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CEDAW Secretariat
Office of the High Commissioner for Human Rights
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CH-1201 Geneva, Switzerland

Re: Supplementary information on the Philippines on the implementation of para. 40 of the Concluding Observations issued by the Committee during its 64th session

I. Introduction

The undersigned organizations¹ prepared this letter to assist the Committee on the Elimination of Discrimination against Women (the Committee) in its mid-term review of the Government of the Philippines' (state party) compliance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Committee's Concluding Observations, particularly para. 56 in relation to para. 40 issued during its 64th session on July 4-22, 2016.² In its 2015 summary of the special inquiry report (summary report)³, the Committee found that restrictive reproductive health laws and policies in the country, including two executive orders in Manila City which effectively banned modern contraceptives on local health facilities, amounted to grave and systematic violations of Article 12, read alone and in conjunction with Article 2(c), (d), and (f), with Article (5) and with Article 10(h), and Article 16(1)(e) of the Convention in relation to Filipinos' access to contraceptive services,⁴ abortion,⁵ post-abortion care,⁶ and effective legal remedies for violations of women's fundamental human rights.⁷

We welcome the Committee's continued monitoring on the status of reproductive rights in the country, and particularly on the implementation of its inquiry recommendations, as the state party prepares to engage in different law reform processes. Since the Committee's review in 2016, the state party initiated the process to discuss proposals to amend the Constitution,⁸ proposed a draft new Philippine Code of Crimes to replace the Revised Penal Code (RPC),⁹ and is expected to convene the Congressional Oversight Committee on Reproductive Health Act—a body tasked to review the implementation of the Responsible Parenthood and Reproductive Health Act of 2012 (RPRHA) and propose amendments to the law as needed.¹⁰

Since the summary report was released, the undersigned organizations have closely monitored and, in some cases, have provided technical support to actions taken by the state party to implement the inquiry recommendations. This letter provides key updates on the steps taken by the state party since the Committee's 2016 periodic review reflecting continuing reproductive rights violations and discrimination against women in accessing: (1) the full range of contraceptive information and services, (2) safe and legal abortion, and (3) humane and quality post-abortion care. We have also

suggested measures that we hope the Committee will urge the state party to take to address the remaining challenges to the full realization of reproductive rights in the country.

II. Progress and challenges to realizing reproductive health and rights in the Philippines

Since the Committee's review in 2016, the state party has taken several positive steps to improve women's and girls' access to reproductive health information and services. The Philippine Commission on Human Rights (PCHR) published its report on its first ever national inquiry on reproductive health and rights and found the state party accountable for reproductive rights violations, and especially those affecting marginalized and vulnerable groups.¹¹ Various government offices and agencies – including the Office of the Solicitor General, Department of Health (DoH), Commission on Population, and Food and Drug Administration (FDA) – defended the implementation of the RPRHA against a challenge by conservative religious and anti-choice groups before the Supreme Court.¹² Further, the FDA ensured women's and girls' access to modern contraceptives by certifying 51 contraceptive products as “non-abortifacients” and made them legally available.¹³ Furthermore, the state party included in its Ten-point Socio-Economic Agenda the strengthened implementation of the RPRHA “to enable especially poor couples to make informed choices on financial and family planning”¹⁴ and issued Executive Order 12 (EO 12)¹⁵ which aimed to “intensify and accelerate the implementation of critical actions necessary to attain and sustain ‘zero unmet need for modern family planning’ for all poor households by 2018, and all of Filipinos thereafter.”¹⁶ To support the implementation of EO 12, the DoH enacted an administrative order outlining priority strategies and population groups as well as specific guidelines for the state party and civil society groups to reduce the unmet need for modern family planning services.¹⁷ Finally, recognizing the link between access to reproductive health services and poverty reduction in the country, the National Economic and Development Authority announced in early 2018 its intention to have a dedicated executive order that mandates all local government units to implement the RPRHA.¹⁸

However, as will be discussed, the state party has allowed the influence of religious ideology to cause regression in laws and policies aimed at promoting women's and girls' health. Critical gaps and challenges persist reflecting a systematic pattern of abuse and discrimination which has had a grave impact on women's rights particularly among the most vulnerable groups of women— e.g. adolescents, women in rural areas, poor women, and pregnant women and girls—who continue to suffer the most harm. Women are trapped in a system that continually denies them access to modern contraceptives, safe and legal abortion, and humane and quality post-abortion care as a result of discriminatory judicial decisions, legislation, and executive orders that perpetuate gender stereotypes and prioritize religious ideologies over women's health and well-being. As noted by the Committee in its summary report, “by limiting women's rights to freely choose the number and spacing of their children, women and girls [are] effectively undermined in accessing and pursuing the same education and employment opportunities as men [which drives them] further into or maintained in poverty.”¹⁹

A. Retrogression and persistent barriers to accessing contraceptive information and services

In relation to access to contraceptive services, in its summary report, the Committee recommended among others that the state party ensure access to the full range of sexual and reproductive health services including emergency contraceptives “with particular focus on economically disadvantaged women and adolescent girls”²⁰ and to eliminate “economic and structural barriers that result in unequal access to sexual and reproductive health services, including limitations pertaining to women’s marital status, age and number of children.”²¹ Specific to women’s and girls’ access to sexual and reproductive health information, the Committee recommended among others that the state party ensure that women are able to “make informed decisions about the number and spacing of children” and that “non-biased, scientifically sound and rights-based counselling and information on sexual and reproductive health services, including on all methods of contraception” are available.²² The Committee also recommended for the inclusion of comprehensive and age-appropriate sexual and reproductive health education in schools²³ and the conduct of campaigns to address misconceptions on the use of modern contraceptives and the gender-based stereotypes discouraging its use.²⁴

Current legal framework on contraceptive access. In 2012, the state party enacted the RPRHA, the first national reproductive health law of the Philippines which guarantees “universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies.”²⁵ While the RPRHA was an important step forward, conservative religious and anti-reproductive rights groups have resorted to the Supreme Court to impede its full implementation for over three years and strip it of important provisions. The Supreme Court issued its first order restraining the implementation of the RPRHA in March 2013.²⁶ As will be discussed, the RPRHA has violated core human rights standards including those under CEDAW resulting in practical condonation of grave reproductive rights violations by the state party.

