

TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

HOUSE OF REPRESENTATIVES
HOUSE BILL No. 2916



INTRODUCED BY HON. RICARDO S. CRUZ, JR.

EXPLANATORY NOTE

One of the critical issues identified by the Second Congressional Commission on Education (EDCOM II) in early care and development in the country is the high prevalence of stunting among Filipino children. One in four Filipino children under 5 years old are stunted, according to its Year 2 report.¹ While the percentage of children who are considered small for their age has decreased from 31.9% in 2012 to 28.8% a decade later in 2022, progress on addressing stunting has been dismal, with the current stunting prevalence rate being below the ASEAN average of 30.1%, but still higher than the global average of 22.3%.

The current situation runs contrary to the clear mandates of the 1987 Constitution for the State to *"protect and promote the right to health of the people and instill health consciousness among them"* and promote *"the right of children to proper care and nutrition."* Indeed, as part of honoring God and building communities through good governance, the State must address child stunting not only as a moral and public health imperative, but as a foundational step toward genuine national transformation. Proper interventions for stunting lay the groundwork for a healthier, more capable population – one that can fully participate in nation-building.

The urgency of this problem cannot be overstated. According to research, the costs of stunting, especially during the first two years of a child's life, are very high.² Apart from lifelong impacts such as weakened immune systems, reduced brain development, lower academic performance, poor self-esteem, and delayed social development,³ a high prevalence of stunted children erodes the human potential, productivity and economic growth of countries.⁴

As defined by the World Health Organization (WHO),⁵ stunting is the impaired growth and development that children experience from poor nutrition,

¹ EDCOM II (2024). Fixing the Foundations, A Matter of National Survival. Retrieved from:

<https://edcom2.gov.ph/media/2025/01/EDCOM-2-Year-2-Report-Fixing-the-Foundations-2025.pdf>

² Kathuria, A.K. (2019). Success Stories with Reducing Stunting : Lessons from PNG. World Bank Group. Retrieved from:

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/809771561531103886/success-stories-with-reducing-stunting-lessons-for-png>

³ Alaaraj, N., et al. (2021). Early and Long-term Consequences of Nutritional Stunting: From Childhood to Adulthood. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7975963/pdf/ACTA-92-168.pdf>

⁴ *Supra* 2.

⁵ World Health Organization (WHO) definition of stunting

repeated infection, and inadequate psychosocial stimulation. It is found to be irreversible; once a child is stunted, the effects last a lifetime.⁶

Other countries have recognized the gravity of this issue and have taken decisive actions to combat stunting. For example, Singapore, where the stunting prevalence is only 3%, implements a comprehensive ‘foundation of support’ for early childhood care and development, specifically targeting children from low-income families from pregnancy to age three.⁷ Thailand, with 11.8% stunting prevalence, adopted a multi-sectoral approach that was rapidly scaled up to reach vulnerable populations nationwide.⁸ Meanwhile, the Philippines continues to grapple with nutrition challenges due to lack of program convergence and targeting mechanism for nutritionally at-risk children, fragmented governance, and insufficient investment in childhood care and development, particularly during the critical first years of life.⁹ To date, millions of Filipino children remain chronically malnourished.

However, all is not lost, and we can still save our children, and a child named Florencio is a testament to this. Florencio was born to a family of five children being raised by a father who works in construction taking home a meager Php 280 a day. Like many impoverished families, Florencio’s parents thought that Florencio’s small and thin frame was normal. But alas, when Florencio developed a persistent cough and fever, he was diagnosed with severe malnutrition. Fortunately, targeted intervention and provision of therapeutic food allowed the small, malnourished child to make a full recovery and regain a healthy nutritional status.

The proposed *Anti-Stunting Action Plan (ASAP) Council Act of 2025* aims to immediately halt, then eventually reverse the effects of this stunting crisis by institutionalizing a comprehensive, whole-of-government and whole-of-society strategy that translates to concrete, coordinated, and operational programs and plans. Central to this initiative is the creation of the ASAP Council, a high-level body empowered to design, implement, and coordinate policies and programs targeting the root causes of stunting. It aims to link the ASAP with existing social protection programs, like the Pantawid Pamilyang Pilipino Program (4Ps), by integrating more focused nutritional screening and early interventions, making 4Ps a strategic platform for detecting and addressing stunting at an early age.

Key aims of this measure include (1) introduction of a framework to have regular monitoring and evaluation of anti-stunting policies, programs, and interventions and recommend adjustments based on evidence and emerging trends and needs of the nutrition sector; (2) development of recommendations on the minimum standards, financing requirements, and guidelines to govern existing programs and policies and those that may be formulated by the relevant government agencies and sectors; and (3) provision for the establishment of the *ASAP Centralized Database System*, managed by DOST-FNRI, to consolidate and track stunting data, supporting coordinated interventions across government agencies.

