The Costs of Undernutrition
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.1
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth.
- The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.5

Where Does The Philippines Stand?
- 34% of children under the age of five are stunted, 21% are underweight, and 6% are wasted.2
- 1 in 20 infants are born with a low birth weight.2
- The Philippines has achieved high rates of vitamin A supplementation: 86% of children 6–59 months of age receive the recommended two doses of vitamin A approximately six months apart.2

As shown in Figure 1, although the overall prevalence of stunting and underweight has been decreasing over the past two decades, The Philippines will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.6

As seen in Figure 2, while The Philippines has similar stunting rates as some of its Southeast Asian neighbors, some countries with lower incomes in the Africa region, such as Ghana and Togo have lower rates of child stunting.

Most of the irreversible damage due to malnutrition in The Philippines happens during gestation and in the first 24 months of life.6

Key Actions to Address Malnutrition:
- Improve infant and young child feeding through effective education and counseling services. 1400
- Invest in vitamin A Supplementation. 1700
- Achieve universal salt iodization. 3000
- Fortify commonly consumed foods with iron. 800
- Ensure an adequate supply of zinc supplements for the treatment of diarrhea. 1370

Source: WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank’s World Development Indicators.

Source: Stunting rates were obtained from the WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards), GNI data were obtained from the World Bank’s World Development Indicators.
Solutions to Primary Causes of Undernutrition

**Poor Infant Feeding Practices**

- 54% of all newborns receive breast milk within one hour of birth.²
- About one-third (34%) of infants under six months are exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, 42% of infants are not fed appropriately with both breast milk and other foods.²

**Solution:** Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections.

**High Disease Burden**

- 14% of child deaths under 5 are due to diarrhea.⁶
- Malaria is endemic which exacerbates rates of anemia.
- Undernourished children have an increased risk of falling sick and greater severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

**Solution:** Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

**Limited Access to Nutritious Food**

- 15% of households are food insecure.⁷
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

**Solution:** Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

**References**


**PHILIPPINES**

**Vitamin and Mineral Deficiencies Cause Hidden Hunger**

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being, and are prevalent in The Philippines, as indicated in Figure 3.

**Figure 3** High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity

- **Vitamin A:** About 40% of preschool aged children and close to 20% of pregnant women are deficient in vitamin A.⁶
- **Iron:** Anemia is found in about 36% of preschool aged children and 44% of pregnant women, respectively.⁶ Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.

- **Iodine:** Only 45% of households consume iodized salt and 1.2 million infants remain unprotected from iodine deficiency disorders.⁶
- **Zinc:** 32% of the population is at risk for insufficient zinc intake.¹¹ Zinc supplementation during diarrheal episodes can reduce morbidity by more than 40%.¹²

**World Bank Nutrition-Related Activities in The Philippines**

The World Bank is supporting the Philippines’s national health objectives through the National Sector Support for Health Reform, and more specifically the national goal of improving women’s health through the Second Women’s Health and Safe Motherhood project. Related projects include the Mindanao Rural Development Project which promotes participation in using a community fund for agricultural development, a community grants program (Kalalhi CIDSS), and a pilot conditional cash transfer program (4 Ps).

**Addressing undernutrition is cost effective:** Costs of core micronutrient interventions are as low as US$0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.¹⁰

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