In its 2014 decision on the constitutionality of the RPRHA, *Imbong v. Ochoa (Imbong)*, the Supreme Court declared several key provisions of the law as unconstitutional.²⁷ As a result, health care providers may refuse to carry out “elective” reproductive health procedures such as ligation or vasectomy for married individuals on the ground of lack of spousal consent. Providers may also require parental consent for all minors to access modern contraceptives, including those who are already parents or have suffered miscarriage for lack of parental consent.²⁸ The court’s decision also allowed institutions to exercise “conscientious objection” and removed any obligation on the part of private health facilities, non-maternity specialty hospitals, and hospitals run by religious groups to refer women seeking modern contraceptives to alternative health care providers.²⁹

In *ALFI v. DoH (ALFI)*, the Court issued a temporary restraining order (TRO) prohibiting the DoH and any of its agents from “procuring, selling, distributing, dispensing or administering, advertising and promoting” Implanon and Implanon NXT and preventing it from approving applications for certification of contraceptive drugs and devices.³⁰ In its September 2016 decision which was later modified in a 2017 resolution, the Supreme Court failed to prioritize women’s reproductive rights by denying the lifting of the TRO and issuing onerous directives (discussed in more detail below) that must be complied with by the DoH and FDA for the certification, re-certification, distribution, and administration of any contraceptive drugs and devices.³¹ During the

effectivity of the TRO, women and girls had limited access to contraceptives as a result of the expiration of 15 of the 48 FDA-issued certificates of product registration for contraceptive drugs and devices in 2016 and another 14 by the end of 2017.³² The TRO was only lifted in 2017 once the questioned drugs and devices were certified as “non-abortifacients” by the FDA.³³ While anti-choice groups have also attempted to restrain the FDA from issuing these certifications, their legal challenge has been recently dismissed by the Court of Appeals.³⁴

i. Key updates on access to contraceptive information and services since 2016

Proposed recommendation: Provide the necessary financial, human, technical and other resources to fully implement the RPRHA and give priority attention to marginalized and vulnerable groups of women and girls including adolescents, unmarried women and girls, and those living in rural areas to ensure that they have access to the full range of reproductive health information and services particularly to modern contraceptives.

Since 2016, the state party has failed to fully address the increasing need for reproductive health services particularly access to modern contraceptives among vulnerable groups of women. By the end of 2018, the country’s population is projected to reach over 107 million.³⁵ It is estimated that almost 31% of the population (33 million) are women of reproductive age (ages 15-49) who are the intended beneficiaries of reproductive health services under the RPRHA.³⁶ The key findings of the state party’s latest National Demographic and Health Survey (NDHS) highlight the disproportionate impact of restricted access to contraceptive information and services on women and girls who are younger and unmarried. The 2017 NDHS indicates that, despite the enactment of the RPRHA, the contraceptive prevalence rate among currently married women has stagnated between 2013 (55%)³⁷ and 2017 (54%)³⁸ and unmet need for family planning only minimally decreased from 17.5% (2013)³⁹ to 16.7% (2017).⁴⁰ Younger married women aged 15-19 still experience the highest rate of unmet need among all age groups (28% versus 13%-18%) and lowest percentage of demand satisfied (56% versus 68%-82%).⁴¹ Compared to currently married women, unmarried and sexually active women have a substantially higher unmet need for family planning (49% versus 17%).⁴² The state party’s crucial role in addressing the high unmet need is reflected in the increasing number of contraceptive users who rely on the public sector as a source for modern contraceptives—from 47.2% in 2013⁴³ to 55.6% in 2017.⁴⁴

The high unmet need for contraceptives among adolescents who must secure parental consent to access them has resulted in an increasing rate of adolescent pregnancies in the country, exposing many young girls to avoidable pregnancy-related risks and harms. According to the Commission on Population, births among adolescent mothers aged 10-19 increased a fivefold from 203,653 births in 2011 to 1,040,211 in 2015.⁴⁵ Comparing the 2013 and 2017 NDHS, the highest rate of adolescents who have begun childbearing is still reflected among those that belong to the lowest wealth quintile and educational background.⁴⁶ The 2017 NDHS findings reflected that 15% of adolescents belonging to the lowest wealth quintile have begun childbearing compared to 3% who belong to the highest wealth quintile; and 32% of adolescents who have attained only a grade 1-6 level of education have already begun childbearing compared to 0.4% of adolescents with a college education.⁴⁷

Proposed recommendation: Recognize and fulfill the obligations of the state party, particularly courts, to respect and protect women’s and girls’ fundamental rights guaranteed under the Constitution and international law and allow minors and married individuals to access on their own all reproductive health services including modern contraceptives by removing any requirement of third-party consent in the RPRHA.

The disproportionate harm suffered by vulnerable groups of women is exacerbated by the state party’s continued prioritization of “family” and “marriage” over access to essential reproductive health services. While U.N. human rights bodies including the Committee have already called on states not to require third-party consent for individuals including minors to access reproductive health services,⁴⁸ the state party has not taken any steps since the Committee’s last review to remove the curtailment of married women’s and minors’ access to certain reproductive health services. As earlier mentioned, the *Imbong* decision resulted in a requirement wherein all minors, including those who have already experienced pregnancy, should secure written parental consent to access modern contraceptives and non-emergency reproductive health procedures.⁴⁹ The court found as “anti-family” and “deplorable...the debarment of parental consent in cases where the minor, who will be undergoing a procedure, is already a parent or has had a miscarriage”.⁵⁰ Further, *Imbong* also restricted married women’s access to elective reproductive health procedures such as ligation.⁵¹ The Court explained that to not require spousal consent would violate the policy of the state party to protect marriage as an inviolable social institution and that, absent any compelling state interest, a decision involving a reproductive health procedure “is a private matter which belongs to the couple, not just one of them.”⁵²

In accordance with the Committee’s General Recommendation 24, the PCHR in 2016 called on the state party to “issue a policy upholding women’s autonomy over her body, and dismissing the need for the consent of relatives or spouse.”⁵³ In its 2016 national inquiry report, the PCHR found that the *Imbong* decision has been used by “some government health facilities and health service providers in seeking parental consent for minors and in refusing tubal ligation for married women without the consent of their husbands” and that the parental consent requirement is linked to the rise of adolescent pregnancies.⁵⁴

Proposed recommendation: Recognize and fulfill the obligations of the state party, particularly courts, to prioritize women’s and girls’ fundamental rights guaranteed under the Constitution, RPRHA, and international law over religious ideologies by not allowing institutions to practice religion-based refusals of care and requiring health care providers refusing to provide care based on religious convictions to refer all patients to an accessible alternative health care provider.

The Committee has expressed that state parties should only permit individuals, and not institutions, to invoke “conscientious objection” by ensuring that it “remains a personal decision rather than an institutionalized practice.”⁵⁵ In its summary report, the Committee also recommended that the state party “establish a regulatory framework and mechanism for the practice of conscientious objection by individual health professionals” to ensure women’s access to sexual and reproductive health services.⁵⁶

However, as mentioned earlier, the state party has continued to prioritize religious ideologies over women’s health and well-being as the court’s decision in *Imbong* allowed both individuals and institutions to be “conscientious objectors.”⁵⁷ Under the implementing rules of the RPRHA, a hospital owned and operated by a religious group, or classified as a non-maternity specialty hospital, may be exempt from providing the full range of modern family planning methods and an individual may refuse to deliver reproductive health care information or services as a “conscientious objector.”⁵⁸ Since 2016, the state party has not prevented any of these institutions from refusing to provide modern contraceptives and has even facilitated their exercise of such refusal by issuing the “Guidelines on the Registration and Mapping of Conscientious Objectors and Exempt Health Facilities” (DoH Guidelines).⁵⁹ The PCHR has called for the review and amendment of the RPRHA particularly to address the provisions on the scope of refusals of care based on religion and accountability of public officials who refuse to implement the RPRHA.⁶⁰

