



CESCR Secretariat  
Human Rights Treaties Division  
Office of the High Commissioner for Human Rights (OHCHR)  
Palais Wilson- 52, rue de Pâquis  
CH-1201 Geneva, Switzerland

February 9, 2015

Re: Supplementary information on the Philippines, scheduled for review by the Committee on Economic, Social and Cultural Rights during its Pre-Sessional Working Group

This letter supplements the combined fifth and sixth periodic reports (state party report)<sup>1</sup> of the Republic of the Philippines (state party) in connection with the upcoming review of the state party's progress by the Committee on Economic, Social and Cultural Rights (the Committee) during its Pre-Sessional Working Group on March 7-11, 2016. The Center for Reproductive Rights (the Center), EnGendeRights, Population Services Pilipinas Inc., WomanHealth Philippines Inc., and Women's Global Network for Reproductive Rights hope to further the work of the Committee by providing independent information concerning reproductive rights in the state party, as protected by the International Covenant on Economic, Social and Cultural Rights (the Covenant).<sup>2</sup> This letter focuses on developments since the Committee reviewed the state party in 2008 and in particular, provides updated information concerning the implementation of the Committee's recommendations in its Concluding Observations on the Philippines from its forty-first session on November 3-21, 2008 (2008 Concluding Observations).<sup>3</sup>

In its 2008 Concluding Observations, the Committee expressed concern about the (i) illegality of abortion "in all circumstances" in the Philippines, and (ii) "inadequate reproductive health services and information, the low rates of contraceptive use and the difficulties in obtaining access to artificial methods of contraception" as contributing to the high rates of teenage pregnancies and maternal deaths.<sup>4</sup> Since its review in 2008, the Philippines has taken several commendable steps to strengthen the legislative framework concerning women's rights to reproductive health care. Notably, it has enacted two laws guaranteeing women's access to the full range of contraceptive information and services<sup>5</sup> and right to post-abortion care<sup>6</sup>—the Magna Carta of Women (MCW)<sup>7</sup> (2009) and the Responsible Parenthood and Reproductive Health Act (RPRHA)<sup>8</sup> (2012). In its state party report, the Philippines cites the passage of the RPRHA, which it describes as empowering the government to implement important elements of reproductive health, as well as several key maternal health policies improving women's health.<sup>9</sup> However, as this letter demonstrates, such laws are yet to translate into better health outcomes for women in the Philippines, who still face inequality and discrimination in accessing reproductive health services and information. As discussed below, ongoing legal, policy and implementation barriers reflect the continued failure of the state to prioritize women's rights thereby violating the right to substantive equality as guaranteed under Article 2 (2) and 3 of the Covenant by disproportionately impacting women's exercise of the right to health under Article 12.<sup>10</sup>

The undersigned organizations draw the attention of the Committee to four interrelated issues of concern regarding women's reproductive rights in the Philippines: (i) the continued criminal status of abortion without any clear exceptions, (ii) the lack of quality and humane post-abortion care, (iii) the lack of access to the full range of contraceptive information and services, and (iv) the high incidence of maternal mortality. The letter draws on testimonies and analysis published by the Center in its reports, *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* (available at <http://tinyurl.com/PhilippineCEDAWinquiry>).<sup>11</sup>

## **I. Continued criminal status of abortion (Arts. 2(2), 3, 12)**

Restrictive abortion laws do not prevent abortion; they increase the number of unsafe abortions.<sup>12</sup> In the Philippines, women are forced to resort to clandestine, and usually unsafe, abortions because the state party's penal code<sup>13</sup> penalizes the procedure without any clear exceptions – even when a woman's life or health is in danger, when pregnancy is a result of rape or incest, or in cases of fetal impairment. Efforts to amend the abortion ban<sup>14</sup> have been struck down because of the state party's acquiescence to the Catholic hierarchy's opposition particularly to progressive abortion laws.<sup>15</sup> The state party's failure to guarantee access to safe and legal abortion services violates Articles 2(2) and 3 in relation to Article 12 of the Covenant, which require states parties to promote women's right to health on the basis of equality and non-discrimination.<sup>16</sup> Under General Comment 14, the Committee expressed that health facilities, goods, and services, including the underlying determinants of health, must be accessible without discrimination particularly to the most vulnerable or marginalized sections of the population.<sup>17</sup> According to the Committee, at a minimum, the "removal of legal restriction on reproductive health provisions" such as the state party's criminal abortion ban, is required to implement the right to equality in relation to the right to health.<sup>18</sup> It further requires the state party to adopt measures to reduce women's health risks particularly by lowering the maternal mortality ratio (MMR)<sup>19</sup> and to specifically "abstain[] from imposing discriminatory practices relating to women's health status and needs."<sup>20</sup>

In its 2008 Concluding Observations, the Committee expressed concern about the illegality of abortion "in all circumstances"<sup>21</sup> and recognized that unsafe and clandestine abortions are "among the principal causes of maternal deaths"<sup>22</sup> in the country. To address these concerns, the Committee encouraged the state party as a matter of priority to consider reviewing its existing abortion legislation.<sup>23</sup> In its state party report, the Philippines only noted that "[o]n abortion issues, abortion is absolutely illegal in the country."<sup>24</sup> Evidence since 2008 demonstrates that the continued criminalization of abortion in the Philippines has led to an increase in unsafe abortions and maternal mortality which illustrates the state party's failure to address a major public health crisis and ensure women's human rights in accordance with the Committee's recommendations. The inclusion of even stronger language restricting abortion in recent legislation is also a reflection of sustained opposition to abortion by certain groups which are trying to use the political process to introduce harsher penalties.

### ***a. Increasing number of unsafe abortions***

The World Health Organization (WHO) has established that where abortions are restricted by law, "abortions are mostly unsafe" and "the unsafe abortion mortality ratio is high."<sup>25</sup> The Guttmacher Institute has estimated that 610,000 illegal abortions took place in the Philippines in 2012, an increase from 560,000 in 2008.<sup>26</sup> Since 2008, an estimated 1,000 Filipino women

continue to die each year from abortion complications.<sup>27</sup> The Guttmacher Institute also estimates that 100,000 women were hospitalized for abortion complications in 2012 and many others suffered complications that went untreated,<sup>28</sup> resulting from the clandestine nature of abortion, which often leads to unsafe procedures.

