

March 24, 2016

United Nations Committee against Torture
Office of the United Nations High Commissioner for Human Rights
Palais des Nations
CH-1211 Geneva 10
Switzerland

Re: Supplementary information on the Philippines, scheduled for review by the Committee against Torture during its 57th session

Dear Committee Members:

This letter supplements the third periodic report (state party report) of the Republic of the Philippines (state party) in connection with the upcoming review of the state party's progress by the Committee against Torture (the Committee) during its 57th session on April 18-May 13, 2016. The Center for Reproductive Rights (the Center)¹ and the Philippine Safe Abortion Advocacy Network (PINSAN)² hope to further the work of the Committee by providing independent information concerning reproductive rights in the Philippines, as protected by the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the Convention).³

This submission provides updates to the Center's 2012 pre-session letter (Annex I; available at <http://tinyurl.com/Center2012Philippines>) and fills in gaps in the state party's reply. The letter draws on testimonies and analysis published by the Center in its fact-finding reports previously attached to the pre-session letter, *Imposing Misery: The Impact of Manila's Contraception Ban on Women and Families* (available at <http://tinyurl.com/ImposingMisery>) and *Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban* (available at <http://tinyurl.com/ForsakenLives>) and a fact sheet, *Accountability for Discrimination Against Women in the Philippines: Key Findings and Recommendations from the CEDAW Committee's Special Inquiry on Reproductive Rights* (Annex II; available at <http://tinyurl.com/PhilippineCEDAWinquiry>).⁴

List of Issues Prior to Reporting (LOIPR) and response of the state party. The Center and PINSAN welcome the Committee raising the issues on the “scope of the criminal abortion ban”; the “investigat[ion], prevent[ion] and punish[ment] of ill-treatment of women seeking post-pregnancy care in government hospitals”; the “restoration of emergency contraceptives to victims of sexual violence”; and the development of “confidential complaints mechanisms” for women subjected to ill-treatment when seeking reproductive health services.⁵ The state party limits its response to all the issues by making a general reference to the enactment of the Responsible Parenthood and Reproductive Health Act (RPRHA) (2012)⁶ which “funds the

distribution of free contraceptives, requires public hospitals to provide [reproductive health] services, and mandates sex education in public schools [as well as] aim[s] at giving poor women the freedom of informed choice.”⁷ While the passage of the RPRHA should be commended, as this letter demonstrates, there remain significant gaps and limitations in addressing the physical and mental suffering experienced by women and girls as a result of violations of their reproductive rights.

I. Supplemental Information in Response to the Committee's LOIPR

1. Please clarify the scope of the criminal abortion ban and specify whether there are legal exceptions for abortion in specific circumstances, such as when the pregnancy endangers the life or health of the woman, when it is the result of rape or incest and in cases of fetal impairment. (Arts 2, 14, 16)

Abortion remains criminalized with no clear exceptions in the Philippines.⁸ As discussed in more depth in the pre-session letter, the Committee has recognized absolute bans on abortion as violating the prohibition of torture and other cruel, inhuman or degrading treatment or punishment (TCIDT).⁹ Since the submission of the pre-session letter, criminal abortion bans have also been recognized by the Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment (SR on Torture) as tantamount to gender-specific forms of TCIDT, given the resulting “tremendous and lasting physical and emotional suffering.”¹⁰

Increasing incidence of unsafe abortions. Notwithstanding the criminal ban, evidence published since the LOIPR was released demonstrates an increase in the number of unsafe abortions. The Guttmacher Institute estimates that 610,000 illegal and unsafe abortions took place in the Philippines in 2012, an increase from 560,000 in 2008.¹¹ An estimated 1,000 Filipino women continue to die each year from abortion complications,¹² while 100,000 women were hospitalized for abortion complications in 2012.¹³