Further, under the RPRHA as amended by *Imbong*, there is no longer any duty to refer “non-emergency” cases, including those involving access to modern contraceptives, to an alternative and accessible health care provider.⁶¹ The Court explained that creating a duty to refer will violate the “religious belief and conviction of a conscientious objector” and is a “false compromise because it makes pro-life health providers complicit in the performance of an act that they find morally repugnant or offensive.”⁶² The DoH Guidelines outlined the requirements for an individual health care provider to refuse to provide care based on “religious or ethical convictions” without any duty to refer except in emergency or serious cases.⁶³ Similar requirements and the lack of duty to refer apply to “exempt health facilities” which are private non-maternity specialty hospitals or health facilities owned and operated by a religious group and are exempt from providing the full range of modern contraceptives.⁶⁴

Proposed recommendations: Amend the RPRHA to clarify that public health officials who are not health care providers cannot legally refuse to implement the RPRHA based on religious grounds and ensure effective accountability mechanisms are in place and functioning to end impunity for acts committed by any public official that hinders or interferes with women’s and girls’ access to reproductive health information and services.

Strengthen the mandate of PCHR and ensure that its resolutions and findings of violations particularly on women’s and girl’s reproductive rights are legally binding and enforceable.

Since 2016, the state party has failed to hold local government officials accountable for refusing to implement the RPRHA. To date, no public official has been held liable for the grave impact of the Manila executive orders—which were the subjects of the Committee’s special inquiry—on the health and rights of women in Manila. In *Imbong*, the Court declared unconstitutional the provision which penalizes any public officer who, regardless of his or her religious beliefs, refuses to support reproductive health programs or participates in any act that hinders the full implementation of a reproductive health program.⁶⁵

Since 2016, the negative impact on accountability of the *Imbong* decision was recognized by the PCHR when it took note of Sorsogon City’s Executive Order 3 (EO 3)—which declared the city as “pro-life” and resulted in the withdrawal of modern contraceptives in local health facilities⁶⁶—and recommended that the state party review the RPRHA particularly on the “absence of

accountability of public officials refusing to implement the [RPRHA].”⁶⁷ During its national inquiry, the PCHR was able to document the harmful impact of EO 3 including the resulting unwanted pregnancies, “outright refusal to implement” the RPRHA, stigmatization of both clients and providers of modern contraceptives, “financial and psychological burden” on marginalized women, and misinformation about modern contraceptives.⁶⁸ The PCHR recommended that Sorsogon City “recall its [EO 3] in view of its effect of de facto denial of women’s right to access the whole range of reproductive health services and information”⁶⁹ and for the DoH to file an administrative case against the mayor for her refusal to implement the RPRHA.⁷⁰ To date, no administrative case has been filed against the mayor of Sorsogon City by the DoH. Further, in its 2017 resolution on a letter-complaint against the Sorsogon City mayor filed by local civil society groups, the PCHR found that the mayor discriminated against women by issuing EO 3 in violation of CEDAW, RPRHA, and other national laws and policies.⁷¹ The PCHR’s resolution has yet to attain finality on the ground that the mayor moved for its reconsideration in June 2018.⁷² However, given PCHR’s limited authority and the recommendatory nature of its findings, any finding of violation will ultimately neither hold the mayor administratively, civilly, or criminally liable nor ensure full accountability for the grave violations of reproductive rights committed in Sorsogon City.

Proposed recommendation: Amend the RPRHA to allow the purchase and acquisition of emergency contraceptives by national hospitals and ensure that dedicated emergency contraceptives are available and accessible in all public and private health facilities to prevent early and unplanned pregnancies particularly for women and girls who are survivors of sexual violence as well as promote and raise awareness about the benefits of emergency contraceptives in such situations, particularly among adolescent girls.

The discrimination against vulnerable groups of women is also apparent in the continued lack of access to emergency contraceptives, particularly for survivors of sexual violence. To prevent pregnancies in instances of unprotected sex, the 2014 Family Planning Manual of the DoH recommends the use of the levonorgestrel-only pill and Yuzpe method which consists of higher doses of regular combined oral contraceptive pills containing levonorgestrel and ethinyl estradiol.⁷³ Studies found that the levonorgestrel-only pill is more effective in preventing unwanted pregnancies and has fewer side effects compared to the Yuzpe method.⁷⁴ However, since 2016, the state party has not taken any step to re-list the levonorgestrel-only drug or repeal the provision under the RPRHA, which expressly prohibited national hospitals from purchasing or acquiring emergency contraceptives.⁷⁵ As a result, women and girls in the Philippines, and particularly survivors of sexual violence, have no option but to use the Yuzpe method to prevent pregnancy.⁷⁶

Recommendations on contraceptive access received by the state party since 2016. Since the Committee’s review in 2016, the state party has been urged by different bodies to improve access to reproductive health information and services, particularly contraceptives. The Committee on Economic, Social, and Cultural Rights (ESCR Committee) has expressed its concern at the “high level of unwanted pregnancies and at the limited access to reproductive health information and services, including contraceptives, particularly among adolescents and women in rural areas, despite the [RPRHA].”⁷⁷ It further noted that the limited access to reproductive health information and services have been made worse by judicial orders, local executive orders such as those in Manila City and Sorsogon City, and the lack of access to emergency contraceptives.⁷⁸ In 2017,

during the third cycle of the Universal Periodic Review (UPR), the state party received and accepted recommendations from different states calling for universal access to reproductive health services including by ensuring the implementation of the RPRHA and increasing access to modern contraceptives.⁷⁹

B. Continued criminalization and restriction of women’s access to abortion services

In its summary report, the Committee recommended that the state party “[a]mend articles 256 to 259 of its Criminal Code...to legalize abortion in cases of rape, incest, threats to the life and/or health of the mother, or serious malformation of the foetus and decriminalize all other cases where women undergo abortion, as well as adopt necessary procedural rules to guarantee effective access to legal abortion”⁸⁰ and to “[c]onduct research on the incidence of unsafe abortions in the [s]tate party and their impact on women’s health and maternal mortality and morbidity, and make such information available to the Committee in its next periodic report.”⁸¹

Current legal framework on abortion. Abortion remains criminalized under the RPC with no clear exceptions even in cases of pregnancies endangering the life or health of the women, those resulting from rape or incest, and those involving fetal impairment.⁸² The RPC imposes prison sentences ranging from 1 month to a maximum of 20 years for an individual found guilty of performing, providing assistance, or having an abortion.⁸³ As will be discussed in more detail below, a constitutional provision which calls on the state party to “equally protect the life of the mother and the life of the unborn from conception”⁸⁴ has also had a chilling effect on women’s and girls’ access to abortion.⁸⁵

i. Key updates on access to safe and legal abortion since 2016

Proposed recommendation: **Establish a system to regularly gather national and disaggregated data on the incidence of abortions and number of abortion-related complications and deaths and its causes and analyze their impact on the country’s public health and sustainable development.**

Since 2016, the state party continued to fail to comply with the Committee’s recommendation to gather and present to the Committee data on the incidence of unsafe abortions and its impact on women’s and girls’ lives and health, including maternal mortality and morbidity. The absence of official data, in the state party’s 2015 report to the Committee and even under the recent 2017 NDHS, conceals the grave impact of the penal laws on abortion on women’s rights and essentially prevents the state party from developing appropriate laws, policies, and programs. So far, available data and estimates on the incidence of abortion in the country are based on independent studies which reported that 610,000 illegal and unsafe abortions took place in the country in 2012—an increase from 560,000 in 2008—with an estimated 100,000 women hospitalized for abortion complications in 2012.⁸⁶

Proposed recommendation: For Congress to repeal arts. 256-259 of the RPC to legalize abortion in cases of rape, incest, and threats to the life and physical or mental health of the pregnant woman, decriminalize abortion voluntarily sought by women and girls in all other cases, and adopt necessary rules and guidelines to guarantee effective access to legal abortion.

