

PHILIPPINES COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/liberia>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2002.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org OR Kelli Schmitz on kschmitz@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

PHILIPPINES COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of the Philippines' original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

1. **COMMITMENT:** The Philippines will establish a national policy on RH and population development, and allocate funds to implement the policy.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

The issuance of the Philippine Republic Act No. 10354 also known as the Responsible Parenthood and Reproductive Health (RPRH) Law in 2012 is considered as a landmark legislation in the country's law-making history and has laid down the legislative foundation in achieving reproductive health and rights act of all Filipinos.

The 0-10 Point Socioeconomic Agenda of the current administration, President Rodrigo Duterte, acknowledged the implementation of the RPRH Law as an essential policy measure in achieving the targets set by the Philippines in the Sustainable Development Goals (SDG) 2030 and *Ambisyan Natin* (Our Ambition) 2040.

As a result, President Duterte issued an Executive Order (EO) No. 12, entitled Attaining and sustaining "Zero Unmet Need for Modern Family Planning" through the strict implementation of the Responsible Parenthood and Reproductive Health Act, providing funds therefor, and for other purposes in January of 2017. The Order intensifies and accelerates implementation of critical actions necessary to address the unmet need of Filipinos for modern family planning (mFP). The Order also directs all executive agencies to allocate resources and solicit support in this initiative. The Philippine Department of Health (DOH), as the lead agency, issued an

operational guideline for the said Order. This guideline specifies the activities of which the local government units shall adopt in order to operationalize the EO and achieve objectives.

To operationalize the President's directive, the DOH issued Administrative Order (AO) No. 2017-0005 dated March 30, 2017 entitled, "Guidelines in Achieving the Desired Family Size through Accelerated and Sustained Reduction in Unmet Need for Modern Family Planning Methods." The Administrative Order provides the guideline for implementation strategies necessary to accelerate and sustain reduction in unmet need for mFP and eventually attain the desired family size especially among the poor and marginalized.

As mandated by the EO No. 12 the DOH in collaboration with other concerned government agencies have submitted its first 6 months FP accomplishments in April 2017. Further, the DOH submitted its Responsible Parenthood and Reproductive Health (RPRH) Annual 4th Accomplishment Report in April 2018.

To monitor the progress of the implementation of the EO No. 12 and the DOH AO No. 2017-0005, the DOH issued a Department Memorandum (DM) No. 2017-0273 dated June 7, 2017, entitled, "Interim Guidelines for the Monitoring and Reporting of Family Planning Performance." This DM was amended in December 8, 2017 through the DM No. 2017-0273-A to provide a streamlined version of the Monthly Reporting Matrix (MRM) and operational instructions/definitions of the MRM.

In July of 2017, Philippine Development Plan (PDP) 2017-2022 was formally introduced. The PDP is the country's medium-term plan geared towards achieving SDG and *Ambisyon Natin*. The Family Planning was identified as a pivotal intervention in realizing the country's demographic dividend.

- 2. COMMITMENT:** As of 2017, the Philippines commits to \$78 million for commodities, demand generation activities, contraceptive security, policy development, advocacy and mitigation of TRO and partnerships with CSOs and private groups.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

Since the start of the FP2020 initiative in 2012, the Philippine Government through the Family Planning Program of DOH has allotted a total amount of PhP 4.3 billion or US\$ 83 million for the procurement of FP commodities alone. The DOH provides free FP commodities to all women of reproductive age following the principles of informed choice and voluntarism.

Yearly Budget Allocation (in PhP) for FP Commodities 2012-2018	
2012	267,581,600.00
2013	530,719,204.00
2014	1,307,218,960.00
2015	1,101,616,000.00
2016	599,921,600.00
2017	165,403,610.00
2018	342,482,000.00
Total	4,314,942,974.00 (or US\$ 82,979,672.58)

In 2017, more than PHP 189 million or US\$ 3.6 million were sub-allotted to all 17 DOH Regional Offices to support activities related to the implementation of the EO No. 12, such as conducting of capacity building activities for FP service providers, setting up of FP services in hospitals, engagements of CSOs and private

groups in the demand generation and FP service delivery, and support for transport/delivery of FP commodities and warehousing at the service delivery points.