The effect on women's health and lives as a result of the ban has been recognized by the Committee on the Elimination of Discrimination Against Women (CEDAW Committee) which found, as a result of a special inquiry conducted in 2012 in the state party under Article 8 of the Optional Protocol of CEDAW,<sup>29</sup> that the implementation of legislative restrictions on Filipino women's access to sexual and reproductive health services "led to higher rates of unwanted pregnancies and unsafe abortions [and] increased maternal morbidity and mortality."<sup>30</sup> The CEDAW Committee also found that "[r]eligion has been relied on as a basis for sexual and reproductive health policies" by the state party.<sup>31</sup>

#### ***b. Regressive language in proposed Code of Crimes***

Since 2008, the state party has started reviewing the country's penal code and proposed regressive language by imposing harsher penalties for women who obtain abortions. While an initial draft progressively recognized certain grounds where abortion would be legal,<sup>32</sup> the revised draft Code submitted to Congress in August 2014 (a) maintains the complete criminal ban on abortion and (b) increases the penalties imposed on those involved in the performance of abortions.<sup>33</sup> Under the new penalties, (i) a person who performs an abortion with the consent of the woman may be imprisoned for up to twelve years and fined up to an equivalent of fifty times his or her average daily income; and (ii) a woman who obtains or herself performs an abortion may be imprisoned for up to six years and fined up to an equivalent of twenty times her average daily income.<sup>34</sup> If this provision is adopted into law, it would constitute a retrogressive measure affecting women's equality, including their right to access health facilities, goods, and services on a non-discriminatory basis, in violation of Articles 3 and 12 of the Convention and the Committee's recommendations during 2008.<sup>35</sup>

## **II. Lack of quality and humane post-abortion care (Arts. 2(2), 3, 12)**

Humane and non-judgmental post-abortion care is critical in preventing mortality and morbidity as a result of unsafe or incomplete abortion; delayed or inadequate post-abortion care can exacerbate abortion-related complications and negatively affect the long-term health and well-being of women.<sup>36</sup> It is a direct violation of women's right to health, which requires states parties to ensure that health facilities, goods and services are acceptable by protecting patient's confidentiality as well as being "respectful of medical ethics" and "scientifically and medically appropriate."<sup>37</sup>

As noted above, since 2008, there have been two legislative developments relevant to the provision of post-abortion care. Under the 2009 MCW, the state party must provide for comprehensive health services and programs addressing the major causes of women's mortality and morbidity, including services managing pregnancy-related complications.<sup>38</sup> Similarly, under the 2012 RPRHA, all women needing care for abortion-related complications must be "treated and counselled in a humane, non-judgmental and compassionate manner in accordance with law and medical ethics."<sup>39</sup> These two laws strengthened the guarantee of women's right to quality and humane post-abortion care recognized as early as 2000 under an administrative order by the Department of Health (DoH) known as the "Prevention and Management of Abortion and its Complications (PMAC) policy."<sup>40</sup> The state party created a technical working group in October 2015 through the National Implementation Team of the RPRHA to review and enhance the PMAC policy to ensure it implements the relevant provisions in the MCW and RPRHA.<sup>41</sup>

While the state party should be commended for these developments, progress towards implementation has been slow. As will be discussed below, abusive practices against women seeking urgent post-abortion care persist and access to a life-saving drug remains unavailable. In its report, the state party neither discussed the delays in the implementation of the existing laws on post-abortion care nor explicitly referred to the status of the provision of post-abortion care in the Philippines.

***a. Abuse and discrimination against women seeking post-abortion care***

Despite the legislative framework mandating the provision of quality and humane post-abortion care in the Philippines, women seeking post-abortion care continue to experience abuse and discrimination due to the stigma around abortion and misconceptions that providing post-abortion care is illegal. Testimonies gathered from a focus group discussion organized by the Center and a local partner in 2014 revealed evidence of women who had sought post-abortion care in a number of hospitals in the Philippines being verbally abused and humiliated, denied treatment, threatened with being reported to the police or actually, and eventually prosecuted for inducing an abortion.<sup>42</sup> This practice among both public and private hospitals, which was also documented in the Center's 2010 *Forsaken Lives* report,<sup>43</sup> contributes to a reluctance to seek help. Around one in three women with abortion-related complications do not receive post-abortion care, and fear of prosecution and disrespectful treatment have been commonly cited as reasons for avoiding treatment.<sup>44</sup> The continued incidences of abuse of women seeking post-abortion care contradicts the Committee's recommendations for states parties to uphold women's right to life and health by focusing on providing quality treatment for abortion-related complications rather than on the criminal prosecution of women undergoing illegal abortions.<sup>45</sup>

Other UN TMBs have previously urged the state party to ensure that women experiencing abortion-related complications do not face discrimination and are not reported, threatened, or abused.<sup>46</sup> The CEDAW Committee, in particular, in its special inquiry report has warned that excluding women's access to the full range of sexual and reproductive health services reinforces gender stereotypes prejudicial to women, and has the effect of impairing the enjoyment by women of their right to health.<sup>47</sup>

***b. Lack of access to misoprostol***

The drug misoprostol is classified by the WHO as an essential medicine for the management of incomplete abortion and miscarriage, and, in certain circumstances, the prevention and treatment of postpartum haemorrhage.<sup>48</sup> In General Comment No. 14, the Committee states that the availability of essential drugs "as defined under the WHO Action Program on Essential Drugs" in sufficient quantities is an important element of the right to health, and that provision of such drugs is a core obligation of states parties.<sup>49</sup> Despite this, misoprostol is still officially deemed an "unregistered drug product" in the Philippines, which means that the manufacture, export, distribution, sale and transfer of misoprostol are subject to criminal and civil penalties.<sup>50</sup> Recognizing the harmful impact of the lack of access to misoprostol on post-abortion care, the CEDAW Committee in its special inquiry report has urged the state party to ensure that the drug is made legal and available.<sup>51</sup>