Continuing ban on abortion and increase in penalties. Since the submission of the pre-session letter, the state party has only taken detrimental steps against ensuring access to safe and legal abortion services. Although the RPRHA declared as a policy and guiding principle every person’s “right to make free and informed decisions,”¹⁴ it specifically excludes abortion from the definition of “reproductive health rights” and “reproductive health care.”¹⁵ The state party has also repeatedly tried to impose heavier penalties on abortion¹⁶ including most recently through proposed regressive amendments to the country’s penal code. A draft code submitted to Congress by the Department of Justice in August 2014¹⁷ (a) maintains the complete criminal ban on abortion and (b) increases the term of imprisonment and adds the imposition of a fine for those involved in the performance of abortion, such that: (i) for a person who performs an abortion with the consent of the woman, the term of imprisonment is increased from six years to up to twelve years and fined up to an equivalent of fifty times his or her average daily income; and (ii) for a woman who obtains or herself performs an abortion, the term of imprisonment is up to six years and fined up to an equivalent of twenty times her average daily income.¹⁸ Since the submission of the pre-session letter, local media continue to report arrests of women seeking abortions and those assisting them.¹⁹ Based on interviews with some of these individuals, there

are women who choose to plead guilty to be able to qualify for probation or have their cases dismissed as a result of compromise or the absence of prosecution witnesses.²⁰

Recommendations received by the state party. In 2015, the Committee on the Elimination of Discrimination Against Women (CEDAW Committee), as a result of the special inquiry under Article 8 of the Optional Protocol to the Convention on the Elimination of all Forms of Discrimination Against Women, found that the absolute ban on abortion was one of the causes for the “potentially life-threatening consequences of unplanned and/or unwanted pregnancies”²¹ and noted the direct link between the significant maternal mortality ratio and unsafe abortions.²² The CEDAW Committee recommended that the state party amend its law on abortion by decriminalizing it on all grounds and legalizing certain exceptions.²³ The same findings and recommendations were made by the Human Rights Committee in October 2012.²⁴

2. Provide detailed information on steps taken by the state party to investigate, prevent and punish any incidents of ill-treatment of women seeking post-pregnancy care in government hospitals. (Articles 1, 2 and 16)

As extensively discussed in the pre-session letter, the state party has the obligation to prohibit, prevent, and redress abuses in post-abortion care and bears responsibility for acts of TCIDT if it knows or has reasonable grounds to believe that such acts are being committed and fails to exercise due diligence to prevent such acts.²⁵ Further, in 2013, the SR on Torture identified the following as examples of violations of suffering inflicted on the basis of gender: denial of post-abortion care, violations of medical secrecy and confidentiality in health-care settings; and the practice of attempting to obtain confessions as a condition of potentially life-saving medical treatment after abortion.²⁶ In 2016, the SR on Torture went further by equating the practice of forcing confessions from women seeking emergency medical care as a result of illegal abortion to TCIDT.²⁷

Widespread ill-treatment of women seeking post-abortion care. Eight out of 10 women who induce an abortion suffer complications.²⁸ As noted in the pre-session letter, the state party guarantees women’s right to post-abortion care under the Department of Health (DOH) policy on “Prevention and Management of Abortion and Its Complications” (PMAC)²⁹; this was further strengthened by the Magna Carta of Women (MCW)³⁰ and RPRHA³¹ which promote women’s right to humane, nonjudgmental and compassionate post-abortion care. However, for decades, these laws and policy have not been effectively implemented by the state party resulting in serious human rights violations for women seeking treatment for abortion complications in both public and private health care facilities. In 2015, after being formally notified of the rampant violations and provided with evidence of the same, the Philippine Commission on Women raised the issue with the DOH³² which is now developing a new policy on post-abortion care.³³ The current status of post-abortion care underscores the need for the state party to urgently take effective steps to prevent and address violations of rights and ensure the adoption and implementation of a policy which ensures access to timely, humane, nonjudgmental, and compassionate post-abortion care without fear of criminal penalties or reprisals.