Since 2016, the state party's efforts in reforming the RPC were limited to proposed or actual increases in penalties imposed upon individuals involved in causing, performing or undergoing an abortion. A bill seeking to amend the RPC was filed in October 2016 before the Senate and proposed the imposition of a fine in addition to imprisonment for any provider found guilty of performing abortion,⁸⁷ women consenting to an abortion or her parents, and any other individual acting as an accessory.⁸⁸ The bill also proposed to include a new provision that explicitly penalizes any attempt to commit an abortion.⁸⁹ In 2017, a law was enacted increasing the fine a hundredfold for pharmacists who dispense abortifacients without prescription—from a fine not exceeding 1,000 Philippine pesos (Php) (approximately USD 20) under the RPC⁹⁰ to a fine not exceeding 100,000 (approximately USD 2000).⁹¹

Since 2016, the state party also failed to take steps to “legalize abortion in cases of rape, incest, threats to the life and/or health of the mother, or serious malformation of the foetus” as recommended by the Committee⁹² or act upon an earlier recommendation of the Philippine Commission on Women (PCW) “to [have]...exceptions to the general prohibition on abortion”⁹³ and that “justified abortion in circumstances where ‘continuation of pregnancy endangers the life of the pregnant woman or seriously impairs her physical health’ should...be considered.”⁹⁴ In 2016, the state party was called upon by the PCHR to “review the provisions on abortion, taking into consideration...how the continuing criminalization of abortion affects provision of post abortion care.”⁹⁵

Proposed recommendations: Remove the constitutional state policy on the “equal protection of the life of mother and life of the unborn from conception” to avoid restrictive interpretations on women’s and girls’ access to abortion even in cases of pregnancies endangering the lives and physical or mental health of pregnant women or girls.

Recognizing women’s and girls’ right to access abortion and ensuring their access to such services, fulfill the obligations of the state party, particularly courts, to respect and prioritize women’s and girls’ fundamental rights to life, health, equality and nondiscrimination, dignity, and freedom from torture and ill-treatment guaranteed under the Constitution and international law.

As mentioned above, the Constitution contains a policy to “equally protect the life of the mother and the life of the unborn from conception.”⁹⁶ While the Constitution does not expressly prohibit access to abortion and may be interpreted to allow abortion in certain circumstances, including at a minimum when the life or physical and mental health of a woman or girl is at risk, the Supreme Court narrowly described the said policy in a recent case as a “constitutional policy prohibiting abortion.”⁹⁷ The Court’s interpretation and its emphasis on the “principle of no abortion” which

wholly ignore women’s fundamental rights enshrined in the Constitution⁹⁸ contribute to the legal uncertainty on when legal abortions may be allowed.

Further, the same policy has not only been used as a basis to restrict women’s and girls’ access to abortion; anti-choice groups have also used the same provision to attempt to de-list certain contraceptives. In *ALFI*—the case questioning the FDA’s re-evaluation and re-certification of 77 contraceptive products and devices— the Court called on the FDA to ensure that contraceptives “do not harm or destroy the life of the unborn from conception/fertilization.”⁹⁹ While the state policy commits to provide protection to the life of a pregnant woman and does not solely protect the fetus, the Court failed to protect women’s lives when it ordered the FDA that, in evaluating and approving contraceptive products, “all reasonable doubts shall be resolved in favor of the protection and preservation of the right to life of the unborn from conception/fertilization.”¹⁰⁰ In directing the FDA to comply with this rule, the Court adopted the argument advanced by religious and anti-choice groups to observe the “principle of prudence.”¹⁰¹ While these types of restrictive interpretations could be avoided by removing the policy under the Constitution on the equal protection of life of the woman and fetus, drafts and amendment proposals to the Constitution which are pending before Congress¹⁰² and submitted by the ruling party, PDP-Laban,¹⁰³ have retained this provision.

Recommendations on abortion received by the state party since 2016. Since the Committee’s 2016 review, the state party has been urged by human rights bodies to amend its law on abortion. The ESCR Committee expressed concern on the criminalization of abortion which has led to “a growing number of unsafe abortions and very high maternal mortality rates including among adolescents.”¹⁰⁴ The ESCR Committee recommended that the state party “take all measures necessary to reduce the incidence of unsafe abortion and maternal mortality including through amending its legislation on the prohibition of abortion to legalize abortion in certain circumstances.”¹⁰⁵ In 2017, during the third cycle of the UPR, the state party took note of a recommendation from Netherlands to “[t]ake immediate steps to permit abortion in cases where a woman’s or a girl’s life or physical or mental health is in danger, where the pregnancy is a result of rape or incest and in cases of fetal impairment, with a view to decriminalizing abortion in the near future.”¹⁰⁶

C. Ongoing abuse and stigmatization of women seeking post-abortion care

In relation to women’s access to post-abortion care, the Committee in its summary report recommended that the state party ensure access to quality post-abortion care, reintroduce misoprostol, and ensure that women seeking post-abortion care are “not reported to law enforcement authorities, threatened with arrest, or subjected to physical or verbal abuse, discrimination, stigma, delays in access to or denial of care.”¹⁰⁷ The Committee also recommended that the state party ensure the privacy and confidentiality of patients particularly in the context of post-abortion care and establish mechanisms for women and girls to lodge complaints “without fear of retaliation.”¹⁰⁸

Current legal framework on post-abortion care. Women’s and girls’ access to post-abortion care is guaranteed under national laws and policies. Under the Magna Carta of Women, the right to health include access to services on the “prevention of abortion and management of pregnancy-

related complications.”¹⁰⁹ While the RPRHA “recognizes that abortion is illegal and punishable by law,” it also explicitly provides that “all women needing care for post-abortive complications and all other complications arising from pregnancy, labor and delivery, and related issues shall be treated and counseled in a humane, non-judgmental and compassionate manner in accordance with law and medical ethics.”¹¹⁰ In November 2016, the DoH enacted the “National Policy on the Prevention and Management of Abortion Complications (PMAC)” (2016 PMAC policy)¹¹¹ which conformed to the Committee’s recommendations in its 2015 summary report by introducing effective accountability mechanisms and establishing privacy and confidentiality safeguards.¹¹² However, in 2018, the 2016 PMAC policy was repealed and many of its progressive elements rolled back when the DoH issued the “National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications” (2018 PMAC policy) to “provide technical guidance...[on] the prevention of illegal and unsafe abortion and the provision of quality post-abortion care in all public and private health facilities.”¹¹³ The 2018 PMAC policy was one of the first policies signed by the new Health Secretary who was a known advocate for the use of “natural” family planning methods over modern contraceptives—a stance which is similar to that advocated by conservative religious and anti-reproductive rights groups in the country.¹¹⁴

i. Key updates on access to post-abortion care since 2016

Proposed recommendation: **For the Department of Health to strengthen the 2018 PMAC policy by providing effective complaint mechanisms for any violations with guarantees of free legal assistance and protection of the complainant against retaliatory actions.**

