

Country Profile: Philippines

Introduction

The Philippines, situated in the Western Pacific, experienced a 5.6% Gross Domestic Product (GDP) growth in 2024 (1) and is projected to transition from lower-middle-income to upper-middle-income status by 2026. Despite longstanding challenges in maternal and neonatal nutrition, the country is among the few that have made progress in reducing anemia among pregnant women. According to the WHO's Global Health Observatory (2), anemia prevalence among pregnant women declined to 24% in 2023 compared to 24.9% in 2022 and 27.5% in 2019.

Regarding birth outcomes, the infant mortality rate in 2023 was 22.12 per 1,000 live births, while the stillbirth rate reached 11.67 per 1,000 total births. Data from 2020 also show that the prevalence of preterm births was 7.7%, and 21.1% of infants were born with low birth weight (2).

For decades, the country has relied on iron–folic acid (IFA) supplementation to address anemia. A Philippines-specific policy brief from Nutrition International assessed the cost-effectiveness of transitioning from IFA to multiple micronutrient supplementation (MMS), showing that such a shift could avert 590,505 Disability-Adjusted Life Years (DALYs) and prevent 5,162 child deaths over a 10-year period, yielding benefits 463 times greater than the cost (3).

MMS is increasingly recognized by the government and partner organizations as an evidence-based and feasible intervention. This country profile provides a concise overview of the Philippines' progress in transitioning from IFA supplementation to MMS. Its aim is to inform policymakers, partners, and stakeholders about current achievements, ongoing challenges, and opportunities to advance MMS as part of national maternal nutrition and health strategies.

The sections below outline the current MMS landscape in the Philippines, including policy and regulatory status, implementation progress, coverage and utilization, key partnerships, supply chain dynamics, monitoring and evaluation, financing, sustainability, and proposed next steps.

MMS Policy and Regulatory Status

One of the targets of the Philippine Plan of Action for Nutrition (PPAN) 2023-2028 is to reduce the prevalence of anemia among pregnant and lactating women, as well as all women of reproductive age(4). Efforts are underway to include MMS in the National Drug Formulary and to make it more accessible to pregnant women nationwide.

Under the leadership of the Department of Health (DOH), all efforts are being coordinated to ensure a successful transition by establishing a Technical Advisory Group (TAG) that includes MMS in its systems. To implement these changes, the DOH is aiming to release the Micronutrient Supplementation Manual of Operations (MSMOP) with the active support of all nutrition actors. Moreover, to ensure safety and accessibility, Sight and Life Philippines will be conducting a review of pharmaceutical regulations and quality control mechanisms through 2027, while the Food and Drug Administration (FDA) Philippines establishes specific registration guidelines. These regulatory efforts aim to meet UNIMMAP specifications while keeping supplements affordable (5).

Implementation Status

Efforts to introduce and scale up MMS for pregnant women within the national antenatal care (ANC) system, as well as the implementation of research activities, have been supported by a coalition of partners. Foundational research has been conducted to better understand how MMS can be integrated into the country's ANC system.

The implementation of MMS in the Philippines has progressed through strategic phases, beginning with formative research and pilot studies in selected provinces. Initial implementation efforts have focused on understanding the local context, barriers, and enablers for successful MMS uptake. Studies conducted in urban areas such as Muntinlupa and rural provinces have provided crucial insights into factors affecting adherence, with maternal knowledge of the benefits of supplementation, quality of counseling, and health system capacity emerging as key determinants of program success (5).

Since 2021, the DOH has collaborated with multiple nutrition partners to gradually introduce MMS. The "Right Start Initiative," a three-year program implemented by UNICEF Philippines and Nutrition International with support from DOH, has been instrumental in laying the groundwork for the MMS transition. This initiative has reached 91,000 pregnant women with iron and folic acid supplements while building systems for the introduction of MMS (6,7).

Vitamin Angels (VA) has a Memorandum of Understanding with the Philippines DOH to provide MMS through its program partners, which include both non-profit organizations and local government units. As part of this collaboration, VA also offers technical support to ensure the

high-quality delivery of micronutrient supplementation for pregnant women. In addition, VA works closely with the DOH by sharing technical references that inform national-level discussions on the potential adoption of MMS. In 2024, VA presented findings from its MMS process evaluation at the Maternal Nutrition Forum organized by UNICEF. During this forum, a wide range of stakeholders, including representatives from the health and nutrition sectors, civil society, regional health offices, and other national government agencies, developed sectoral plans to advance the national adoption of MMS (5).

Various strategies and actions have been taken by partners to optimize MMS implementation outcomes. Health system strengthening activities are ongoing, with a focus on training health workers on MMS benefits and counseling techniques, developing job aids and counseling materials, establishing referral systems for high-risk pregnancies, and integrating MMS into antenatal care protocols. The Barangay Health Workers (BHWs), who serve as frontline health providers in communities, are being trained to support MMS distribution and adherence monitoring, leveraging their established relationships with pregnant women. VA is offering training to program partners (NGOs and local government units) to support the delivery of MMS and has completed a process evaluation, with results presented to the Philippines’ DOH (5).

MMS Coverage and Utilization

Current MMS coverage in the Philippines shows promising initial scale-up, with 220,510 pregnant women across 55 provinces receiving MMS in 2024 through government programs and partner support. This represents significant progress, though coverage remains below the target to reach all 2.4 million estimated pregnant women annually (5). The Philippines is one of 16 priority countries identified in UNICEF's Maternal Nutrition Acceleration Plan, which aims to reach 16 million women globally with essential nutrition services by the end of 2025 (8). Distribution occurs through government health facilities, including rural health units and barangay health stations; private facilities participating in PhilHealth; community-based distribution through trained BHWs; and social welfare programs, including the Pantawid Pamilyang Pilipino Program (4Ps). Efforts are ongoing to strengthen last-mile delivery, particularly in island provinces where transportation and storage present unique challenges (5).