As highlighted in the pre-session letter and in testimonies gathered after its submission, women are routinely abused, harassed, threatened, and either receive delayed treatment or out rightly

denied of health services when seeking post-abortion care.³⁴ It is estimated that 1 in 3 women with complications do not receive post abortion care³⁵; stigma surrounding abortion and "shame" (i.e. some women have reported feeling shamed and intimidated by health care workers) are cited as common barriers to accessing appropriate medical treatment.³⁶ The state party has continued to fail to prevent coercive interrogations of women seeking post-abortion care. Testimonies gathered in 2014³⁷ demonstrate that the practice among healthcare professionals of coercing information from women as a condition for receiving medical care is still prevalent.³⁸

In a 2014 focus group discussion organized by the Center and a local partner,³⁹ a woman shared that she was verbally abused and reported to law enforcement authorities by a doctor after admitting inducing an abortion.⁴⁰ As she underwent an internal examination, police officers entered the room, took photos, and questioned her.⁴¹ To make matters worse, she was only able to receive the dilation and curettage procedure essential for her treatment almost 24 hours after admission and then was turned over to the custody of law enforcement authorities when ready for discharge. The entire experience in the hospital and in detention left her deeply traumatized.⁴²

De-listing of misoprostol. As noted in the pre-session letter, the manufacture, importation, sale or distribution of misoprostol⁴³—an essential medicine by the World Health Organization (WHO) for management of incomplete abortion and miscarriage and the prevention and treatment of post-partum hemorrhage⁴⁴—has been prohibited within the state party since 2002 on the pretext that it can be used as an abortifacient.⁴⁵ Since the pre-session letter, the state party has not taken any step to ensure the availability of misoprostol⁴⁶ thereby continuing to deprive women of access to a safe and effective drug that is widely used to treat complications from incomplete or unsafe abortions.

Recommendations received by the state party. In 2015, the CEDAW Committee also recommended that the state party provide women with access to quality post-abortion care in all public health facilities, and further recommended that the state party ensure that women experiencing abortion-related complications are not reported to the law enforcement authorities, threatened with arrest, or subjected to physical or verbal abuse, discrimination, stigma, delays in access to or denial of care.⁴⁷ Furthermore, the CEDAW Committee recommended the reintroduction of misoprostol in order to reduce women's maternal mortality and morbidity rates.⁴⁸

3. Please indicate whether steps are being taken to restore access to emergency contraceptives for victims of sexual violence. (Articles 2, 3, 12, 13 and 16)

As discussed in more depth in the pre-session letter, the Committee has acknowledged that lack of access to oral emergency contraception for victims of rape constitutes a form of TCIDT.⁴⁹

De-registration of emergency contraception. Postinor, an emergency contraceptive drug, was de-registered by the DOH in 2001 for allegedly being an "abortifacient"⁵⁰. The lack of access to emergency contraceptives by women particularly for survivors of sexual violence has been reinforced under the RPRHA which specifically prohibits without exception national hospitals from "purchas[ing] or acquir[ing] by any means emergency contraceptive pills, postcoital pills...that will be used for such purpose and their other forms or equivalent."⁵¹ The need for

emergency contraceptives is reflected in the high incidence of sexual violence—government data released in 2013 reflects that 1 in 10 women aged 15-49 ever experienced sexual violence.⁵²

Recommendations received by the state party. In 2015, the CEDAW Committee urged the state party to reintroduce emergency contraception to "prevent early and unplanned pregnancies and in cases of sexual violence"⁵³ and to "raise awareness about the benefits" of emergency contraception, particularly among adolescent girls.⁵⁴

4. Please indicate the steps that the State party is taking to develop a confidential complaints mechanism for women subjected to discrimination, harassment, or ill-treatment while seeking post-pregnancy treatment or other reproductive health services (Arts 12, 13 and 16)

As discussed in more depth in the pre-session letter, the state party has an obligation to ensure prompt and impartial investigations of alleged TCIDT.⁵⁵ In 2013, the SR on Torture recommended that states parties promote accountability and "enable national preventative mechanisms to systemically monitor, receive complaints and initiate prosecutions"⁵⁶ and ensure that women can "access emergency medical care, including post-abortion care, without fear of criminal penalties or reprisals."⁵⁷