The 2016 PMAC policy contained a “penalty clause” outlining the different officials and bodies before whom a criminal, civil, and administrative anonymous complaint may be filed in case any provision of the policy is violated.¹¹⁵ The clause also mandated the state party to provide any complainant “free legal assistance and...protection against retaliatory actions and suits.”¹¹⁶ For the first time, in law or policy, the state party has made a specific and express recognition of women’s and girls’ right to file an anonymous complaint in cases of violations of their right to post-abortion care and acknowledged its obligation to facilitate women’s and girls’ access to justice in this context. However, this penalty clause was deleted in the 2018 PMAC policy which again left undefined the specific accountability mechanisms for violations of women’s and girls’ right to access post-abortion care.

Proposed recommendation: **For the Department of Health to strengthen the 2018 PMAC policy by clarifying that health care workers in all public and private health facilities have no obligation to report women seeking post-abortion care, and ensuring that women’s and girls’ right to humane, nonjudgmental and quality post-abortion care including their right to privacy and confidentiality are fulfilled.**

In the 2016 PMAC policy, the DoH emphasized the obligation of health care providers to ensure the privacy and confidentiality of women and girls seeking post-abortion care and clarified two major points (1) that there is “no law requiring service providers to report women and girls suffering abortion complications to the law enforcement authorities” and (2) that there is no civil, criminal, or administrative liability for those providing appropriate post-abortion care.¹¹⁷ The inclusion of these provisions was crucial to address the fear among women and girls of arrest and

prosecution if they present themselves with abortion-related complications as well as the fear among health care providers that they can be held liable as accomplices or accessories to a crime should they provide necessary medical treatment.¹¹⁸ With these provisions in place, both patient and provider will no longer be deterred by their fear of the law and punishment from seeking and providing timely care. In a retrogressive measure, these provisions were deleted from the 2018 PMAC policy along with the penalty provisions discussed above. Further, unlike the 2016 PMAC policy which called for institutional safeguards and protocols to “ensure patient confidentiality, privacy, [and] protection of women’s human rights” in general,¹¹⁹ the 2018 PMAC policy focused only on ensuring “audio visual privacy” to protect the patient from “public scrutiny.”¹²⁰ In repealing the 2016 PMAC policy, the new policy failed to formally clarify existing misconceptions harming women and girls and failed to ensure that women’ and girls’ rights to privacy and confidentiality are protected when seeking post-abortion care.

Proposed recommendation: For the Department of Health to reintroduce and ensure the availability of misoprostol as an essential medicine with the goal of reducing maternal mortality and morbidity rates.

Since 2016, the state party has not taken any step to reintroduce misoprostol which has been classified as an essential medicine by the World Health Organization for the prevention and treatment of post-partum hemorrhage, management of incomplete abortion and miscarriage, induction of labor, and medical abortion.¹²¹ Misoprostol has remained an unregistered drug for over a decade in the Philippines because of strong opposition to its potential use as an abortifacient.¹²²

Recommendations on post-abortion care received by the state party since 2016. The Committee against Torture recommended that the state party “develop a confidential complaints mechanism for women subjected to discrimination, harassment or ill-treatment while seeking post-abortion or post-pregnancy treatment or other reproductive health services” and to “investigate, prevent and punish all incidents of ill-treatment of women seeking post-pregnancy care in government hospitals and provide effective legal remedies to victims.”¹²³

III. Suggested questions

Reflecting on the information and concerns presented in this submission, we respectfully request that the Committee pose the following questions to the state party:

1. What steps has the state party taken to ensure women’s and girls’ equal access to the full range of contraceptive services, including by:
 - a. repealing discriminatory laws and policies e.g. Sorsogon City’s Executive Order 3, and ensuring that other local governments do not adopt similarly restrictive local laws and executive orders,
 - b. finding local government officials e.g. Sorsogon City mayor, accountable for refusing to implement the Responsible Parenthood and Reproductive Health Act (RPRHA),
 - c. removing the need for spousal and parental consent to access certain reproductive health commodities and services,
 - d. entirely prohibiting the institutional practice of religious-based refusals of care,

- e. requiring individual health care providers who refuse to provide care based on religious beliefs in non-emergency cases to refer the patient to an accessible alternative health care provider,
 - f. reintroducing dedicated emergency contraceptives, and
 - g. strengthening the mandate of the Philippine Commission on Human Rights to ensure that its findings of violations and recommendations are binding and legally enforceable?
2. What steps has the state party taken to reduce the incidence of unsafe abortion and high number of maternal deaths arising from abortion complications including by conducting research and gathering data on the incidence of unsafe abortion and its impact on women's lives and well-being, amending the restrictive provisions on abortion under the Revised Penal Code (RPC), removing the constitutional provision on the equal protection of the life of the pregnant woman and unborn, and facilitating women's and girls' access to safe and legal abortion services?
 3. What efforts has the state party taken to implement and strengthen the "National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications" (2018 PMAC policy), ensure compassionate, non-judgmental, and quality post-abortion care in all public and private health facilities, and guarantee protection of women's and girls' rights to privacy and confidentiality in post-abortion care settings? What steps have been taken to relist and reintroduce misoprostol and address stigma associated with seeking abortion services and treatment for abortion-related complications?
 4. What steps has the state party taken to ensure that law and policies as well as judicial orders and decisions do not uphold religious ideologies over women's health and well-being and continue to undermine women's and girls' access to reproductive health services particularly modern contraceptives? What steps has the state party taken to heighten the awareness and education on its obligations under CEDAW of officials at all levels of government and particularly among the members of the Supreme Court and Congress?
 5. What steps has the state party taken to ensure that women's and girls' fundamental rights, and particularly reproductive rights, are strengthened, respected, and protected, and access to the full range of reproductive health services, particularly abortion and modern and emergency contraceptives, are guaranteed under the proposed new constitution, proposed Code of Crimes, and upcoming review of the Congressional Oversight Committee on Reproductive Health Act?

If you have any questions or would like further information, please do not hesitate to contact Jihan Jacob of the Center for Reproductive Rights at jjacob@reprorights.org.

