Joint NGO Alternative Report the U.N. Human Rights Committee

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Report on Philippines' Compliance with its Human Rights Obligations On Abortion, Post-Abortion Care, and Contraception

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INTRODUCTION

1. This NGO alternative report supplements the Government of the Philippines' (state party) fifth periodic report submitted under article 40 of the International Covenant on Civil and Political Rights (Convention) and its Replies to the List of Issues of the Human Rights Committee (the Committee) in connection with the upcoming review of the state party's compliance with the Convention. The undersigned organizations hope to further the work of the Committee by providing additional information concerning the status of sexual and reproductive health and rights (SRHR) in the Philippines.

2. On January 13, 2020, seven (7) non-government organizations (NGO) submitted a joint report highlighting the continuing legal restrictions and regressive steps by the state party that negatively impacted women's and girls' access to information and services on (1) safe and legal abortion including post-abortion care, and the (2) full range of contraceptives including emergency contraceptives.[1] As discussed in the 2020 NGO report, these restrictions resulted in grave violations of the state party's obligations to respect, protect, and fulfill the rights to life, liberty and security, equality and non-discrimination, privacy, to be free from torture and ill-treatment, and to effective remedy for violations of rights under **Articles 2, 3, 6, 7, 17, and 26** of the Convention. In this 2022 report, the undersigned organizations highlight key information and provide updates since 2020 on **access to abortion, post-abortion care, and contraceptives.**

ACCESS TO ABORTION AND POST-ABORTION CARE (Articles 2, 3, 6, 7, 17, 26)

3. Past recommendations from the Committee and other UN bodies. In 2012, the Committee expressed concern on the country's legal framework on abortion "which compels pregnant women to seek clandestine and harmful abortion services, and accounts for a significant number of maternal deaths."[2] It called on the state party to "**review its legislation with a view to making provision for exceptions to the prohibition of abortion, such as protection of life or health of the mother, and pregnancy resulting from rape or incest, in order to prevent women from having to seek clandestine harmful abortions**."[3]

4. Other UN treaty bodies have also called upon the state party to improve access to abortion and post-abortion care. For example, the **Committee on the Elimination of Discrimination against Women** (CEDAW Committee) urged the state party 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 in all other cases where women undergo

abortion".[4] On the other hand, the **Committee against Torture** urged the state party to "review its legislation in order to allow for legal exceptions to the prohibition of abortions in specific circumstances such as when the pregnancy endangers the life or health of the woman, when it is the result of rape or incest and in cases of foetal impairment."[5] Further, the **Committee on Economic, Social, and Cultural Rights** recommended that the state party "take all measures necessary to reduce the incidence of unsafe abortion and maternal mortality, including by amending its legislation on the prohibition of abortion to legalize abortion in certain circumstances."[6]

5. In its **General Comment 36**, the Committee expressed that the right to life means that states may not regulate voluntary termination of pregnancy if it violates the right to life or other human rights of a pregnant woman or girl and that states should address barriers, including criminal penalties for women and girls and providers assisting them and those resulting from the exercise of conscientious objection, that deny women and girls access to safe and legal abortion.[7] The Committee also noted that women and girls must be protected from harms to their mental and physical health associated with unsafe abortions. It called on states to ensure confidential access to post-abortion care at all times.[8]

6. Earlier this year, the World Health Organization (WHO) published its updated **Abortion Care Guideline** and recommended for the full decriminalization of abortion. WHO defined decriminalization as "[r]emoving abortion from all penal/criminal laws, not applying other criminal offences (e.g. murder, manslaughter) to abortion, and ensuring there are no criminal penalties for having, assisting with, providing information about, or providing abortion, for all relevant actors."[9] It also recommended against laws and other regulations that restrict abortion by grounds or based on gestational age limits, and called for abortion to be made available on the request of the woman, girl, or other pregnant person without need for any third-party authorization.[10] Further, WHO remarked that "while parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements."[11] Furthermore, WHO noted that safe abortion can be provided by different health workers in different settings and even self-managed in some cases and therefore recommended against provider restrictions which are inconsistent with WHO's guidance.[12]