Failure to establish effective accountability mechanisms for reproductive rights violations. There continues to be an absence of formal redress mechanisms for complaints of ill-treatment in reproductive health care settings which has led to a vicious cycle of abuse and impunity particularly in the context of post-abortion care. Testimonies gathered in 2014 reflect that women who were abused, harassed, and threatened in health care facilities while seeking post-abortion care did not file complaints because of the illegality of abortion and fear of prosecution and reprisal.⁵⁸ In 2015, the Commission on Human Rights, acting as the Gender and Development Ombud⁵⁹, issued the Gender Ombud Guidelines⁶⁰ which fails to specifically include violations of reproductive rights as falling under its scope.⁶¹ Further, it does not provide protection against retaliation or immunity for women such as those complaining of abuse when seeking post-abortion care services making them vulnerable to reprisals and criminal prosecution for illegal abortion and deterring them from seeking redress when possible.

Absence of operational reproductive health officers in all LGUs to receive complaints. In 2015, the state party, through the Department of the Interior and Local Government, issued a memorandum (2015 DILG Memorandum) highlighting a "huge gap" in the implementation of the RPRHA and a need to broaden the consciousness of local government units (LGUs) on their role under the law⁶² which includes the assignment of reproductive health officers (RHOs).⁶³ However, while the RPRHA provides for the appointment of RHOs to receive complaints about reproductive rights abuses,⁶⁴ there is still no publicly available information about how many have been appointed and are functioning in the LGUs.⁶⁵

Recommendations received by the state party. In 2015, the CEDAW Committee recommended that the state party broaden the mandate of the CHR to allow it to receive complaints and to provide remedies in cases of violations women's reproductive rights.⁶⁶ The CEDAW Committee further recommended that the state party ensure that LGUs "establish complaint mechanisms within the decentralized health-care systems, such as specialised investigation and appeal

procedures or female health ombudspersons, to investigate complaints and impose appropriate sanctions on health-care professionals responsible for abuse of and discrimination against female patients.”⁶⁷

II. Suggested Concluding Observations

The Center and PINSAN respectfully request that this Committee consider incorporating the following recommendations in its Concluding Observations to the state party.

1. Recalling that an absolute ban on abortion is a form of gender-based violence that results in foreseeable physical and mental suffering and recognizing that the state party’s failure to ensure access to safe and legal abortion services and post-abortion care amounts to TCIDT, take immediate steps:
 - a. To amend the abortion ban to decriminalize abortion on all grounds and legalize it at a minimum when the pregnancy endangers a woman’s life or either physical or mental health, when it is the result of rape or incest, and in cases of fetal impairment.
 - b. To effectively enforce the RPRHA, MCW, and PMAC policy and ensure women have access to timely, humane, nonjudgmental and compassionate post-abortion care without fear of criminal penalties or reprisals.
 - c. To re-list misoprostol, an essential drug recognized by the WHO for the management of incomplete abortion and miscarriage and the prevention and treatment of post-partum hemorrhage, and make it widely available.
2. Recognizing that lack of access to emergency contraceptives for survivors of sexual violence amounts to TCIDT, take immediate steps to restore access to emergency contraceptives by re-registering the drug and ensuring its availability.
3. Recalling the state party’s obligation to prohibit, prevent and redress TCIDT and recognizing the need to promote accountability, take immediate steps to establish and strengthen existing redress mechanisms by ensuring confidentiality and providing protection and immunity for women filing complaints for reproductive rights violations, particularly for ill-treatment when seeking post-abortion care.

We hope that this information is useful to the Committee as it prepares to review the state party’s compliance with the provisions of the Convention. If you have any questions or would like further information, please do not hesitate to contact us.

Respectfully signed,

Center for Reproductive Rights

Philippine Safe Abortion Advocacy Network

¹ The Center for Reproductive Rights is a global legal advocacy organization which uses the law to advance reproductive freedom as a fundamental human right that all government are legally obligated to respect, protect, and fulfil. See <http://www.reproductiverights.org>.