Further, the DOH issued a Department Order (DO) No. 2018-0149 dated April 26, 2018 entitled “Guidelines in the utilization of Public Health Management (PHM) Funds Appropriated for all DOH Regional Offices and DOH ARMM. The Order provides guidelines on the utilization of appropriation to all DOH Ros and DOH ARMM to cover expenditures for the provision of Family Planning related activities in response to achieving the preferred family size of every couple and individual of reproductive age. Total appropriation is amounted to one Hundred Sixty Five Million Five Hundred Thousand Pesos (PHP 165 million) or US\$ 3.17 million. The appropriation shall be used for the following: support the delivery/transport of Family Health Office (FHO) commodities and warehousing; augment funds for the implementation of the EO No. 12 and DOH AO No. 2017-0005; continued set up of FP in Hospital/enhancement of hospitals to deliver appropriate FP service; and continued CSO engagement.

One of the major highlights in 2017 is the lifting of the Supreme Court’s Temporary Restraining Order (TRO) to the DOH and Food and Drug Administration (FDA), particularly the DOH from utilizing its progestin subdermal implant supplies—Implanon and Implanon NX—and the FDA from issuing certificates or product registration of contraceptive products. The TRO was deemed effectively lifted on Nov. 10, 2017 when the DOH promulgated the revised Implementing Rules and Regulations of the RPHR Law, and the FDA re-certified all 49 contraceptive products and determined them to be non-abortifacient.

3. **COMMITMENT:** The Philippines commits to provide family planning services to poor families with zero co-payment, and to upgrading public health facilities and increase the number of health service providers who can provide reproductive health information. The Philippines will work with partners to provide information and training.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

The DOH-procured FP commodities are provided to women and men of reproductive age for free with preferential access to the underprivileged and marginalized population.

The Country’s Health Insurance Program administered by the Philippine Health Insurance Corporation (PhilHealth), and attached agency to the DOH, strengthened its No Balance Billing (NBB) Policy with the issuance of PhilHealth Circular 006 2. 2017 in January of 2017. This policy provides clarification on covered PhilHealth members that are eligible for NBB (i.e. Indigent, Sponsored, Kasambahay (housekeepers), Senior Citizen and Lifetime). It also provides a list of private institutions and the corresponding PhilHealth benefits that they provide, including services covered by the NBB policy. In September of the same year, a guideline in the implementation of Point of Service (POS) Program was issued through PhilHealth Circular 0025 s.2017 which fully covers the actual value of health services availed by patients who are incapable of paying for their PhilHealth membership, according to DOH indigence classification. This program runs in parallel with the Point of Care (POC) Enrollment Program which automatically enrolls qualified non-PhilHealth members with the hospital shouldering the annual premium contribution of PHP 2,400. These policies envisioned a true financial risk protection to all Filipinos especially the poor.

Accompanying the PhilHealth circulars/policies are “Tamang Sagot” (Right Answers) – a list of frequently asked questions for better understanding of PhilHealth members and other stakeholders. PhilHealth Regional Offices organized orientation activities on the ground to ensure uniform understanding of these policies.

To increase access and encourage clients on availing long-acting reversible and irreversible family planning methods, PhilHealth developed benefit packages for FP procedures on contraceptive subdermal implant, Intrauterine Device (IUD), Bilateral Tubal Ligation (BTL), and No-Scalpel Vasectomy (NSV). In 2017, a total of PHP 44 million (of US\$ 852 thousand) was paid by PhilHealth for the said FP benefit packages. To date, there

are 763 PhilHealth Accredited public hospitals and infirmaries and 3,243 Maternal Care Package (MCP) providers both from public and private sectors entitled for Philhealth reimbursements. These cover 91% of the total number of cities and municipalities in the country.

To encourage further participation of private health institutions, especially those who could not qualify for MCP accreditation, the DOH and PhilHealth issued a guideline on the accreditation of Free Standing FP Clinics. Accredited Free Standing FP Clinics are entitled for benefit packages on IUD insertion, NSV, and contraceptive subdermal implant following the NBB Policy.

As one of the strategies to attain the zero unmet need for Modern Family Planning, the DOH issued a DM No. 2017-0323 dated July 2017 entitled, "Implementing Guidelines for the Deployment of Family Health Associate (FHA)." This allowed the DOH Regional Offices to hire six hundred eleven (611) registered nurses to serve as FHAs. Such FHAs were initially deployed in provinces and cities with high unmet need for MFP methods to augment the current local government staff requirement. These FHAs provide assistance in the implementation of the RPRH Law specifically in improving access and delivery of responsible parenthood and reproductive health services and help promote, protect and fulfill women's reproductive health and rights. For the current year, the Department has issued DM No. 2018-0009 dated January 29, 2018. re: "Implementing Guidelines for the 2018 DOH Human Resource for Health (HRH) Deployment Program" to ensure continuity of health human resource deployment in service delivery units. To date, there are one thousand four hundred twenty four (1,424) FHAs working under the direct supervision of the DOH Provincial Health Team Leader/ DOH Development Management Officers, in coordination with respective Municipal/City Health Officer of designated officer-in-charge.