**III. Lack of access to comprehensive contraceptive information and services (Arts. 2(2), 3, 10, 12, 15(1)(b))**

Access to contraceptive information and services is critical to protecting women and girls' rights to health, equality, and non-discrimination as guaranteed under Articles 2(2), 3, and Article 12 of the Covenant.<sup>52</sup> The Committee has consistently recognized that lack of access to contraceptive information and services violates the right to health<sup>53</sup> and that low

contraceptive prevalence contributes to the incidence of unsafe abortions and maternal deaths.<sup>54</sup> As noted by the Committee in its General Comment 14, states parties must ensure that contraceptives together with other health goods and services are available, accessible, acceptable, and of good quality.<sup>55</sup> Further, the Committee has particularly recognized that the failure to provide equal access to sexual and reproductive health information and services for adolescents<sup>56</sup> constitutes discrimination. The Committee specifically has expressed that discrimination may occur when a woman or adolescent is "...unable to exercise a right protected by the Covenant because [he or she] can only do so with spousal consent or a relative's concurrence or guarantee."<sup>57</sup>

In its 2008 Concluding Observations, the Committee expressed concern that state party does not provide adequate access to reproductive health services and information and that the low rates of contraceptive use and difficulties in obtaining access to methods of contraception have contributed to high rates of teenage pregnancies and maternal deaths.<sup>58</sup> The state party report acknowledges that teenage pregnancies have more than doubled in the period from 2002 to 2013.<sup>59</sup> However, while the state party report discusses the RPRHA as a step forward,<sup>60</sup> its full implementation has been compromised by a series of judicial actions and orders that will be discussed in more detail below. Of particular concern is that, contrary to the state party's obligation to fulfil women's right to health,<sup>61</sup> the state party has made two major budget cuts for contraceptive supplies since 2008. In 2014, the state party introduced a cut in the amount of over 300 million Philippine pesos (approximately USD 6 million).<sup>62</sup> Then in the 2016 national budget, the state party cut over a billion Philippine pesos (approximately USD 20 million) from the DoH's budget for contraceptive supplies and devices.<sup>63</sup> As will be highlighted below, the continuing lack of access to the full range of contraceptive information and services, including emergency contraception, has resulted from the issuances of restrictive policies directly in conflict with the RPRHA and the lack of accountability for reproductive rights violations.

***a. Lack of improvement in the unmet need for family planning and rise in the number of adolescent pregnancies***

Government data from 2014 indicates that nearly three in every ten pregnancies are unplanned or mistimed<sup>64</sup> and the ideal number of children per woman is 2.2 which is 27% lower than the actual average number of children per woman which is 3.0.<sup>65</sup> The unmet need for family planning among currently married women has stagnated over the last decade.<sup>66</sup> In the last thirteen years there has only been a slight improvement in the contraceptive prevalence rate (from 47% in 2000 to 55% in 2013).<sup>67</sup> As noted earlier, pregnancies among girls ages 15-24 have also more than doubled in the period from 2002 to 2013.<sup>68</sup>

The judiciary has repeatedly allowed restrictions on contraceptive access to stand, and issued orders that caused delays in the full implementation of the RPRHA. In 2013, the Supreme Court of the Philippines (the Court) suspended the law's implementation for over a year by issuing a status quo ante order in the case of *Imbong v Ochoa*, which challenged the constitutionality of the law.<sup>69</sup> The Court, in its final decision in the *Imbong* case, then deemed unconstitutional several progressive provisions of the RPRHA, resulting in the introduction of spousal consent requirements for married women seeking to undergo "elective reproductive health procedures" such as bilateral tubal ligation and parental consent requirements for all minors seeking access to modern contraceptives.<sup>70</sup> Further, as a result of the Court's decision in the same case, private health facilities and non-maternity specialty hospitals and hospitals owned and operated by a religious group are no longer required to refer patients who are not in an emergency or life-threatening situation to another accessible health facility.<sup>71</sup> This is contrary to the recommendations of the Committee and other UN

treaty-monitoring bodies, which have called on states to ensure appropriate referral mechanisms in cases of conscientious objection<sup>72</sup> and remove third-party authorizations for reproductive health goods and services e.g. spousal or parental consent.<sup>73</sup> The protections in the RPRHA also have been undermined by another order issued by the Court indefinitely prohibiting the DoH from “procuring, selling, distributing, dispensing or administering, advertising and promoting certain hormonal contraceptives.”<sup>74</sup> The restraining order, issued in June 2015 and which is effective indefinitely, also prohibits the Philippine Food and Drug Administration (FDA) from “granting any and all pending applications for registration and/or recertification for reproductive products and supplies, including contraceptive drugs and devices.”<sup>75</sup> This 2015 order has been cited as a basis for the recent huge budget cut on contraceptive supplies.<sup>76</sup>

### ***b. Restrictive local laws and policies***

According to the Committee, systemic and indirect discrimination under Article 3 occurs when discrimination is “pervasive and persistent” as a result of “laws, policies or practices which appear neutral at face value, but have a disproportionate impact on the exercise of [women’s rights].”<sup>77</sup> While the RPRHA is being touted as ensuring women’s access to the full range of reproductive health goods and services and effectively repealing discriminatory local government orders, the state party’s decentralization of health care<sup>78</sup> has created an environment where local government units are able to enact discriminatory laws with impunity. For example, Executive Order (EO) 003<sup>79</sup> and 030<sup>80</sup> were issued in Manila City in 2000 and 2011 and acted as a de facto ban on modern methods of contraception and government funding for such. Following years of impunity for the Manila City Eos (discussed in the following subsection), in 2015 Sorsogon City issued EO 3 declaring the city as “pro-life”<sup>81</sup> that resulted in the withdrawal of supplies of modern contraceptives from the city public health facilities and denial of referral or information on family planning.<sup>82</sup> Further, with the Sorsogon city government’s approval, “pro-life” trainings on how “contraception is the gateway to abortion” were provided to local health care providers, government officials, students, and the media.<sup>83</sup> A pending proposed resolution and ordinance in Sorsogon City provides penalties for local government and officers or employees acting on its behalf who “dispense, give, donate, sell, deliver, and recommend any abortifacient contraceptives” as well as local drugstores and pharmacies “selling, dispensing, and promoting abortifacient contraceptives, drugs and related medicines.”<sup>84</sup> Consequently, access to contraceptives by women in Sorsogon City has already been limited to natural methods of family planning.<sup>85</sup>

The CEDAW Committee found that local laws effectively denying access to the full range of contraceptives are “grave and systematic” violations of women’s rights and that the state party is ultimately liable because the decentralization of power to local governments does not “negate or reduce the direct responsibility of the [national] Government.”<sup>86</sup> Both the CEDAW Committee and the Human Rights Committee have expressly asked the state party to repeal and lift the Manila EOs.<sup>87</sup>

### ***c. Lack of access to effective remedies and accountability***

To promote the rights to equality and non-discrimination in relation to the right to health, the Committee requires states parties to establish accountability mechanisms to address the “harm caused by discrimination”<sup>88</sup> as well as ensure that institutions would “adjudicate or investigate complaints, promptly, impartially, and independently...”,<sup>89</sup> “provide effective remedies, such as compensation, reparation, restitution, rehabilitation, guarantees of non-repetition and public apologies...”,<sup>90</sup> and ensure effective implementation.<sup>91</sup> Since the 2008 review, the performance of these obligations required from the state party has remained unfulfilled.