² The Philippine Safe Abortion Advocacy Network (PINSAN) is a network of non-government organizations committed towards achieving the full realization of women and girls’ human rights including their sexual and

reproductive health and rights. PINSAN calls for the demystification, de-stigmatization, and decriminalization of abortion in the Philippines. See <http://www.pinsan.ph>.

³ Convention against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment, *adopted* 10 December, 1984, C.A. Res. 39/46 (*entered into force* 26 June 1987, in accordance with article 27(1)) [hereinafter Convention].

⁴ CENTER FOR REPRODUCTIVE RIGHTS ET AL., IMPOSING MISERY: THE IMPACT OF MANILA'S CONTRACEPTION BAN ON WOMEN AND FAMILIES (2007); CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES: THE HARMFUL IMPACT OF THE PHILIPPINE CRIMINAL ABORTION BAN (2010) [hereinafter CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES]; CENTER FOR REPRODUCTIVE RIGHTS, ACCOUNTABILITY FOR DISCRIMINATION AGAINST WOMEN IN THE PHILIPPINES: KEY FINDINGS AND RECOMMENDATIONS FROM THE CEDAW COMMITTEE'S SPECIAL INQUIRY ON REPRODUCTIVE RIGHTS (2015).

⁵ Committee against Torture (CAT), *List of issues prepared by the Committee prior to the submission of the third periodic report of the Philippines*, (48th Sess., 2012), para. 35, U.N. Doc. CAT/C/PHL/Q/3 (2012).

⁶ An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health, Rep. Act No. 10354 (2012) (Phil.) [hereinafter RPRHA].

⁷ Government of the Philippines, *Consideration of reports submitted by States parties under article 19 of the Convention pursuant to the optional reporting procedure: Third periodic reports of States parties due in 2013*, para 241, U.N. Doc. CAT/C/PHL/3 (2015).

⁸ REVISED PENAL CODE, Act No. 3815, arts. 256-259 (1930) (Phil.).

⁹ See, e.g., CAT Committee, *Concluding Observations: Paraguay*, para. 22, U.N. Doc. CAT/C/PRY/CO/4-6 (2011); CAT Committee, *Concluding Observations: Peru*, para. 15, U.N. Doc. CAT/C/PER/CO/5-6 (2013).

¹⁰ CENTER FOR REPRODUCTIVE RIGHTS, REPRODUCTIVE RIGHTS VIOLATIONS AS TORTURE OR ILL-TREATMENT: CAT COMMITTEE JURISPRUDENCE ON VIOLATIONS OF REPRODUCTIVE RIGHTS, para. 42 (2016),

http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Reproductive_Rights_Violations_As_Torture.pdf; Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, para. 46, U.N. Doc. A/HRC/22/53 (Feb. 1, 2013) (by Juan E. Mendez) [hereinafter Report of the Special Rapporteur].

¹¹ GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY AND UNSAFE ABORTION IN THE PHILIPPINES: CONTEXT AND CONSEQUENCES 3 (2013), <http://www.guttmacher.org/pubs/IB-unintended-pregnancy-philippines.pdf> [hereinafter GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY].

¹² CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES, *supra* note 4.

¹³ GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY, *supra* note 11, at 4.

¹⁴ RPRHA, *supra* note 6, sec. 2 and 3 (a).

¹⁵ *Id.* at sec. 4(q) and (s).

¹⁶ See CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES, *supra* note 4, at 88-89; See An Act Increasing the Penalties Against Abortion, Amending for the Purpose Articles 256, 257, 258, and 259 of the Revised Penal Code, and for Other Purposes, House Bill No. 567 (2013) (Phil.), http://www.congress.gov.ph/download/basic_16/HB00567.pdf.

¹⁷ Edu Pinay, *DOJ completes new criminal code*, PHILSTAR GLOBAL (Aug. 22, 2014),

<http://www.philstar.com/headlines/2014/08/22/1360334/doj-completes-new-criminal-code>. (the draft remains pending before Congress).