7. State party's response to the Committee's recommendations. In its 2019 report, the state party noted that "the Revised Penal Code [RPC] (Article 11, paragraph 4) may justify abortion to protect the life and health of pregnant women" and that it has no knowledge of any "report of women having been prosecuted or taken to court because of the commission of abortion."[13] It also expressed that "religious and social recriminations

do not form part of routine reporting by any government or quasi-government agency."[14] On addressing unsafe abortions, the state party reported that the "National Policy on the Prevention and Management of Abortion Complications [issued in] 2016 provides for the expansion of participating health facilities from government to both government and private hospitals and clinics, and of expanded roles of midwives, nurses and doctors" and that the policy "provides for the training on and monitoring of the Prevention and Management of Abortion and Its Complications (PMAC) as a regular component of the Safe Motherhood Program."[15]

8. In its 2022 report to the Committee, the state party added that a Supreme Court ruling allows abortion when needed to save the life of a pregnant person.[16] It also admitted that there is no law decriminalizing abortion in the country although there are ongoing discussions which have been met with objections to the proposed exception in cases of pregnancies where the "fetus is found to be seriously malformed" for constituting discrimination against persons with disabilities.[17] Further, the state party highlighted the issuance of the "National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications" (2018 PMAC policy) which "allows the initial management of abortion clients in primary care facilities where health care service providers are allowed to initially manage post-abortion cases, administer life-saving drugs, and are required to make prompt referral and arrange transportation mechanism to referral hospitals". [18]

9. Key updates on abortion. Despite the state party's admission that abortion when necessary "to protect the life and health"[19] of a pregnant person may be justified under the current penal laws, this **recognized exception has neither translated to improved access to safe and legal abortion nor reduced clandestine harmful abortions in the country**. While disaggregated and official data on abortion are extremely limited due to the severe restrictions on abortion, **induced abortion has been reported as one of the leading causes of maternal deaths in the country**.[20] Around 610,000 induced, and potentially unsafe, abortions took place in the Philippines in 2012, an increase from 560,000 in 2008.[21] Recent estimates indicate that **abortion rates increased by 51% between 1990-1994 and 2015-2019**.[22] According to the Guttmacher Institute, there were 3,770,000 pregnancies annually between 2015-2019 with 1,930,000 of these considered as unintended and 973,000 ended in abortion.[23] Based on these figures, approximately **1 out of 2 pregnancies are unintended** and **1 out of 4 pregnancies end up in abortion**. Further, the number of women hospitalized for abortion complications increased from 90,000 in 2008 to 100,000 in 2012.[24] Common complications of unsafe abortion include blood loss, haemorrhage, sepsis, infection, perforation of the uterus, damage to other internal organs, and death.[25] An estimated 1,000 maternal deaths were attributed to abortion complications in 2008 translating to **at least three women dying every day because of unsafe abortions**.[26] Further, as a result of the COVID-19 pandemic, **abortion**

incidence was projected to increase in 2020 i.e., from an estimated 1.1 million induced abortions without the lockdown restrictions to at least 1.26 million because of the additional 17,000 abortions for every month of community quarantine across 2020.[27] Despite these alarming figures, **the state party has not taken any step to establish mechanisms to guarantee effective access to safe and legal abortion even on limited grounds i.e., when necessary to protect the life or health of the pregnant person.**

10. The state party claimed that "[t]o date, there is no report of women having been prosecuted or taken to court because of the commission of abortion"[28]. Data obtained from the state party's Bureau of Jail Management and Penology reflected that **between January 2015-May 2022, there were at least 22 persons deprived of liberty as charged for abortion (Articles 256-259 of the RPC)**.[29] In 2019, there was at least 1 person who was deprived of liberty under Article 259 or Abortion practiced by a physician or midwife and dispensing of abortives.[30] From January to May 2022, at least 1 person has already been deprived of liberty under Article 258 or abortion practiced by a woman herself or by her parents.[31]