Respectfully submitted:

Catholics for Reproductive Health
 Center for Reproductive Rights
 Filipino Freethinkers
 Philippine Safe Abortion Advocacy Network
 WomanHealth Philippines
 Women's Global Network for Reproductive Rights

¹ In 2008, the Center for Reproductive Rights, IRAW-Asia Pacific, and the Philippine-based Task Force CEDAW Inquiry requested a Special Inquiry into the Philippines under Article 8 of the Optional Protocol to the Convention, which was taken up by the Committee in 2012. The Philippine-based Task Force CEDAW Inquiry consists of: EnGenderRights (co-convenor); WomenLEAD (co-convenor); Alternative Law Groups; Democratic Socialist Women of the Philippines; Family Planning Organization of the Philippines; Health Action Information Network; Health and Development Initiatives Institute; Institute for Social Studies and Action, Philippines; Kapisanan ng mga Kamag-anak ng Migranteng Manggagawang Pilipino; MAKALAYA; Philippine Legislators' Committee on Population and Development; Philippine NGO Council on Population, Health and Welfare; Population Services Pilipinas; Sentro ng Alternatibong Lingap Panlegal/Alternative Legal Assistance Center; Save the Children USA-Philippines Country Office; Forum for Family Planning and Development; WomanHealth Philippines; Women's Crisis Center; Women's Legal Bureau; and Women's Media Circle Foundation.

² CEDAW Committee, *Concluding Observations: Philippines*, para. 40, U.N. Doc. CEDAW/C/PHL/CO/7-8 (2016). The Committee followed up on its recommendation for the state party to "fully implement, without delay, all the recommendations issued by the Committee in 2015 in the report on its inquiry...including on access to modern contraceptives and legalization of abortion under certain circumstances."

³ 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. 46, U.N. Doc. CEDAW/C/OP.8/PHL/1 (2014), available at <https://bit.ly/2y8Doru> [hereinafter CEDAW Summary of the Inquiry].

⁴ *Id.*, at para. 39.

⁵ *Id.*, at para. 33.

⁶ *Id.*

⁷ *Id.*, at paras. 44-45.

⁸ Exec. Order No. 10: Creating a Consultative Committee to Review the 1987 Constitution (August 2016), available at <https://bit.ly/2JLwfSp>.

⁹ House Bill No. 6204: An Act Instituting the Philippine Code of Crimes to Further Strengthen the Criminal Justice System, Repealing for the Purpose Act No. 3815, As Amended, Otherwise Known as the Revised Penal Code of the Philippines and Other Special Penal Laws (August 2017), available at <https://bit.ly/2HGnCUh>.

¹⁰ Rep. Act No. 10354: An Act Providing for A National Policy on Responsible Parenthood and Reproductive Health, sec. 22 (July 2012), available at <https://bit.ly/2HGiwfw> [hereinafter RPRHA].

¹¹ PHILIPPINE COMMISSION ON HUMAN RIGHTS AND UNITED NATIONS POPULATIONS FUND (UNFPA), LET OUR VOICES BE HEARD: REPORT OF THE COMMISSION ON HUMAN RIGHTS PHILIPPINES' NATIONAL INQUIRY ON REPRODUCTIVE HEALTH AND RIGHTS 29 (2016) [hereinafter LET OUR VOICES BE HEARD].

¹² Alliance for The Family Foundation Philippines, Inc. and Atty. Maria Concepcion S. Noche, and Others., v. Dr. Janette L. Garin, Secretary Designate of the Department of Health, and Others, G.R. No. 217872, April 26, 2017 [hereinafter ALFI v. DOH].

¹³ FDA Advisory No. 2017-302: Results of the Food and Drug Administration's re-evaluation of contraceptive products for recertification (November 2017), available at <https://bit.ly/2LKy7sd>.

¹⁴ REPUBLIC OF THE PHILIPPINES, DEPARTMENT OF HEALTH, PRESIDENT DUTERTE ADMINISTRATION 10 POINT SOCIOECONOMIC AGENDA (2010), available at <https://bit.ly/2JE2Bv5>.

¹⁵ Exec. Order No. 12: Attaining and sustaining "zero unmet need for modern family planning" through the strict implementation of the Responsible Parenthood and Reproductive Health Act, providing funds therefore, and for other purposes (January 2017), available at <https://bit.ly/2I75All>.

¹⁶ *Id.*, at sec. 3.

¹⁷ Admin. Order No. 2017-0005: Guidelines in achieving desired family size through accelerated and sustained reduction in unmet need for modern family planning methods (March 2017), available at <https://bit.ly/2HIAXeL>; See also REPUBLIC OF THE PHILIPPINES, DEPARTMENT OF HEALTH, INITIAL PROGRESS REPORT ON EXECUTIVE ORDER NO. 12 IMPLEMENTATION (July 2017), available at <https://bit.ly/2MIEvao>.

¹⁸ Leslie Gatpolintan, *Full Implementation of RH Law to Cut Poverty*, PHILIPPINE NEWS AGENCY (2018), available at <https://bit.ly/2LKbgN7>; Chris Schnable, *NEDA: Poverty incidence could fall with full implementation of RH law*, RAPPLER (2016), available at <https://bit.ly/2I452fV>.

¹⁹ CEDAW, Summary of the Inquiry, *supra* note 3 at 47.

²⁰ CEDAW, Summary of the Inquiry, *supra* note 3 at para. 52.

²¹ *Id.*

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ RPRHA, *supra* note 10 at sec. 2.

²⁶ James M. Imbong and Lovely-Ann C. Imbong v. Hon. Paquito N. Ochoa, Jr. and Others, G.R. Nos. 204819, 204934, 204957, 204988, 205003, 205043, 205138, 205478, 205491, 205720, 206355, 207111, 207172 and 207563, (S.C., Apr. 8, 2014) (Phil.) [hereinafter Imbong v. Ochoa].

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

³⁰ ALFI v. DOH, *supra* note 12; see also Rina Jimenez-David, *Continuing challenges to RH Law*, INQUIRER.NET (July 3, 2015), available at <https://bit.ly/2y32ic>; Jee Y. Geronimo, *Supreme Court stops distribution, sale of implants*, RAPPLER (June 30, 2015), available at <https://bit.ly/1HsH0AT>.

³¹ ALFI v. DOH, *supra* note 12.

³² Urgent Motion to Resolve Omnibus Motion (October 10, 2016) as filed by Office of Solicitor General, paras. 9, 12, 20 in Alliance for The Family Foundation Philippines, Inc. and Atty. Maria Concepcion S. Noche, and Others., v. Dr. Janette L. Garin, Secretary Designate of the Department of Health, and Others, G.R. No. 217872, April 26, 2017.

³³ FDA Advisory No. 2017-302: Results of the Food and Drug Administration's re-evaluation of contraceptive products for recertification (November 2017), available at <https://bit.ly/2LKy7sd>.

³⁴ *CA denies pro-life group's plea vs FDA*, RAPPLER (2018) available at <https://bit.ly/2yF9BXE>.

³⁵ Philippine Commission on Population, *Press Release: 107 million Filipinos by end-2018* (2018).

³⁶ *Id.*

³⁷ GOVERNMENT OF THE PHILIPPINES, PHILIPPINES STATISTICS AUTHORITY, NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2013, 72 (2013), available at <https://bit.ly/2sTEZMF> [hereinafter NDHS 2013].