¹⁸ Criminal Code Committee, *The Criminal Code of the Philippines* (2014) (Draft), sec. 23 and 53, [https://www.doj.gov.ph/files/ccc/Criminal_Code_September2014\(draft\).pdf](https://www.doj.gov.ph/files/ccc/Criminal_Code_September2014(draft).pdf).; see GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY, *supra* note 11.

¹⁹ Pete Laude, *Student dies from abortion; midwife, aide arrested*, THE PHILIPPINES STAR (Apr. 1, 2012),

<http://www.philstar.com/metro/792774/student-dies-abortion-midwife-aide-arrested>; Rey Galupo, *Man arrested for forcing girlfriend to undergo abortion*, THE PHILIPPINES STAR (Sept. 22, 2014),

<http://www.philstar.com/metro/2014/09/22/1371700/man-arrested-forcing-girlfriend-undergo-abortion>.

²⁰ Interviews by the Center for Reproductive Rights with three women under the pseudonyms Beth, Kate, and Janet, Metro Manila (Mar. 30, 2014-Apr. 13, 2015).

²¹ Committee on the Elimination of all Forms of Discrimination Against Women (CEDAW) Committee, *Summary of the inquiry concerning the Philippines under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women*, para. 33, U.N. Doc. CEDAW/C/OP.8/PHL/1 (2015) [hereinafter Inquiry Report (2015)].

²² *Id.* at para. 47.

²³ *Id.* at para. 51(v).

²⁴ Human Rights Committee, *Concluding Observations: Philippines*, para. 13, U.N. Doc. CCPR/C/PHL/CO/4 (2012).

²⁵ CAT Committee, *General Comment No. 2: Implementation of article 2 by States parties*, (39th Sess., 2007), para. 18, U.N. Doc. CAT/C/GC/2/CRP (2007).

²⁶ Report of the Special Rapporteur, *supra* note 10.

²⁷ *Id.* at para. 44.

²⁸ GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY, *supra* note 11, at 5; R.B. GOLD, S.K. HENSHAW, & L.D. LINDBERG, ABORTION AND WOMEN'S HEALTH: A TURNING POINT FOR AMERICA? (THE ALAN GUTTMACHER INSTITUTE (6th ed. 1990). The risk of complications is high compared to countries where abortion is legal. For example, fewer than 1% of all U.S. abortion patients experience a major complication and the risk of death associated with abortion is 10 times as low as that associated with childbirth.

²⁹ Department of Health, Prevention and Management of Abortion and its Complications (PMAC) Policy, Administrative Order No. 45-B (May 2, 2000) (Phil.) (requires the provision of "quality and humane post-abortion care services by competent, compassionate, objective and non-judgmental service providers in a well-equipped institution, complemented by a supportive environment.").

³⁰ An Act Providing for the Magna Carta of Women, Rep. Act No. 9710, sec. 17 (Aug. 14, 2009) (Phil.) [hereinafter MCW].

³¹ RPRHA, *supra* note 6, sec. 3 (j).

³² Email from Anna Maria Sotto, Philippine Commission on Women, to Jihan Jacob, Legal Fellow for Asia at Center for Reproductive Rights (Oct. 2, 2015) providing updates that PCW sent letter to Dr. Esperanza Cabral and DOH Secretary Janet Garin raising the issue of abuses in the post-abortion care setting (on file with the Center for Reproductive Rights).

³³ Minutes of the 17th Responsible Parenthood and Reproductive Health Act meeting (Oct. 9, 2015) (on file with the Center).

³⁴ Center for Reproductive Rights, Focus Group Discussion on Post-Abortion Care with women in Metro Manila, Bayview Hotel Manila (May 27, 2014) [hereinafter Focus Group Discussion]; Christy Marfil, counsellor at ISSA, Interview with Jess, Quezon City (Mar. 20, 2009); Metro Manila-based NGO, Interview with Maria, Metro Manila (Feb. 7, 2003); Interview with anonymous counselor, East Avenue Medical Center, Quezon City (Feb. 2009).

³⁵ GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY, *supra* note 11, at 5

³⁶ *Id.*

³⁷ Focus Group Discussion, *supra* note 34; Metro Manila-based NGO, Interview with Marissa, Metro Manila (Apr.3, 2009).

