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PHILIPPINES

Socio-economy of Chronic Malnutrition

Photo: ACF-Philippines, D. Burgui

A preliminary key trends analysis by 2030

Key observations

- 1. Steady economic growth in the Philippines ($\pm 6\%$) has not translated into poverty and stunting reduction
- 2. Despite best practice health policies, there has been no significant progress in the annual rate of stunting reduction
- 3. The phenomenon is unlikely to decline by 2030, especially among the most economically vulnerable communities

Statistics

- 9th** The Philippines is 9th among countries with the highest number of stunted children
- 3.9%** Global WHA target for U-5 stunting reduction (AARR), and below the Philippines' national target - which it is not set to meet by 2025
- 4.4%**
- 33.4%** Stunted U-5 children (2015) Stunting is critically high in rural areas (38.1%) and in the poorest quintile (49.2%)

A Snapshot

Prevalence of under-5 stunting in the Philippines shows little progress in reduction over time. On the contrary, there has been a 3.1% increase since 2013.

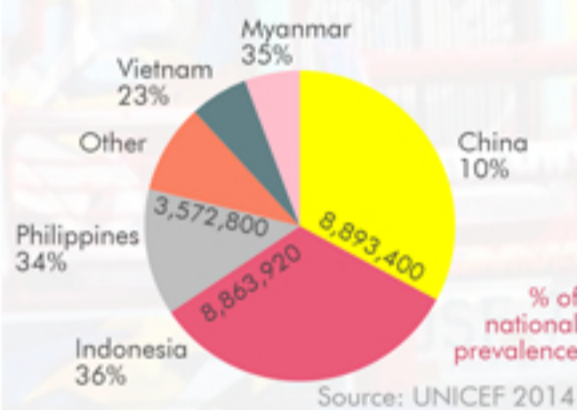


Yet, other human development indicators for the country have been improving (life expectancy, years of schooling, GNI per capita).

Despite being one of the fastest growing economies in South-east Asia, the Philippines lags behind its counterparts in the region in its fight against stunting.



Stunted children in Asia



What are the obstacles to stunting reduction in the Philippines?

The 6 underlying determinants of chronic malnutrition



1. Access to safe water



2. Access to improved sanitation



3. Female secondary school enrolment



4. Gender equality



5. Consistent access to food



6. Share of dietary energy supply derived from non-staple food

Trends by 2030

Urbanization of poverty

1 in 5 Filipinos live in Metro Manila.

Urban, informal settlements will continue growing faster than regularization.

Manila is a city of 22 million people, of which 4 million live in slums.

There is increasing pressure on access to services, infrastructure, and health care.

Decreasing public investment in education

Secondary school enrolment overall remains low in the country.

Public expenditure has shrunk over time, consisting of only 2.5% of the GDP in 2015.

Teenage pregnancies have doubled between 2000 and 2013.

The female market keeps on growing. Over 50% of overseas workers are female. Changing socio-demographic patterns impact child care and feeding practices.

A dietary shift

Meat and high-sugar foods consumption increases.

Buying ready-to-eat food tends to replace cooking practices.

The power of the processed food industry, particularly baby food and milk companies, will remain high in the Philippines. Unwholesome products are likely to keep spreading (lowering the quality of food intake for pregnant women and under-5).

To break the cycle of chronic malnutrition, we will need to better understand:

1. The impact and trends of changing food practices on chronic malnutrition
2. The potentialities and limits of the inclusion of a nutrition-sensitive approach in the education system
3. The relationship between reproductive health policies and stunting reduction
4. The role that media play and could play in the future in the fight hunger chronic malnutrition

Conclusion

Stunting prevalence in the Philippines is unlikely to significantly reduce in the outlook as key factors perpetuating the cycle of chronic malnutrition remain unaddressed and could even worsen by 2030.

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