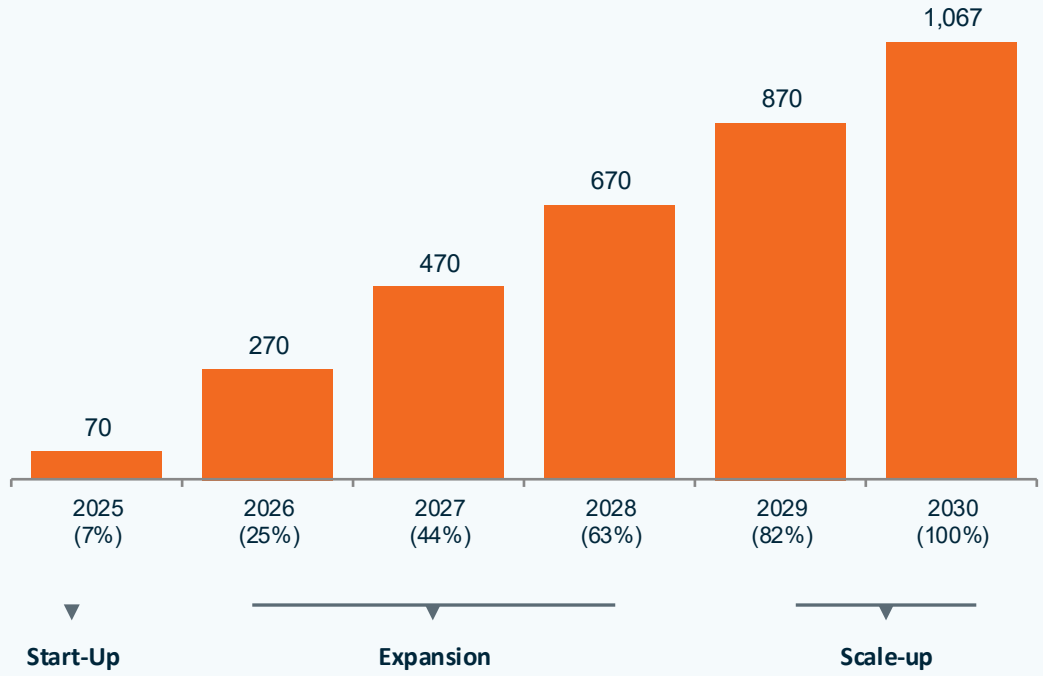
COST BREAKDOWN (2025–2030, USD)

$63.5M
total estimated cost — 6 years

$4.90
avg. cost per pregnant woman reached



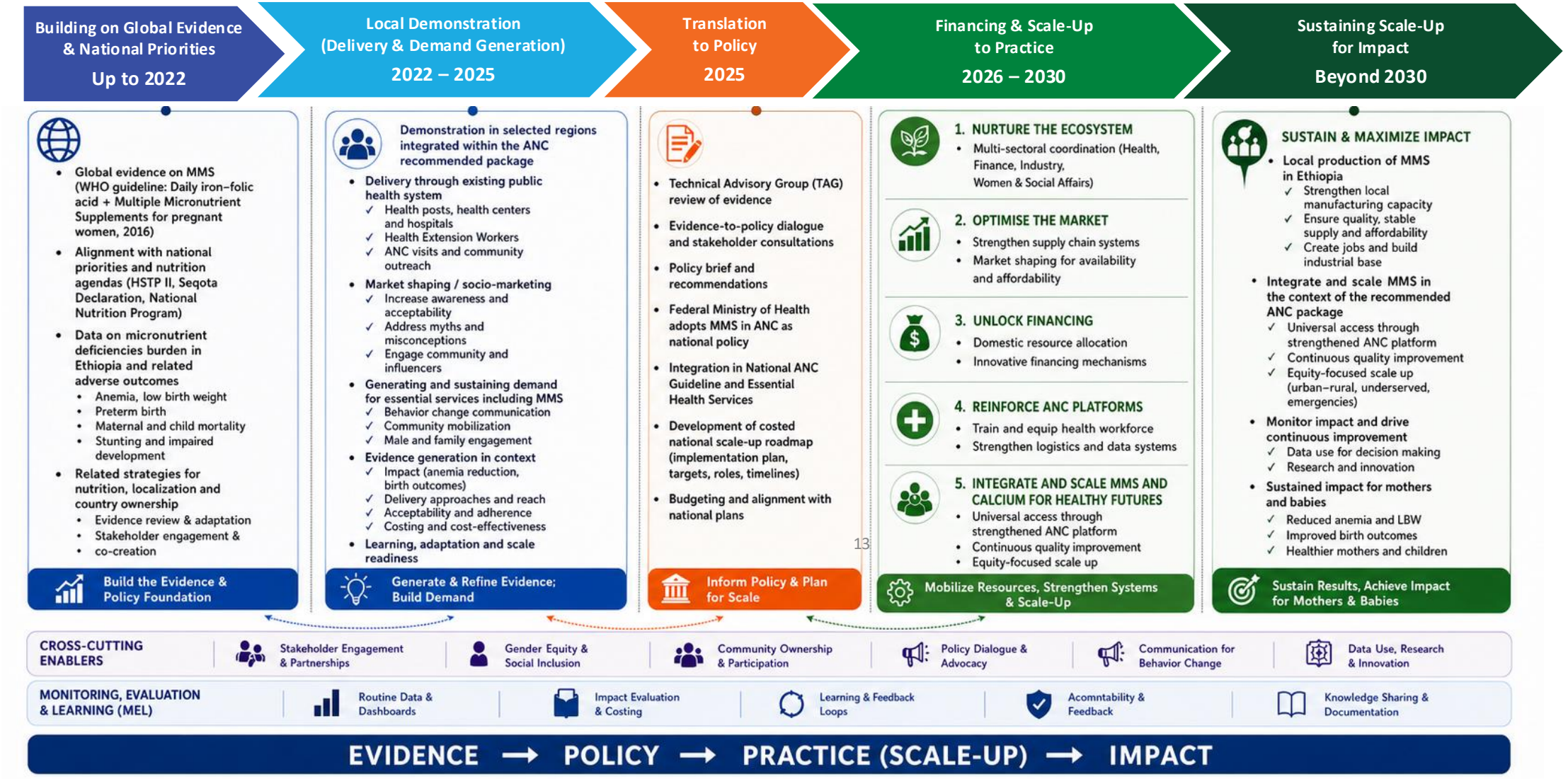
SCALE-UP PLAN: WOREDAS REACHED & COVERAGE



Optimizing the ANC Platform to Deliver MMS and Drive Adherence in Ethiopia (2026 – 2030)

In Summary: Pathway to Evidence-Based Policy Translation to Impact

Multiple Micronutrient Supplements (MMS) in Ethiopia — scale-up and impact roadmap



ACKNOWLEDGEMENTS

Strategic Partnership with Government Leadership

Government involvement throughout — from design to delivery — has strengthened Ethiopia's national leadership and ownership of this agenda.

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WITH SINCERE THANKS TO OUR PARTNERS

Ethiopian Public Health Institute · London School of Hygiene & Tropical Medicine · Johns Hopkins University · sightandlife · Deloitte. · R4D · Marie Stopes International · Healthy Mothers Healthy Babies · Eleanor Crook Foundation · The Power of nutrition · Bill & Melinda Gates foundation · CIFF Children's Investment Fund Foundation

SUPPORTING MEDIA

https://weshare.unicef.org/archive/Nutritional-Supplement-Video---16x9-2AMZIFY814_O.html
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