Adverse judicial decisions and government inaction continue to hamper women's access to justice. In January 2008, the residents of the City of Manila launched a lawsuit, *Osil v City of Manila*, against the local government of Manila claiming that EO 003 violated their reproductive rights and sought a declaration of unconstitutionality.<sup>92</sup> A statement issued by the Philippine Commission on Human Rights (CHR) in 2011 recommending that the local government of Manila issue an apology to the petitioners in the *Osil* case and all other women in Manila who were denied contraceptive access and experienced unwanted pregnancies under EO 003 still awaits action.<sup>93</sup> In 2014, after substantial delay of over 6 years and several procedural irregularities, the Regional Court of Manila dismissed with finality the *Osil* case for being moot in light of the enactment of the RPRHA thereby resulting in impunity for the human rights violations committed under EO 003.<sup>94</sup> As earlier discussed, the Court's decision in the *Imbong* case also resulted in striking down fundamental provisions of the RPRHA. Furthermore, while the Implementing Rules and Regulations of the RPRHA provide for the designation of Reproductive Health Officers (RHOs) who can receive complaints in all facilities within the service delivery network,<sup>95</sup> there is no publicly available information on what extent RHOs have been designated and are functioning in all LGUs to receive complaints on reproductive rights violations.<sup>96</sup>

Taking into account the lack of remedies for denial of reproductive rights documented during the CEDAW Committee's special inquiry into the Manila City EOs, the state party was found to have failed to "put in place a system to ensure effective judicial protection and to provide effective judicial remedies for human rights violations."<sup>97</sup>

#### ***d. De-listing of emergency contraception***

In addition to the state party's core obligation to ensure the availability of essential drugs,<sup>98</sup> the Committee also obliges the state party to promote the "right to enjoy the benefits of scientific progress and its applications" under Article 15(1)(b) of the Covenant.<sup>99</sup> The lack of access to Postinor (levonorgestrel), an internationally recognized form of emergency contraception which the WHO has recognized as an essential drug,<sup>100</sup> within the state party is a violation of these rights. While the drug was previously approved in 1999 by the state party for victims of sexual violence, it was de-listed from the Philippine registry of drugs by the FDA in 2001 and the state party has not taken any step to re-list the drug.<sup>101</sup> Further, when the RPRHA was enacted in 2012, it expressly prohibited national hospitals from purchasing or acquiring emergency contraception.<sup>102</sup> Access to the drug is particularly important for survivors of sexual violence; the latest government data shows that over 10,000 women aged 15-49 have experienced sexual violence, with a higher incidence amongst women who have 5 or more children in comparison to women with less or no children.<sup>103</sup> The CEDAW Committee has urged the state party to reintroduce emergency contraception to "prevent early and unplanned pregnancies and in cases of sexual violence."<sup>104</sup>

#### **IV. High incidence of maternal mortality (Arts. 2(2), 3, 10(2), 12)**

To reduce maternal mortality, Article 10 (2) of the Covenant recognizes that "[s]pecial protection should be accorded to mothers during a reasonable period before and after childbirth."<sup>105</sup> Further, the Committee has interpreted that Article 12(2)(a) include the obligation to provide "measures to improve...maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services..."<sup>106</sup> While the Covenant prohibits "discrimination in access to health care and underlying determinants of health as well as to means and entitlements for their procurement...", the wide discrepancy in access to health care facilities particularly relating to maternal health care services among different groups of women across the country reflects

the failure of the state party to “eliminate health-related discrimination” under Articles (2), 3, and 12.<sup>107</sup>

In its 2008 Concluding Observations, the Committee urged the state party to adopt as a matter of priority "all appropriate measures" to reduce maternal mortality in the Philippines.<sup>108</sup> It expressed particular concern about the total ban on abortion and the low rates of contraceptive use which contribute to maternal deaths.<sup>109</sup> However, as noted in the previous sections, recent developments reflect the state party's blatant disregard of the Committee's concerns on these two contributory causes of maternal mortality. Instead the state party report highlights policies that are intended to make pregnancy and childbirth safer by increasing access to medical facilities and trained health care professionals.<sup>110</sup> These efforts have evidently proven inadequate because, since the 2008 review, the MMR has remained persistently high, increasing from 161 to 221 deaths per 100,000 live births between 2006 and 2011.<sup>111</sup> The failure to reduce the MMR constitutes an express violation of the right to health under Article 12.<sup>112</sup>

The likelihood of a woman receiving maternal care from a professional or in a medical facility remains closely tied to her level of education, wealth status and geographical location. Data between 2008-2013 indicates that 98% of women who attended college received the recommended number of antenatal care visits from a skilled provider, compared with 62% of women with no education.<sup>113</sup> Cost remains a significant barrier to the utilization of maternal health care services in medical facilities;<sup>114</sup> women were 25% more likely to deliver in a health facility if they belong to the highest wealth quintile (91%) compared to the lowest (66%).<sup>115</sup> Women living in urban areas (72%) were also more likely to have a facility-based delivery compared to women living in rural areas (51%).<sup>116</sup> For example, in the National Capital Region, 93% of mothers received post-natal care from a healthcare professional, whereas in less urbanized regions many mothers either rely on traditional birth attendants for their post-natal check-ups or receive no care at all.<sup>117</sup>

Since the 2008 review, other UN TMBs including the CEDAW Committee and the Human Rights Committee have expressed similar concerns about the high number of maternal deaths in the country.<sup>118</sup>