³⁸ GOVERNMENT OF THE PHILIPPINES, PHILIPPINES STATISTICS AUTHORITY, NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2017, 15 (2017), available at <https://bit.ly/2jhzVfR>.

³⁹ NDHS 2013, *supra* note 37 at 84.

⁴⁰ NDHS 2017, *supra* note 38 at 20.

⁴¹ *Id.*, at 19-20; *see also* NDHS 2013, *supra* note 37 at 72 (The 2013 NDHS showed that the total unmet need for family planning among currently married women aged 15-19 is 28.7% highest among all age groups (14/7% to 22.2%)).

⁴² NDHS 2017, *supra* note 38 at 20.

⁴³ NDHS 2013, *supra* note 37 at 78.

⁴⁴ NDHS 2017, *supra* note 38 at 18.

⁴⁵ Republic of the Philippines, Department of Health, *Meeting Minutes: National Implementation Team for the RPRH Law*, 12 (2018), available at <https://bit.ly/2t0qpsU>.

⁴⁶ NDHS 2013, *supra* note 37 at 53.

⁴⁷ NDHS 2017, *supra* note 38 at 14.

⁴⁸ *See e.g.* Human Rights Committee, *General Comment No. 28: Equality of Rights between Men and Women (Art. 3)* (68th Sess., 2000), at 168, para. 20, U.N. Doc. HRI/GEN/1/Rev.5 (2001); Committee on Economic, Social and Cultural Rights, *General Comment No. 22: The right sexual and reproductive health (Art. 12)*, paras. 43-44, U.N. Doc. E/C.12/GC/22 (Vol. I) (2016) (The Committee has stated “[d]ecisions to have children or not...must not...be limited by spouse, parent, partner or Government.”); Committee on the Rights of the Child, *General Comment No. 20: on the implementation of the rights of the child during adolescence*, paras. 39 & 59, U.N. Doc. CRC/C/GC/20 (2016); Committee on the Elimination of Discrimination against Women, *General Recommendation No. 21: Equality in marriage and family relations* (13th Sess., 1994), at 89, para. 22, U.N. Doc. HRI/GEN/1/Rev.9 (vol. II) (2008); CEDAW, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), para. 14, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008).

⁴⁹ *Imbong v. Ochoa*, *supra* note 26; *See also* RPRHA, *supra* note 10 at secs. 7, 17 (The Court only recognized two exceptions when parental consent will not be required (1) access to information (2) in emergency cases).

⁵⁰ *Imbong v. Ochoa*, *supra* note 26.

⁵¹ *Imbong v. Ochoa*, *supra* note 26; *See also* RPRHA, *supra* note 10 at secs. 23; RH-IRR, secs. 16.01, 23

⁵² *Imbong v. Ochoa*, *supra* note 26.

⁵³ LET OUR VOICES BE HEARD, *supra* note 11 at 23 & 30.

⁵⁴ *Id.*, at 11.

⁵⁵ CEDAW, *Concluding Observations: Hungary*, paras. 30-31, U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013).

⁵⁶ CEDAW, Summary of the Inquiry, *supra* note 3 at para. 52.

⁵⁷ *Imbong v. Ochoa*, *supra* note 26. *See also* RPRHA, *supra* note 10 at sec. 5.

⁵⁸ *Id.*

⁵⁹ Admin. Order No. 0027: Guidelines on the Registration and Mapping of Conscientious Objectors and Exempt Health Facilities Pursuant to the Responsible Parenthood and Reproductive Health Act (June 2015), available at <https://bit.ly/2HJ4cxY> [hereinafter Admin. Order No. 0027].

⁶⁰ LET OUR VOICES BE HEARD, *supra* note 11 at 29.

⁶¹ *Imbong v. Ochoa*, *supra* note 26.

⁶² *Id.*

⁶³ Admin. Order No. 0027, *supra* note 59. The Order defined “emergency” as a condition or state of a patient wherein based on the objective findings of a prudent medical officer on duty for the day there is immediate danger and where delay in initial support and treatment may cause loss of life or cause permanent disability to the patient. “Serious case” is defined under the same Order as a condition of a patient characterized by gravity or danger wherein based on the objective findings of a prudent medical officer on duty for the day when left unattended to, may cause loss of life or cause permanent disability to the patient.

⁶⁴ *Id.*

⁶⁵ *Imbong v. Ochoa*, *supra* note 26 (Penalties however remain for public officials who “prohibits or restricts the delivery of legal and medically-safe reproductive health care services, including family planning; or forces, coerces or induces any person to use such services; or refuses to allocate, approve or release any budget for reproductive health care services”). *See also* RPRHA, *supra* note 10 at sec. 23.

⁶⁶ Executive Order No. 3: An Executive Order declaring Sorsogon city as a pro-life city (February 2015) available at <https://bit.ly/2t4Krf7>.

⁶⁷ LET OUR VOICES BE HEARD, *supra* note 11 at 29.

⁶⁸ *Id.*, at 9.

⁶⁹ *Id.*, at 32.

⁷⁰ *Id.*, at 29-30.

⁷¹ Philippine Commission on Human Rights Resolution, In the matter of the issuance of mayor Sally Lee of Executive Order No. 003, declaring Sorsogon City a “pro-life city”, the alleged effects thereof, and the violation of women’s rights to reproductive health, Case No. 2015-0411 available at <https://bit.ly/2tV4v47>.

⁷² Motion for Reconsideration (June 2018), In the matter of the issuance of mayor Sally Lee of Executive Order No. 003, declaring Sorsogon City a “pro-life city”, the alleged effects thereof, and the violation of women’s rights to reproductive health, Case No. 2015-0411.

⁷³ Republic of the Philippines, Department of Health, *The Philippine Clinical Standards Manual on Family Planning 2014 Edition*, 232 (2014), available at <https://bit.ly/2LHBZdp>.

⁷⁴ SM Lee, et al., *Levonorgestrel versus the “Yuzpe” regimen. New choices in emergency contraception*, 45 CANADIAN FAMILY PHYSICIAN 629-631 (1999) (Levonorgestrel prevented 85% of expected pregnancies while the Yuzpe method prevented only 57%); Farajkhoda T., et al., *Assessment of two emergency contraceptive regimens in Iran: levonorgestrel versus the Yuzpe*. 12 NIGERIAN JOURNAL OF CLINICAL PRACTICE 4, 450-52 (2009) (The levonorgestrel regimen was found superior to Yuzpe because it is more effective [respectively 100% vs 91%, p=0.026] and has fewer side effects).

⁷⁵ RPRHA, *supra* note 10 at sec. 9; *See, e.g.* Domini M. Torrevillas, *Postinor Fights for Life*, PHILSTAR GLOBAL (2002), available at <https://bit.ly/2JE4doD> (The drug Postinor—a levonorgestrel-only pill recognized by the WHO as an essential drug—was previously approved in 1999 by the state party for survivors of sexual violence but it was de-listed from the Philippine registry of drugs by the FDA in 2001).