Key Program Actors and Partners

The scaling up of MMS at the national level for pregnant women in the Philippines has been driven by a coalition of national and international partners.

National Partners	International Partners
Department of Health (DOH)	Healthy Mothers Healthy Babies Consortium
DOST - Food and Nutrition Research Institute	Helen Keller International

Food and Drug Administration (FDA)	Micronutrient Forum
Philippine Coalition of Advocates for Nutrition Security	Nutrition International
Philippine Nutri-Foods Corporation	Sight and Life Philippines
Philippine Obstetrical and Gynecological Society	UNICEF Philippines
National Nutrition Council (NNC)	Vitamin Angels
SUN-CSA	World Health Organization (WHO)
University of the Philippines – Los Banos	

Supply Chain

The MMS supply chain in the Philippines is undergoing systematic strengthening to ensure reliable availability and quality. Sight and Life Philippines is conducting comprehensive supply readiness assessments through local partnership and international experts examining pharmaceutical manufacturing capacity, quality assurance systems, regulatory compliance mechanisms, storage and distribution infrastructure, and forecasting and procurement systems. Initial assessments indicate that several local pharmaceutical companies have the technical capacity to produce UNIMMAP-compliant MMS, though investments in equipment and quality systems are needed (5).

VA has joined a group of experienced implementation partners to assist DOH in developing a national supply roadmap to sustainably procure and deliver MMS in the future (9).

Sight and Life is bringing a unique approach to the Philippines – introducing market-based models and consumer insights to ensure that system-strengthening activities are complemented by a stable supply of MMS, as current initiatives in other sectors support the transition. This allows availability and accessibility of quality MMS on multiple fronts (5).

Monitoring, Evaluation, and Research

Monitoring, evaluation, and research (MER) activities for MMS in the Philippines are ongoing through the efforts of nutrition partners. Partners are working to create an enabling environment for MMS through awareness-raising and consensus-building activities, with plans to develop advocacy tools and materials to support next steps in implementation. The Nutrition Center of the Philippines (NCP) has conducted research on the coverage of MMS service deliveries in selected VA program areas (10,11). SAL has piloted a social marketing model in partnership with World Vision Philippines and DSM that aimed to increase awareness, acceptability, and access to MMS among Filipino women of reproductive age.

Process monitoring focuses on implementation quality and includes coverage indicators (e.g., the percentage of pregnant women receiving MMS), quality indicators (e.g., counseling effectiveness and provider knowledge), supply chain metrics (e.g., stock availability and distribution efficiency), and adherence measures (e.g., pill counts and self-reports). The Field Health Service Information System (FHSIS) is being updated to include MMS-specific indicators, enabling routine monitoring through existing health information systems (5).

Financing and Sustainability

Financing for MMS implementation in the Philippines involves multiple sources and mechanisms. Government funding through the DOH budget for maternal and child health programs provides the foundation, with MMS being integrated into existing budget lines previously allocated for IFA Supplementation. The General Appropriations Act includes provisions for micronutrient supplementation, though additional allocations are needed to fully scale up MMS. Local Government Units (LGUs) contribute through their health budgets, with variation based on local government capacity and prioritization.

Development partner support plays a crucial role in the transition phase. Major contributors include UNICEF through the Maternal Nutrition Acceleration Plan and Child Nutrition Fund, Nutrition International supporting the Right Start Initiative, Vitamin Angels providing technical assistance and supplies, Helen Keller International supporting program design and innovations such as the Mother Support Groups in the Transforming Lives Through Nutrition Project, and the Korea International Cooperation Agency (KOICA) funding maternal and child health programs in selected provinces. This support covers technical assistance, capacity building, initial supplies, and systems strengthening (5).

Challenges and Next Steps

The Philippines faces several interconnected challenges in scaling up MMS implementation. Its geography, 7,641 islands with uneven infrastructure, makes it difficult to reach pregnant women consistently, maintain reliable supply chains amid roughly 20 typhoons each year, ensure last-mile delivery to remote and disadvantaged areas, and protect product quality in tropical transport and storage conditions. Within the health system, gaps persist in health worker training, counseling skills, and continuity due to high turnover, alongside the need to integrate MMS into existing protocols, information systems, and multi-level coordination structures. On the demand side, cultural beliefs and misconceptions about supplement use during pregnancy can hinder uptake, and adherence often depends on strong counseling and support mechanisms. Supply and regulatory barriers also remain, including the need to finalize MMS quality and registration frameworks, strengthen local production capacity, and adopt Market-Based Models that support a sustainable, country-reliant supply chain with accessible commodities.

Next-step priorities are to finalize the national MMS policy and implementation guidelines; strengthen coordination; complete supply-readiness work and build reliable, quality local production; expand health worker training and integrate MMS into ANC tools; drive demand through targeted behavior change and community engagement; and reinforce monitoring with MMS-specific indicators and regular reviews.

MMS Tools and Resources

1. Costing and Economic Analysis Tools

- a. [A tool to aid decision-making transitioning from IFAS to MMS](#)
- b. [A policy brief for Philippines, Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, October 2019](#)
- c. [Results for Development. "Multiple Micronutrient Supplements \(MMS\) Introduction and Scale-up Roadmap Costing Tool."](#)

2. Training materials and guidance documents

- a. [Administrative Order No. 119 s. 2003 — Food and Drug Administration \(Philippines\)](#)
- b. [Management Of Nutritionally At-Risk Mothers And Infants Under Six Months In The Philippines.](#)

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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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