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

The DOH has organized a special implementing mechanism since year 2015 through the National Implementation Team (NIT) for RPRH Law and its counterpart at the regional level, called the Regional Implementation Teams (RITs). These teams are composed of national and local agencies, development partners, and CSOs representing the women and marginalized groups, youth, RP providers and faith-based organizations, among others. These teams served as the oversight and steering committee for the implementation of the RPRH law which include Family Planning Program. They ensured systematic coordination, planning, monitoring and evaluation systems and procedures especially at the national and regional implementation.

a. What challenges have you faced in working with these groups? (please give examples)

There are too many stakeholders in the Program; each have their own competing priorities and agenda that could influence overall implementation of the Program and decision making of DOH management. This has put DOH under intense criticism from sectors, particularly those who oppose RPRH law and professional group.

A case in point was the issuance of a policy on the prevention and management of abortion complications in which the NIT was the proponent. While the intention was issuing the said policy was good, concerned sector found it violative of the midwifery law and the revised penal code that declares abortion as a crime in the Philippines. The said policy was eventually rescinded.

b. How has this engagement supported reaching your FP2020 commitment?

When a temporary restraining order was issued by the Supreme Court against the implementation of the RPRH Law by the Department of Health, the Civil Society Organizations and NGOs efficiently provided support in the provision of needed contraceptives to women. And when the TRO was lifted, service provision improved though it should be noted that the law prohibits minors from accessing FP contraceptives without parental consent. This prohibition on minors is however being addressed with the commitment from the Department of Education to provide age-appropriate sexuality education.

c. Please share successes and/or lessons learned from these engagements.

In order to comply with the procedural requirements of the Supreme Court for the lifting of Temporary Restraining Order, the DOH has to convene a public hearing for the revised IRR of the RPRH Law. The activity was a success with the help of CSOs who participated in the said hearing. Upon lifting of the TRO, CSOs with appropriate health personnel were engaged to help the DOH administer Implanon supplies to clients before their expirations.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

Long-acting reversible and irreversible family planning methods are part of the PhilHealth benefit package for FP. These include contraceptive subdermal implant, Intrauterine Device (IUD), Bilateral Tubal Ligation (BTL), and No-Scalpel Vasectomy (NSV). The DOH and PhilHealth also issued a guideline on the accreditation of Free Standing FP Clinics. Accredited Free Standing FP Clinics are entitled for benefit packages on IUD insertion, NSV, and contraceptive subdermal implant following the NBB Policy. Likewise, as a health package, family planning is being advocated as a health promoting and life saving tool.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

Yes, representatives from the Government - DOH, USAID, and UNFPA were in attendance during the consensus meeting, except for CSO.

a. If so, what insights were gained?

With the country's current tracking in its mCPR trend (as per FPET result), it is highly unlikely that the country will achieve its targets in FP2020, and the Focal Points acknowledged this. Also, there is a need to harmonize mCPR targets for the country's Family Planning Program, i.e. mCPR (AW) of 31% in FP2020, 65% in Philippine Development Plan 2017-2022, 52% Costed Implementation Plan for Family Planning. The DOH will take the lead in harmonizing the country's mCPR target.

Some indicators are not available in the country's current service statistics, called Field Health Service Information System (FHSIS). The DOH committed to strengthen its FHSIS to be able to validate the annual FPET-generated mCPR estimates. The DOH will utilize Family Health Associates (FHAs) in ensuring quality and timely submission of data for FHSIS and FP2020 indicators.

FHAs are licensed nurses hired by DOH specifically tasked to assist the health workforce of the local government units (LGUs) in implementing Family Planning Program. These include FP service provision, counselling, and monitoring and reporting of FP indicators.

b. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

Yes, there is a weak monitoring system in the utilization of fund by DOH Central Office-Family Planning Program to its Regional Offices in 2017. The fund was intended to support Family Planning activities in the localities, particularly in the implementation of EO No. 12.

Currently, there is no mechanism in the DOH to monitor expenditures by the LGUs in family planning.

Please provide the following information on the Government's point of contact for this update:

- Name: Dr. Maria Rosario S. Vergeire
- Title: Assistant Health Secretary
- Department: Department of Health
- E-mail: rosettevergeire@gmail.com; officeofasecrsv@gmail.com
- Phone: +63 (02) 651-7800 local 2901
- Address: San Lazaro Compound, Tayuman, Sta. Cruz, Manila, Philippines 1003
- Date: June 28, 2018