⁶ *Supra* 3.

⁷ National Center on Education and the Economy (2023). Top-Performing Countries: Singapore. Retrieved from: <https://ncee.org/singapore/>

⁸ *Supra* 4.

⁹ *Supra* 1.

If we continue to leave the problem of stunting unaddressed, we will sustain and prolong the cycle of poverty and inequality, placing what will eventually be an insurmountable burden on the nation's future. Therefore, this national emergency must be addressed *ASAP*.

This measure envisions a future where all Filipino children have equal opportunities to grow, learn, and thrive — fulfilling their potential and contributing to a stronger, healthier, and more progressive nation.

In line with the policy adopted by its original proponent Senator Alan Peter “Compañero” S. Cayetano, this bill therefore serves as a counterpart measure. It is for the reason stated above that the passage of this measure is earnestly sought.


RICARDO S. CRUZ, JR.

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AN ACT
ESTABLISHING THE ANTI-STUNTING ACTION PLAN (ASAP)
COUNCIL IN THE PHILIPPINES, DEFINING ITS POWERS AND
FUNCTIONS, APPROPRIATING FUNDS THEREFOR, AND FOR
OTHER PURPOSES

*Be it enacted by the Senate and House of Representatives of the Philippines
in Congress assembled:*

Sec. 1. *Title.* - This Act shall be known as the “*Anti-Stunting Action Plan (ASAP) Council Act of 2025.*”

Sec. 2. *Declaration of Policy.* – It is the declared policy of the State to protect and promote the right to health of the people and adopt an integrated and comprehensive approach to health development. The State shall make health a critical component of sustainable development and fulfillment of human rights. It shall prioritize the well-being of the children and promote their rights to proper care and nutrition, in recognition of their vital role in nation-building and human capital development.

Towards this end, the State shall formulate, strengthen, and implement a national framework for policies and programs targeted to reduce and prevent stunting in the country, prioritizing nutritionally vulnerable groups and communities in high-poverty areas. It shall ensure the integration and operationalization of multi-sectoral anti-stunting programs to accelerate health and nutrition progress through effective coordination mechanisms, intersectoral policy coherence, high-impact interventions, capacity building, and centralized data and monitoring systems.

Sec. 3. *Objectives.* – The objectives of this Act are as follows:

- (a) Institutionalize a strategic national action plan and roadmap in stunting reduction and prevention with a view of adopting a long-term vision and identifying specific and targeted health and nutrition interventions to address stunting in the country;
- (b) Establish a high-level and independent institution that shall have

- the mandate and the authority to integrate health and nutrition programs on reducing and preventing stunting; and
- (c) Improve and strengthen health and nutrition governance using a whole-of-government and whole-of-society approach to translate high-level vision to multi-sectoral policy framework and operational plans, eliminate fragmentation of policies, and ensure accountability and transparency of health and nutrition programs addressed to reduce and prevent stunting in the country.

Sec. 4. Establishment of the Anti-Stunting Action Plan Council of the Philippines; Mandate. – The Anti-Stunting Action Plan Council, hereinafter referred to as the ASAP Council, is hereby established, to be organized upon the effectivity of this Act. The ASAP Council shall be the lead agency to oversee the formulation and implementation of the national stunting reduction and prevention plan.

The ASAP Council shall be attached to the Office of the President.

Sec. 5. Composition of the ASAP Council; Appointment of Office. – The ASAP Council shall be composed of the Secretary of the Department of Health (DOH) as Chairperson; the Secretary of the Department of Social Welfare and Development (DSWD) as Co-Chairperson; and the following as members:

- (a) Secretary of the Department of the Interior and Local Government (DILG);
- (b) Secretary of the Department of Agriculture (DA);
- (c) Secretary of the Department of Education (DepEd);
- (d) Secretary of the Department of Science and Technology (DOST);
- (e) Secretary of the Department of Economy, Planning and Development (DEPD);
- (f) Executive Director of the Early Childhood Care and Development (ECCD) Council;
- (g) Executive Director of the Council for the Welfare of Children (CWC); and
- (h) Two (2) representatives from non-governmental organizations (NGOs) engaged in maternal and child care and development and maternal and child health and nutrition, with a proven record of involvement in the prevention and reduction of stunting and malnutrition. These representatives shall be nominated by the government agency representatives of the ASAP Council, for appointment by the President for a term of three (3) years.