## **V. Suggested Questions for the List of Issues**

In light of the above, the undersigned organizations respectfully request that the Committee consider raising the following questions with the state party:

1. What steps has the state party taken to reduce the high incidence of maternal mortality, particularly deaths arising from unsafe abortion? Has the state taken any measures to amend the criminal ban on abortion to recognize exceptions and remove regressive language proposing harsher penalties for abortion in the revised draft Code submitted to Congress? What steps have been taken to ensure women's access to quality and humane post-abortion care as required under national laws and policies?
2. What steps has the state party taken to ensure women and adolescents' equal access to the full range of contraceptive services, including by condemning and repealing discriminatory local laws and policies that violate the RHRPA, allocating adequate financial resources, mandating referrals for all hospitals in cases of conscientious objection, and removing the need for parental and spousal consent for certain reproductive health goods and services? What steps have been taken to reintroduce



emergency contraceptives for women and girls at risk of unprotected sex and unplanned pregnancies and especially for survivors of sexual violence?

3. What steps has the state party taken to establish confidential complaints mechanisms to provide effective remedies for reproductive rights violations including discriminatory practices in the post-abortion care setting? What mechanisms have been set up to ensure that local governments are made accountable for failing to implement the RPRHA, MCW and other laws and policies that have been introduced to ensure access to sexual and reproductive health services?

Respectfully signed:

Center for Reproductive Rights  
EnGendeRights  
Population Services Pilipinas Inc.  
WomanHealth Philippines Inc.  
Women's Global Network for Reproductive Rights

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<sup>1</sup> Combined fifth and sixth periodic reports of States parties due in 2013, Philippines (date received 24 Nov. 2014) [hereinafter State party report].

<sup>2</sup> International Covenant on Economic, Social, and Cultural Rights, *adopted* Dec. 16, 1966, art. 15, para. 1, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, U.N. Doc. A/6316 (1966) (*entered into force* Jan. 3, 1976) [hereinafter ICESCR].

<sup>3</sup> Committee on Economic, Social and Cultural Rights, *Concluding Observations: Philippines*, U.N. Doc. E/C.12/PHL/CO/4 (2008), [hereafter ESCR Committee, *Concluding Observations: Philippines*].

<sup>4</sup> *Id.*, para 31.

<sup>5</sup> *See e.g.* An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health, Rep. Act No. 10354, secs. 3(e) and 4(q) (2012) (Phil.) [hereinafter RPRHA].

<sup>6</sup> *Id.*, sec. 3(j).

<sup>7</sup> An Act Providing for the Magna Carta of Women, Rep. Act No. 9710 (2009) (Phil.) [hereinafter MCW].

<sup>8</sup> RPRHA, *supra* note 5.

<sup>9</sup> State party report, *supra* note 1, paras. 220 and 221.

<sup>10</sup> Committee on Economic, Social and Cultural Rights, *General Comment No. 20: Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights)*, para. 10, U.N. Doc. E/C.12/GC/20 (2009) [hereinafter ESCR Committee, *Gen. Comment No. 20*].

<sup>11</sup> CENTER FOR REPRODUCTIVE RIGHTS ET AL., *IMPOSING MISERY: THE IMPACT OF MANILA'S CONTRACEPTION BAN ON WOMEN AND FAMILIES* (2007) [hereinafter CENTER FOR REPRODUCTIVE RIGHTS ET AL., *IMPOSING MISERY*]; 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).

<sup>12</sup> *See* Susan Cohen, *Facts and Consequences: Legality, Incidence and Safety of Abortion Worldwide*, 12 Guttmacher Policy Review (2009).

<sup>13</sup> REVISED PENAL CODE, Act No. 3815, arts. 256-259 (Phil.) [hereinafter REV. PENAL CODE] (prescribes a prison term of up to six years for a pregnant woman who obtains an abortion, and for any person, including medical professionals, who causes or assists with an abortion with the consent of the woman).

<sup>14</sup> The Revised Penal Code of the Philippines has been in effect since 1930 and supplanted the Spanish penal code effective in the state party, as a then Spanish colony, since 1886.

<sup>15</sup> CENTER FOR REPRODUCTIVE RIGHTS, *FORSAKEN LIVES*, *supra* note 11, pp. 17, 85.

<sup>16</sup> ICESCR, *supra* note 2, arts. 2 (2), 3, and 12.

<sup>17</sup> Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)* (22<sup>nd</sup> Sess., 2000), in *Compilation of General Comments and General*

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Recommendations Adopted by Human Rights Treaty Bodies, para. 21, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter ESCR Committee, *Gen. Comment No. 14*].

<sup>18</sup> Committee on Economic, Social and Cultural Rights, *General Comment No. 16: The equal right of men and women to the enjoyment of all economic, social and cultural rights (Art. 3)*, (34<sup>th</sup> Sess., 2005), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, para. 29, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter ESCR Committee, *Gen. Comment No. 16*].

<sup>19</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 21.

<sup>20</sup> *Id.*, para. 34.

<sup>21</sup> ESCR Committee, *Concluding Observations: Philippines*, *supra* note 3, para. 31.

<sup>22</sup> *Id.*

<sup>23</sup> *Id.*

<sup>24</sup> State party report, *supra* note 1, para. 228.

<sup>25</sup> World Health Organization, *Unsafe abortion incidence and mortality, global and regional levels in 2008 and trends during 1990-2008*, 6 (2012). It has been established that the liberalization of abortion laws can have a substantial positive effect on the safety of the procedure. *See e.g.* Sedgh G et al, *Induced abortion: estimated rates and trends worldwide*, 370 *Lancet*, 1338-45 (2007). In South Africa, the incidence of infection from abortion decreased by 52% after a more liberal abortion law came into effect.

<sup>26</sup> GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY AND UNSAFE ABORTION IN THE PHILIPPINES: CONTEXT AND CONSEQUENCES 3 (2013) [hereinafter GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY], *available at* <http://www.guttmacher.org/pubs/IB-unintended-pregnancy-philippines.pdf>.

<sup>27</sup> JE Darroch et al., *Meeting women's contraceptive needs in the Philippines*, In Brief, New York: Guttmacher Institute (2009) No. 1

<sup>28</sup> GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY, *supra* note 26, at 5.