³⁸ *Id.*

³⁹ Center for Reproductive Rights and Philippines-based NGO, Focus group discussion, Philippines (2014).

⁴⁰ Focus Group Discussion, *supra* note 34.

⁴¹ *Id.*

⁴² *Id.*

⁴³ CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES, *supra* note 4, at 84. According to medical experts interviewed for Forsaken Lives, the ban on misoprostol has undermined the provision of post-abortions services because misoprostol is used by doctors to induce labour, prevent postpartum bleeding and treat missed abortion and post-abortion complications.

⁴⁴ WHO, MODEL LIST OF ESSENTIAL MEDICINES (19TH ED.) (Apr. 2015), sec. 22.1, 38.

⁴⁵ Bureau of Food and Drugs (BFAD), Advisory 2002-02 (12 August 2002), <http://www.fda.gov.ph/attachments/article/38928/FA%202002-02%20Cytotec.pdf>.

⁴⁶ RPRHA, *supra* note 6, sec. 5; Implementing Rules and Regulations of RPRHA, sec. 3.01(y) [hereinafter IRR]. RPRHA allows lifesaving drugs such as oxytocin, magnesium sulphate, antenatal steroids and antibiotics to prevent and manage pregnancy-related complications but excludes misoprostol.

⁴⁷ Inquiry Report (2015), *supra* note 21, para. 52(e).

⁴⁸ *Id.*

⁴⁹ CAT Committee, *Concluding Observations: Peru*, para. 15, U.N. Doc. CAT/C/PER/CO/5-6 (2013).

⁵⁰ Reproductive Health Advocacy Network, *Position Paper to Government of the Phil., Department of Health, Bureau of Food and Drugs in re: Withdrawal of Registration and Prohibition of Importation and Distribution of Postinor through Memorandum Circular No. 18*, at 2-3, 12, 15 (Dec. 2001) (on file at the Center for Reproductive Rights).

⁵¹ RPRHA, *supra* note 6, sec. 9.

⁵² Philippines Statistics Authority, *Philippines National Demographic and Health Survey 2013* (2014) at 190-191.

⁵³ Inquiry Report (2015), *supra* note 21, para. 52(iii).

⁵⁴ *Id.*

⁵⁵ Convention, *supra* note 3, paras. 12, 13 and 16.

⁵⁶ Report of the Special Rapporteur, *supra* note 10, para. 85(b).

⁵⁷ *Id.*, para 90.

⁵⁸ Focus Group Discussion, *supra* note 34.

⁵⁹ MCW, *supra* note 30, sec. 40. As the Gender and Development Ombud, the Commission on Human Rights has the mandate to monitor compliance with the MCW and CEDAW, to establish guidelines and mechanisms to facilitate access of women to legal remedies, and to receive and investigate complaints of violations of the MCW.

⁶⁰ *CHR presents Gender Ombud Guidelines*, KASAMA (May 12, 2015), <http://kasamaph.org/2015/05/12/chr-presents-gender-ombud-guidelines/>.

⁶¹ *Id.*

⁶² Republic of the Philippines Department of the Interior and Local Government, Memorandum Circular No. 2015-145, sec. 1 (Dec. 29, 2015).

⁶³ *Id.* sec. 2(m).

⁶⁴ IRR, *supra* note 46, sec. 4.07, 5.26.

⁶⁵ DEPARTMENT OF HEALTH (DOH), THE FIRST ANNUAL CONSOLIDATED REPORT ON THE IMPLEMENTATION OF THE RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH ACT OF 2012 (R.A. No. 10345) at 109 (2014) (Phil.). The report provides that, as of April 2015, the Department of the Interior and Local Government (DILG) circular address to all the DILG field units and LGUs emphasising the need for each LGU to designate a Reproductive Health Officer and is still awaiting the signature of the DILG Secretary.

⁶⁶ Inquiry Report (2015), *supra* note 21, para. 51(g).

⁶⁷ *Id.*, para. 52(g).