The members of the ASAP Council may designate their permanent representatives who shall have a rank not lower than an assistant secretary or its equivalent to meetings, and shall receive emoluments as may be determined by the ASAP Council in accordance with existing budget and accounting rules and regulations.

Sec. 6. ASAP Secretariat. – A Technical Secretariat shall be established under the control and supervision of the ASAP Council. It shall be headed by an Executive Director who shall be nominated by the ASAP Council and appointed by the President of the Philippines. It shall provide the ASAP Council with technical and administrative support.

The Executive Director shall have at least ten (10) years of experience

and practice in the field of health and nutrition. He or she shall work full-time and shall have the rank, privileges, and emoluments of an Executive Director IV (Salary Grade 29).

Sec. 7. Powers and Functions. – The ASAP Council shall have the following powers and functions:

- (a) Develop and formulate a comprehensive and strategic national vision, action plan, and roadmap for stunting reduction and prevention, including but not limited to short-term and long-term goals, timelines, performance indicators, and specific and effective implementation strategies across all relevant sectors and agencies;
- (b) Oversee, monitor, and conduct consultations with stakeholders and concerned government agencies on health and nutrition policies, programs, and interventions for stunting reduction and prevention;
- (c) Recommend the improvement and harmonization of anti-stunting policies across various agencies and sectors, and facilitate the integration of multi-sectoral anti-stunting programs to ensure program and policy coherence and effective implementation of stunting reduction and prevention efforts, such as food security, maternal and child health, water and sanitation, and education;
- (d) Establish and maintain a centralized, interoperable, and comprehensive database system on stunting prevalence and its causes and interventions. The database shall be accessible to relevant government agencies, local government units (LGUs), and other stakeholders to show indicators and important data on stunting, track progress, and monitor implementation with a view of arriving at and implementing evidence-based and targeted solutions;
- (e) Communicate, whenever it deems necessary, the country's national action plan and roadmap, including policies, programs, and interventions, for stunting reduction and prevention to both local and international communities, including public reporting of the Anti-Stunting Action Plan;
- (f) Conduct regular monitoring and evaluation of policies, programs, and interventions and recommend adjustments based on evidence and emerging trends and needs of the nutrition sector;
- (g) Issue advisory opinions and guidelines on anti-stunting matters and submit annual and special progress reports, including plans and targets, and policy, financing, and legislative recommendations, to the President of the Philippines, the President of the Senate, and the Speaker of the House of Representatives;
- (h) Formulate the necessary rules and guidelines for the effective implementation of this Act; and
- (i) Perform such other duties and functions as may be assigned by the President of the Philippines to ensure the effective implementation of stunting reduction and prevention policies and programs.

The ASAP Council shall serve as the primary government agency to oversee the enforcement and administration of anti-stunting policies and programs. All relevant government agencies and regulators shall comply with its policy directions and recommendations, subject to prior consultation.

Sec. 8. The Anti-Stunting Action Plan, Roadmap and Programs. – The Anti-Stunting Action Plan (ASAP) to be formulated shall establish the country's

strategic vision for stunting reduction and prevention, and shall include long-term and medium-term goals, plans, priorities, strategies for coordinated and coherent implementation, and recommendations on corresponding programs and interventions promulgated and implemented by relevant government agencies.

The ASAP shall provide a roadmap for improving health and nutrition governance through well-defined coordination and alignment of stunting prevention policies and programs across all sectors and stakeholders. It shall also identify areas of focus and strategies to strengthen and stimulate the role of government agencies and LGUs in achieving its vision of reducing and preventing stunting using a whole-of-government and whole-of-society approach.

The ASAP shall be formulated by the ASAP Council, in consultation with other relevant government agencies, LGUs, and other experts and stakeholders, taking into consideration global best practices and evidence-based solutions. It shall be completed within six (6) months from the effectivity of this Act.

Upon completion of the ASAP, all concerned government agencies shall strictly comply therewith and incorporate its pertinent policies in their respective programs, activities, and projects.

Sec. 9. *Whole-of-Government and Whole-of-Society Approach; Monitoring and Updating of Anti-Stunting Policies and Recommendations.* – For the effective implementation of this Act, a whole-of-government and whole-of-society approach shall be adopted. The ASAP Council shall ensure inter-agency coordination and integration of the policies and programs among relevant national government agencies and LGUs as provided in their respective charters and mandates.