<sup>29</sup> *See* 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*, U.N. Doc. CEDAW/C/PHI/CO/6 (2015) [hereinafter *Inquiry Report (2015)*].

<sup>30</sup> *Id.* at para 47.

<sup>31</sup> *Id.* at para. 7.

<sup>32</sup> In Apr. 2011, the Department of Justice constituted the Criminal Code Committee, which was tasked with reviewing existing penal laws in the Philippines and drafting a new Criminal Code. One of the initial drafts of the new Code provided for "justified abortions" in the case of: rape or incest; where continuation of pregnancy endangered the life of the pregnant woman or seriously impaired her physical, mental or emotional health; and where the foetus suffered from an incurable disease or serious deformity. However, the reference to "justified abortions" was removed from the draft after a single consultation session.

<sup>33</sup> Philstar Global, *DOJ completes new criminal code*, *Edu Pinay*, 22 Aug. 2014. The draft remains pending before Congress.

<sup>34</sup> Criminal Code Committee, *The Criminal Code of the Philippines (Draft)* [https://www.doj.gov.ph/files/ccc/Criminal\\_Code\\_September-2014\(draft\).pdf](https://www.doj.gov.ph/files/ccc/Criminal_Code_September-2014(draft).pdf), secs. 23 and 53.

<sup>35</sup> *See* ESCR Committee, *Gen. Comment No. 16*, *supra* note 18, para. 42; ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 43 and 48.

<sup>36</sup> *See* David A Grimes et al., *Unsafe abortion: the preventable pandemic*, 368 *Lancet* 1908-1919 (2006).; David A Grimes, *Unsafe abortion; the silent scourge*, 67 *British Medical Bulletin* 99-113 (2003); David A Grimes, *Reducing the complications of unsafe abortion: the role of medical technology*, in *Preventing Unsafe Abortion and its Consequences: Priorities for Research and Action* 73-91, (Warriner UK, Shah IH, eds., 2006).

<sup>37</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 12.

<sup>38</sup> MCW, *supra* note 7, sec. 17.

<sup>39</sup> RPRHA, *supra* note 5, sec. 3(j).

<sup>40</sup> Department of Health, *Prevention and Management of Abortion and its Complications (PMAC) Policy*, Administrative Order No. 45-B (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.").

<sup>41</sup> Minutes of the 17th RPRH NIT meeting, Oct. 9, 2015 (on file with the Center).

<sup>42</sup> Center for Reproductive Rights, *Documentation Report, Focus Group Discussion on Post Abortion Care*, Profile of Angel (May 27, 2014) [hereinafter FGD Report] (copy on file with the Center) ("the hospital staff, humiliated her in front of other patients in the Emergency Room, shouting at the top of her voice, calling her mamamatay-baby (baby murderer) ... she was made to wait in the Operating Room which lasted for 24 hours"); FGD Report, profile of Kaye (July 2013) "A doctor named Dr. Santos...admonished her by saying things such as, "Hindi ito pwedeng ginawa mo, itatawag ko to sa guard para itawag sa pulis ng Pasay" (what you did cannot

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be tolerated, I will call the guard to inform the Pasay police")...while her legs were spread open, police officers took pictures of Kaye and questioned her...Dr. Santos also forced Kaye to admit to the police that she had an abortion."

<sup>43</sup> See CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES, *supra* note 11, pp. 52-57.

<sup>44</sup> Susheela Singh et al., *Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences*, Guttmacher Institute 22-23 (2006).

<sup>45</sup> See ESCR Committee, *Concluding Observations: El Salvador*, para. 22, U.N. Doc. E/C.12/SLV/CO/3-5 (2014).

<sup>46</sup> See Inquiry Report (2015), *supra* note 29, at para. 52(v). See also CEDAW Committee, *Concluding Observations: Philippines*, para. 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006) [hereinafter CEDAW Committee, *Concluding Observations: Philippines*].

<sup>47</sup> See Inquiry Report (2015), *supra* note 29, at para. 42 and 43.

<sup>48</sup> WORLD HEALTH ORGANIZATION (WHO), MODEL LIST OF ESSENTIAL MEDICINES, 19TH LIST (Apr. 2015), sec. 22.1, at 38.

<sup>49</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 43(d).

<sup>50</sup> See BFAD Advisory 2002-02, *Misoprostol (Cytotec): Unregistered Drug Product*, Food and Drug Administration (Phil.), available at <http://www.fda.gov.ph/advisories/pharmaceutical/38928-bfad-advisory-no-02-02s> (last visited Jan. 10, 2015) [hereinafter BFAD Advisory 2002-02]; An Act to Ensure the Safety and Purity of Foods and Cosmetics and the Purity, Safety, Efficacy and Quality of Drugs and Devices being Made Available to the Public, Vesting the Bureau of Foods and Drugs with Authority to Administer, Rep. Act 3720 as amended (1963) (Phil.).

<sup>51</sup> See Inquiry Report (2015), *supra* note 29, at para. 52(v).

<sup>52</sup> See ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, paras. 8, 43, 44; ESCR Committee, *Gen. Comment No. 16*, *supra* note 18, para. 29.

<sup>53</sup> See, e.g., ESCR Committee, *Concluding Observations: Armenia*, para. 15, U.N. Doc. E/C.12/1/Add.39 (1999); *Cameroon*, para. 25, U.N. Doc. E/C.12/1/Add.40 (1999); *Dominican Republic*, para. 15, U.N. Doc. E/C.12/1/Add.16 (1997); *Dominican Republic*, para. 22, U.N. Doc. E/C.12/Add.6 (1996); *Honduras*, para. 27, U.N. Doc. E/C.12/1/Add.57 (2001); *Paraguay*, para. 16, U.N. Doc. E/C.12/1/Add.1 (1996); *Poland*, para. 12, U.N. Doc. E/C.12/1/Add.26 (1998); *Saint Vincent and the Grenadines*, para. 12, U.N. Doc. E/C.12/1/Add.21 (1997). See also ESCR Committee, *Concluding observations: Lithuania*, para. 22, U.N. Doc. E/C.12/LTU/CO/2 (2014) (urging the state party to "intensify its efforts to ensure the availability and accessibility of contraceptives").