11. As provided in the 2020 NGO report, the state party enacted further restrictions to abortion such as the 2017 law **increasing the fine a hundredfold for pharmacists** who dispense abortifacients without prescription[32] and a **new customs declaration form in 2018 which included "abortion paraphernalia" in its list of prohibited items**.[33] In 2020, the Food and Drug Administration (FDA) **advised against the purchase and use of mifepristone** for being an unregistered drug[34] despite its inclusion in the WHO List of Essential Medicines.[35] In 2021, a bill was filed before the House of Representatives **seeking to impose additional penalties for physicians, midwives, nurses, and other health workers who causes or assists in causing an abortion** with the use of their scientific knowledge and skill.[36] There is warranted concern that these proposed and enacted laws on abortion would force women and girls to resort to unsafe abortions because of the inevitable fear invoked through the stricter laws.[37] Other bills filed before Congress include the **proposition of publicly funded national programs and "pregnancy care centers" that "promote childbirth as a viable and positive alternative to abortion",** and "extend support to entities… that assist women to choose childbirth and make informed decisions regarding the choice of adoption of parenting". [38] **Bills to establish national programs and pregnancy care centers were introduced multiple times between 2017 and 2021.** These measures go against the push from advocates and activists for the state party to ensure access to accurate information and safe abortion care for the millions of Filipinos who may seek them.[39] In 2020, advocates **launched a proposed bill to decriminalize abortion in the country**.[40] As of August 2022, **an online petition calling for the decriminalization of abortion in the Philippines has collected over 30,000 signatures**.[41]

12. Key updates on post-abortion care. As highlighted in the 2020 NGO report, challenges to and barriers in accessing and providing post-abortion care persist. A 2019 study in four areas in the country i.e., cities of Quezon, Dumaguete and Davao and municipality of Gubat found that the **lack of information and awareness on when and where post-abortion can be accessed, inadequate health infrastructure for post-abortion care, fear of possible arrests for committing an abortion, negative treatment from healthcare providers, and the inadequate policy environment on post-abortion care, among others, constitute as lived barriers for women and girls to seek post-abortion care**.[42]

13. Further, with the continuing restrictive legal framework, many are forced to resort to unsafe methods resulting in preventable injuries and complications. As highlighted above, around 100,000 women seek medical care for abortion-related complications. **These preventable complications result not only in physical and mental health harms to the patient and their family but also have significant economic costs to the state party.** From 2014 to 2016, payments for postabortion care by the Philippine Health Insurance Corporation(PHIC) have more than doubled i.e., from Php 250 million (approximately USD 4.5 million) to Php 570 million (approximately USD 10 million).[43] In 2021, the total claims payment by PHIC for dilation and curettage (often used for incomplete abortion) amounted to almost Php 440 million (approximately USD 7.8 million).[44] Between January-June 2022, the total claims payment for the same procedure have already costed the state party almost Php400 million (approximately USD 7 million).[45]

14. As reported by the state party to the Committee, two policies on post-abortion care were adopted by the Philippine Department of Health (DoH) in 2016 and 2018 with the latter repealing the former. However, since the adoption of the 2018 policy and despite concerns of regression, **the state party has failed to report on the status of implementation of the 2018 policy and to address gaps raised by local groups and activists**[46] to ensure that the right to humane, non-judgmental, and compassionate post-abortion care as guaranteed under the Magna Carta of Women[47] and Responsible Parenthood and Reproductive Health Act (RPRHA)[48] are fully operationalized in this policy. For example, the current legal framework on post-abortion care regressed on providing adequate legal protection and redress to women who face abuse and ill-treatment when seeking life-saving medical care in violation of the state party's obligation to provide accessible and effective remedies under article 2(3) of the Convention which should "take into account the special vulnerability of certain categories of person" either through judicial or administrative mechanisms.[49] **A penalty clause initially included in the 2016 policy was deleted in the 2018 policy and left out the specific accountability mechanisms for violations of women's and girls' right to access post-abortion care available under existing laws.** 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,[50] the 2018 PMAC policy focused only on ensuring "audio visual privacy" to protect the patient from "public scrutiny."[51] As provided by the Committee in its General Comment 36, states parties should "ensure the availability of, and effective access to, quality…post-abortion health care for women and girls in all circumstances, and on a confidential basis."[52] Therefore, 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**. Finally, the 2018 policy goes against the Committee's call for states to "prevent the stigmatization of women and girls seeking abortion" as well as the state party's acknowledgement of certain abortions being permitted under the current laws. **The 2018 policy refers to the "absolute prohibition on abortion" and refers to the "preference for illegal and unsafe abortion" which reinforces abortion stigma and negative views towards those seeking and providing abortions**.[53]