For this purpose, the ASAP Council shall continuously monitor and regularly update, as may be necessary, the following programs and provide recommendations for their effective implementation:

- (a) The National Nutrition Council's (NNC) Feeding Program for the First 1,000 Days (F1KD);
- (b) The Department of Health's (DOH) Disease Prevention and Control Bureau (DPCB) Interventions for F1KD;
- (c) The Department of Social Welfare and Development's (DSWD) Supplemental Feeding and Pantawid Programs;
- (d) The Department of Education's (DepEd) School-Based Feeding Program; and
- (e) Such other anti-stunting-related programs, activities, and projects implemented by relevant government agencies.

The ASAP Council shall likewise recommend minimum standards, financing requirements, reporting and accountability structures, and guidelines to govern programs and policies that are existing and may hereinafter be formulated by the relevant government agencies and sectors, such as but not limited to:

- (a) Proactive identification and monitoring of children facing severe stunting, extensive information dissemination through educational campaigns, establishment of local innovative measures to ensure

- access to nutritious food in the community, and improvement of the overall nutrition of pregnant mothers and children 0-5 years old;
- (b) Technical assistance and training for LGUs to promote food diversification and development of sustainable local food sources that meet family nutrition needs;
 - (c) Allocation of a minimum budget for a comprehensive anti-stunting intervention packages;
 - (d) Expansion of the coverage and increase of cash grants under the Pantawid Pamilyang Pilipino Program (4Ps) and other similar programs, in line with R.A. No. 11310 and other related laws, to address malnutrition and stunting;
 - (e) Mandatory health check-ups for 4Ps child beneficiaries aged 0 to 5 years old, every six months, as a conditionality aligned with the Pantawid Pamilyang Pilipino Program, to allow for regular monitoring of nutritional status and prompt intervention to prevent or address stunting;
 - (f) Access to enhanced livelihood support and other appropriate programs offered by government agencies or accredited private institutions; and
 - (g) Integrated livelihood and anti-stunting strategies.

Sec. 10. *Private Sector Participation.* — The private sector shall be highly encouraged to partner with the government to finance and implement anti-stunting programs and projects. Government agencies tasked with implementing these programs shall be authorized to accredit development partners, which may accept donations, aids, or grants, in cash or in kind, from duly accredited sources, to meet the demands and uphold the basic rights of the poor to adequate and nutritious food and the highest attainable standard of health. The acceptance and utilization of such donations, aid, or grants shall be conducted with full transparency and comply with applicable government regulations.

Sec. 11. *ASAP Centralized Database System.* – The Department of Science and Technology-Food and Nutrition Research Institute (DOST-FNRI), in coordination with the Philippine Statistics Authority, is hereby mandated to develop and manage a nationwide database on stunting in the country, to ensure that an evidence-based, effective, and efficient formulation of ASAP is achieved. It shall provide a website portal and digital tools to track and consolidate all relevant statistics and information on stunting and program implementation of all concerned agencies. It shall likewise coordinate with other government agencies whose mandates include the conduct of community mapping programs relevant to health and nutrition, such as the DILG, DOH, and the DSWD, to support stunting reduction and prevention interventions.

Sec. 12. *Annual Report.* – The ASAP Council shall submit annual progress reports to the President and Congress on or before the last day of September to provide an assessment of the ASAP Council's implementation of the national action plan and provide strategic recommendations to address implementation gaps. The report shall also be made available to the public through the database system portal to be created by the DOST-FNRI in accordance with the provisions of this Act.

Sec. 13. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be sourced from the current appropriations of the Office of the President. Thereafter, the amount necessary for the continuous implementation of this Act shall be included in the annual General Appropriations Act (GAA).

The funding for the anti-stunting programs and projects implemented under this Act shall be sourced from the existing appropriations as authorized under the GAA of the different departments and agencies implementing these programs.

Sec. 14. *Implementing Rules and Regulations.* – Within ninety (90) days from approval of this Act, the ASAP Council, in consultation with relevant stakeholders, shall formulate and promulgate the necessary rules and regulations for its effective implementation: *Provided*, That, the Council may revise such implementing rules and regulations as it deems necessary: *Provided*, however, That such revised implementing rules and regulations shall only take effect fifteen (15) days following its publication in two (2) newspapers of general circulation.

Sec. 15. *Repealing Clause.* – All laws, executive orders, presidential decrees, administrative orders, rules and regulations, issuances, or parts thereof inconsistent with any provision of this Act are hereby repealed or amended accordingly.

Sec. 16. *Separability Clause.*— If any provision or part of this Act is declared invalid or unconstitutional, the remaining parts not affected shall remain in full force and effect.

Sec. 17. *Effectivity.*—This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two (2) national newspapers of general circulation, whichever comes earlier.

Approved,