<sup>54</sup> See ESCR Committee, *Concluding observations: Paraguay*, para. 29, U.N. Doc. E/C.12/PRY/CO/4 (2015); *Dominican Republic*, paras. 28-29, U.N. Doc. E/C.12/DOM/CO/3 (2010); *Nicaragua*, paras. 26-27, U.N. Doc. E/C.12/NIC/CO/4 (2008); *Azerbaijan*, para. 30, U.N. Doc. E/C.12/1/Add.104 (2004); *Poland*, para. 12, U.N. Doc. E/C.12/1/Add.26 (1998).

<sup>55</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 12.

<sup>56</sup> ESCR Committee, *Gen. Comment No. 20*, *supra* note 10, para. 29.

<sup>57</sup> *Id.*, para. 31.

<sup>58</sup> ESCR Committee, *Concluding Observations: Philippines*, *supra* note 3, para 31.

<sup>59</sup> DEMOGRAPHIC RESEARCH AND DEVELOPMENT FOUNDATION ET AL., THE 2013 YOUNG ADULT FERTILITY AND SEXUALITY STUDY IN THE PHILIPPINES. KEY FINDINGS, at 13-14 (2014) [hereinafter YAFSS 2013] (Findings indicate a rise in teenage pregnancies from 6.3% to 13.6%).

<sup>60</sup> State party report, *supra* note 1, at 3.

<sup>61</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 33. ("...[T]he obligation to *fulfil* requires States to adopt appropriate ...budgetary...measures towards the full realization of the right to health.")

<sup>62</sup> Joyce Pangco Panares, *NY rights group slams PH over RH budget cut*, MANILA STANDARD (Dec. 25, 2013), <http://manilastandardtoday.com/news/-main-stories/top-stories/136682/ny-rights-group-slams-ph-over-rh-budget-cut.html>.

<sup>63</sup> Jee Geronimo, *What happened to the 2016 budget for contraceptives?* RAPPLER (Jan. 7, 2016), [http://www.rappler.com/nation/118239-explanation-no-2016-budget-contraceptives?cp\\_rap\\_source=ymlScrolly#cxrecs\\_s](http://www.rappler.com/nation/118239-explanation-no-2016-budget-contraceptives?cp_rap_source=ymlScrolly#cxrecs_s) [hereinafter Jee Geronimo, *What happened to the 2016 budget for contraceptives?*].

<sup>64</sup> PHILIPPINE STATISTICS AUTHORITY ET AL., PHILIPPINES NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2013, at 55, 64 [hereinafter NDHS 2013].

<sup>65</sup> *Id.* at 65.

<sup>66</sup> See PHILIPPINE STATISTICS AUTHORITY ET AL., PHILIPPINES NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2003, at 94 [hereinafter NDHS 2003]; NDHS 2013, *supra* note 64, at 69.

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- <sup>67</sup> Philippine Statistics Authority, *Contraceptive Use in the Philippines*, (Oct 19, 2001) available at <https://psa.gov.ph/content/contraceptive-use-philippines> and World Bank Data, *Contraceptive prevalence (% of women ages 15-49)* (2013) available at <http://data.worldbank.org/indicator/SP.DYN.CONU.ZS>
- <sup>68</sup> See YAFSS 2013, *supra* note 59, at 13-14.
- <sup>69</sup> James M. Imbong and Lovely-Ann C. Imbong v Hon. Paquito N. Ochoa, Jr., et al., G.R. No. 204819 (S.C., Apr. 8, 2014) (Phil.), available at [http://www.lawphil.net/judjuris/juri2014/apr2014/gr\\_204819\\_2014.html](http://www.lawphil.net/judjuris/juri2014/apr2014/gr_204819_2014.html) [hereinafter *Imbong v Ochoa*].
- <sup>70</sup> RPRHA, *supra* note 5, secs. 7 and 23.
- <sup>71</sup> RPRHA, *supra* note 5, sec. 7.
- <sup>72</sup> See ESCR Committee, *Concluding observations: Spain*, para. 24, U.N. Doc. E/C.12/ESP/CO/5 (2012); *Poland*, para. 28, U.N. Doc. E/C.12/POL/CO/5 (2009). See also CEDAW Committee, *Concluding Observations: Slovakia*, para. 43, U.N. Doc. A/63/38 (2008); Committee on the Elimination of Discrimination against Women, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20<sup>th</sup> Sess., 1999), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, para. 27, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*].
- <sup>73</sup> See e.g. Human Rights Committee, *General Comment No. 28: Article 3 (The equality of rights between men and women)*, (68<sup>th</sup> Sess., 2000), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 168, para. 20, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter Human Rights Committee, *Gen. Comment No. 28*]; ESCR Committee, *Gen. Comment 14*, *supra* note 17, para. 12; CEDAW Committee, *Concluding Observations: Chile*, para. 228, U.N. Doc. A/54/38 (1999); *Indonesia*, para. 284(c), U.N. Doc. A/53/38 (1998); *Saint Vincent and the Grenadines*, para. 140, U.N. Doc. A/52/38/Rev.1 (1997).
- <sup>74</sup> Alliance For The Family Foundation Philippines, Inc. and Atty. Maria Concepcion S. Noche, et al., v Dr. Janette L. Garin, Secretary Designate of the Department of Health, et al., (T.R.O.), G.R. No. 217872, (S.C., June 17, 2015), available at <http://alfi.org.ph/wp-content/uploads/2015/06/SC-TRO-RHimplementation1.pdf> [hereinafter T.R.O.]. See also Rina Jimenez-David, *Continuing challenges to RH Law*, INQUIRER.NET (July 3, 2015) <http://opinion.inquirer.net/86366/continuing-challenges-to-rh-law>; Jee Y. Geronimo, *Supreme Court stops distribution, sale of implants*, RAPPLER (June 30, 2015) <http://www.rappler.com/nation/97983-sc-stops-distribution-sale-implants>.
- <sup>75</sup> T.R.O., *supra* note 74.
- <sup>76</sup> Jee Geronimo, *What happened to the 2016 budget for contraceptives?*, *supra* note 63.
- <sup>77</sup> ESCR Committee, *Gen. Comment No. 20*, *supra* note 10, paras. 10, 12.
- <sup>78</sup> See The Local Government Code of the Philippines, Rep. Act No. 7160, sec. 17(2)(iii)-(iv) (1991) (Phil.) [hereinafter Phil. Local Gov. Code] (The Code has decentralized responsibility for people's "health and safety" to the LGUs,<sup>80</sup> which have been given a prominent role in the formulation, delivery, and management of basic services and facilities for healthcare programs, including family planning and the purchase of necessary medicines, medical supplies, and equipment.)
- <sup>79</sup> Declaring Total Commitment and Support to the Responsible Parenthood Movement in the City of Manila and Enunciating Policy Declarations in Pursuit Thereof, Exec. Ord. No. 003 (2000) (Phil.).
- <sup>80</sup> Further Strengthening Family Health Services, Exec. Ord. No. 30 (2011) (Phil.).
- <sup>81</sup> An Executive Order Declaring Sorsogon City as a Pro-Life City, Exec. Ord. No. 3, (2015) (Phil.).
- <sup>82</sup> See CENTER FOR REPRODUCTIVE RIGHTS ET AL., *IMPOSING MISERY*, *supra* note 11; Ana P. Santos, *Why do some pro-life groups hate women so much?*, RAPPLER (Aug. 18, 2015), <http://www.rappler.com/views/imho/102575-pro-life-groups-women>.
- <sup>83</sup> Ligaya Acosta, *Inspired by ASPAC, Filipino Mayor Declares City Pro-Life*, *Human Life International* (Feb. 13, 2015), <http://www.hli.org/2015/02/inspired-aspac-filipino-mayor-declares-city-pro-life>.
- <sup>84</sup> See Elizabeth Angsioco, *Anti-RH strikes again*, MANILA STANDARD (Aug. 1, 2015), <http://manilastandardtoday.com/opinion/columns/power-point-by-elizabeth-angsioco/183578/anti-rh-strikes-again.html>.
- <sup>85</sup> *Id.*
- <sup>86</sup> CEDAW Committee, *General Recommendation No. 28 on the core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, para. 39, U.N. Doc. CEDAW/C/GC/28 (2010).
- <sup>87</sup> Human Rights Committee, *Concluding Observations: Philippines*, para. 13, U.N. Doc. CCPR/C/PHL/CO/4 (2012) [hereinafter Human Rights Committee, *Concluding Observations: Philippines*]; See Inquiry Report (2015), *supra* note 29, para. 51 (iv).
- <sup>88</sup> ESCR Committee, *Gen. Comment No. 20*, *supra* note 10, para. 40.