⁷⁶ *Rape victims told: Oral contraception may prevent pregnancy*, SUNSTAR (July 2016), available at <https://bit.ly/2LJ8FDe>.

⁷⁷ ESCR Committee, *Concluding Observations: Philippines*, para. 51, U.N. Doc. ESCR/C.12/PHL/CO/5-6 (2016) [hereinafter ESCR Committee (2016)].

⁷⁸ *Id.*

⁷⁹ Human Rights Council, *Report of the Working Group on the Universal Periodic Review: Philippines* (36th Sess., 2017), para. 133, U.N. Doc. A/HRC/36/12 (2017) [hereinafter *Report of the Working Group on the UPR: Philippines*].

⁸⁰ CEDAW, Summary of the Inquiry, *supra* note 3 at para. 52.

⁸¹ *Id.*, at para. 52.

⁸² PHIL. REVISED PENAL CODE (Act No. 3815), arts. 256-259 (1930) [hereinafter REV. PENAL CODE].

⁸³ *Id.*

⁸⁴ THE CONSTITUTION OF THE PHILIPPINES, 1987, art. II, sec. 12.

⁸⁵ *Imbong v. Ochoa*, *supra* note 26.

⁸⁶ Lawrence B. Finer and Rubina Hussain, *Unintended Pregnancy and Unsafe Abortion in the Philippines: Context and Consequences*, GUTTMACHER INSTITUTE (2013).

⁸⁷ Senate Bill No. 1227: An Act to ordain and institute a new Criminal Code of the Philippines, repealing for that purpose Act No. 3815 otherwise known as the Revised Penal Code, and other related law, and for other purposes, introduced by Senator Leila de Lima, sec. 53 in relation to sec. 25 (October 2016), available at <https://bit.ly/213FDcS> (The bill proposed to impose a penalty for individual performing abortion without violence and with consent of woman ranging from more than one year to six years and fine equivalent to 10 to 20 times [in multiples of five] the average daily income or fine only of 50 to 100 times [in multiples of ten] the average daily income or 5 to 10 times the value of the property, whichever is higher).

⁸⁸ *Id.* (The bill proposed to impose a penalty of imprisonment ranging from more than 10 days to one year and fine equivalent to one to 10 times the average daily income or fine only of 10 to 50 times [in multiples of ten] the average daily income or 1 to 5 times the value of the property, whichever is higher or community service).

⁸⁹ *Id.*

⁹⁰ REV. PENAL CODE, *supra* note 82, art. 259.

⁹¹ Rep. Act No. 10951: An Act Adjusting the Amount or the Value of Property and Damage on Which a Penalty is Based and the Fines Imposed Under the Revised Penal Code, Amending for the Purpose Act No. 3815, Otherwise Known as “The Revised Penal Code” as Amended (August 2017), available at <https://bit.ly/2K9eudh>.

⁹² CEDAW, Summary of the Inquiry, *supra* note 3 at para. 51.

⁹³ Office of the President, Philippine Commission on Women, *Letter from Ms. Emmeline Verzosa, Executive Director of PCW, to Mr. Geronimo Sy, Assistant Secretary of the Department of Justice* (July 22, 2014), available at <https://bit.ly/2Jzykli>.

⁹⁴ *Id.*

⁹⁵ LET OUR VOICES BE HEARD, *supra* note 11 at 29.

⁹⁶ THE CONSTITUTION OF THE PHILIPPINES, 1987, art. II, sec. 12.

⁹⁷ *Imbong v. Ochoa*, *supra* note 26.

⁹⁸ THE CONSTITUTION OF THE PHILIPPINES, 1987, art. II, secs. 1, 5, 9, 11, 14, 15, art. XIII, secs. 1, 11, 12, 14.

⁹⁹ ALFI v DOH, *supra* note 12.

¹⁰⁰ *Id.*

¹⁰¹ *Id.* (The petitioners in this case cited the principle of prudence that “should there be the slightest iota of doubt regarding questions of life and respect for human life, one must try to be on the safe side” and interpreted it to be “applicable in matters affecting and related to the right to life of the unborn”).

¹⁰² Resolution of Both Houses No. 08: Resolution of both Houses constituting the Senate and the House of Representatives, 17th Congress, into a Constituent Assembly to propose revision of the 1987 Constitution by adopting a federal form of government and for other purposes (August 2016) available at <https://bit.ly/2HIWnbz>.

¹⁰³ PDP-Laban, *Proposed Amendments to the 1987 Constitution of the Philippines*, art. II, sec. 12 (2017), available at <https://bit.ly/2JMZZ1n>.

¹⁰⁴ ESCR Committee (2016), *supra* note 77 at para. 51.

¹⁰⁵ *Id.*, at para. 52.

¹⁰⁶ *Report of the Working Group on the UPR: Philippines*, *supra* note 79 at para. 133.

¹⁰⁷ CEDAW, Summary of the Inquiry, *supra* note 3 at para. 52.

¹⁰⁸ *Id.*

¹⁰⁹ THE MAGNA CARTA OF WOMEN, ACT NO. 9710, sec. 17(7) (2009).

¹¹⁰ RPRHA, *supra* note 10 at sec. 3(j).

¹¹¹ Admin. Order No. 0041: National Policy on Prevention and Management of Abortion Complications (November 2016), available at <https://bit.ly/2jeVC09> [hereinafter 2016 PMAC].

¹¹² CEDAW, Summary of the Inquiry, *supra* note 3 at para. 52.

¹¹³ Admin. Order No: 0003: National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications (February 2018), available at <https://bit.ly/2jeVC09> [hereinafter 2018 PMAC].

¹¹⁴ Aya Tantiangco, New Health Security Duque ‘not read’ to discuss RH Law implementation – POPCOM, GMA NEWS ONLINE (2017), available at <https://bit.ly/2JNq9Be>.

¹¹⁵ 2016 PMAC, *supra* note 111 at 6-7.

¹¹⁶ *Id.*

¹¹⁷ *Id.*, at 4.

¹¹⁸ CENTER FOR REPRODUCTIVE RIGHTS, *Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban*, 65-67 (2010); *see also*, CENTER FOR REPRODUCTIVE RIGHTS, DOCUMENTATION REPORT: FOCUS GROUP DISCUSSION ON POST-ABORTION CARE (2014), on file with the Center for Reproductive Rights.

¹¹⁹ 2016 PMAC, *supra* note 111 at 3.

¹²⁰ 2018 PMAC, *supra* note 113 at 2.

¹²¹ World Health Organization (WHO), Model List of Essential Medicines, 19th List, sec. 22 (April 2015).

¹²² Food and Drug Administration of the Philippines, *BFAD Advisory 2002-02. Misoprostol (Cytotec): Unregistered Drug Product* (2002), available at <https://bit.ly/2JEdMnG> [hereinafter *BFAD Advisory 2002-02*] (The circular has not been withdrawn and is still effective).

¹²³ CAT Committee, *Concluding Observations: Philippines*, paras. 38-39, U.N. Doc. CAT/C/PHL/CO/3 (2016).