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- <sup>89</sup> *Id.*
- <sup>90</sup> *Id.*
- <sup>91</sup> See ESCR Committee, *Gen. Comment No. 16*, *supra* note 18, para. 38; ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 49.
- <sup>92</sup> Lourdes E. Osil et al. v Office of the Mayor of the City of Manila et al. Court of Appeals, Petition for Certiorari and Prohibition (Apr. 4, 2009).
- <sup>93</sup> COMMISSION ON HUMAN RIGHTS OF THE PHILIPPINES, EO NO. 003: DISCRIMINATORY OR RIGHTS BASED? CHR ADVISORY ON THE LOCAL ORDINANCE BY THE CITY OF MANILA, CHR (IV) A2010-005 4 (2010).
- <sup>94</sup> Lourdes E. Osil et al. v. Office of the Mayor of the City of Manila, petition filed to the Court of Appeals, Philippines (Jan. 30, 2008).
- <sup>95</sup> Implementing Rules and Regulations of Rep. Act No. 10354 (The Responsible Parenthood and Reproductive Health Act of 2012), secs. 4.07, 5.26 (2012) (Phil.).
- <sup>96</sup> DEPARTMENT OF HEALTH (DOH) ET AL., 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 Apr. 2015, the Department of the Interior and Local Government (DILG) circular addressed to all DILG field units and LGUs emphasizing the need for each LGU to designate a Reproductive Health Officer (RHO) is still awaiting the signature of the DILG Secretary.
- <sup>97</sup> Inquiry Report (2015), *supra* note 29, para. 45.
- <sup>98</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 12(a).
- <sup>99</sup> ICESCR, *supra* note 2, art. 15(1)(b).
- <sup>100</sup> WORLD HEALTH ORGANISATION (WHO), MODEL LIST OF ESSENTIAL MEDICINES, 19<sup>TH</sup> LIST (Apr. 2015) at 33.
- <sup>101</sup> See *BFAD Advisory 2002-02*, *supra* note 50.
- <sup>102</sup> RPRHA, *supra* note 5, sec. 9.
- <sup>103</sup> NDHS 2013, *supra* note 64, at 191.
- <sup>104</sup> See Inquiry Report (2015), *supra* note 29, para. 52 (c).
- <sup>105</sup> ICESCR, *supra* note 2, art. 10(2).
- <sup>106</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 14.
- <sup>107</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 18.
- <sup>108</sup> ESCR Committee, *Concluding Observations: Philippines*, *supra* note 3, para. 31.
- <sup>109</sup> *Id.*
- <sup>110</sup> State party report, *supra* note 1, para. 220.
- <sup>111</sup> NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY AND UNITED NATIONS DEVELOPMENT PROGRAMME, THE PHILIPPINES: FIFTH PROGRESS REPORT MILLENNIUM DEVELOPMENT GOALS 73 (2014).
- <sup>112</sup> ESCR Committee, *Gen. Comment No. 14*, *supra* note 17, para. 52.
- <sup>113</sup> NDHS 2013, *supra* note 64, at 101.
- <sup>114</sup> NDHS 2013, *supra* note 64, at 108 (Between 2008 and 2013, “cost” was cited as one of the most common reasons given for failing to give birth in a health care facility).
- <sup>115</sup> NDHS 2013, *supra* note 64, at 106.
- <sup>116</sup> *Id.*
- <sup>117</sup> NDHS 2013, *supra* note 64, at 115 (Forty-two percent of mothers in Region IV-B (MIMAROPA) and the Autonomous Region of Muslim Mindanao receive postnatal care from a traditional birth attendant. ARMM had the highest number of mothers (35%) who did not have any post-natal checkup).
- <sup>118</sup> Human Rights Committee, *Concluding Observations: Philippines*, *supra* note 3, para 13; Inquiry report (2015), *supra* note 87, paras. 33, 47, 52 (v).