ACCESS TO CONTRACEPTIVES (Articles 2, 3, 6, 7, 17, 26)

15. Past recommendations from the Committee. In 2012, the Committee called upon the state party to "ensure that reproductive health services are accessible for all women and adolescents…[and] increase education and awareness-raising programmes, both formal (at schools and colleges) and informal (in the mass media), on the significance of using contraceptives and the right to reproductive health." The Committee also expressed concern on the enactment of a local executive order in Manila prohibiting the disbursement of public funds for the purchase of modern contraceptives and recommended for its lifting. [54]

16. Since 2012, other UN human rights bodies including the CEDAW Committee, ESCR Committee, and CAT Committee has urged the state party to **improve access to reproductive health information and services, particularly contraceptives**.[55] They also urged the state party to **ensure access to emergency contraceptives and provide education about their benefits including among adolescents**. [56] The ESCR Committee noted that "banning or denying access in practice to sexual and reproductive health services and medicines, such as emergency contraception" is a violation of the obligation to respect the right to sexual and reproductive health (SRH).[57] In 2017, the state party received and accepted recommendations from different UN Member States calling for universal access to reproductive health services including by ensuring the implementation of the RPRHA and increasing access to modern contraceptives.[58]

17. UN bodies have also urged states parties in general to repeal third party authorization or consent requirements to access reproductive health services and information, classifying

these requirements as forms of discrimination against women and barriers to women's access to reproductive health services.[59] The Committee has expressed concern on the lack of access to SRH information and services without parental consent by girls under 16 years of age.[60] The CRC Committee in particular has urged **states parties to remove parental and guardian consent requirements** by giving consideration "to the introduction of a legal presumption that adolescents are competent to seek and have access to preventive or time-sensitive sexual and reproductive health commodities and services."[61] Reiterating the CRC Committee's recommendation, the Special Rapporteur on the right to health has also reported that **parental notification or consent requirements "often make adolescents reluctant to access needed services…which may result in rejection, stigmatization, hostility, or even violence**."[62]

18. State party's response to the Committee's recommendations. In its 2019 report to the Committee, the state party highlighted the passage of the RPRHA and the budget allocation towards its implementation.[63] It also noted the integration of awareness raising programs on family planning into the high school and college education curriculum.[64] In its Replies to the List of Issues, the state party reported the inclusion of the implementation of the RPRHA in its Ten-Point Socioeconomic Agenda, issuance of an executive order to achieve zero unmet need for modern family planning, and the implementation of a national policy on the implementation of the minimum initial service package for SRH.[65]

19. However, the state party's reports did not include information on the availability of emergency contraceptives and the status of parental consent requirements for minors to access modern contraceptives. The reports did not also reflect how **the budget for the RPRHA has substantially decreased by three-fold in the past decade i.e., from Php2.5 billion (approximately USD 44.5 million) in its first year of implementation in 2013 to P842 million (approximately USD 15 million) in 2022**.[66] In December 2019, an almost **Php200 million (approximately USD 3.5 million) budget for implants allocated for 2020 has been scrapped** based on false claims that they cause abortion and despite being cleared by the FDA as "non-abortifacient".[67]

20. Key updates on consent requirements. As discussed in the 2020 NGO report, with the Supreme Court's decision in *Imbong v Ochoa,* all minors including those who have already experienced pregnancy must secure parental or guardian consent to access modern contraceptives. A married individual must also secure spousal consent to undergo elective reproductive health services such as ligation or no scalpel vasectomy.[68] The Philippine Commission on Human Rights (PCHR) found that the *Imbong* decision prevented the full implementation of the RPRHA and has been "used by some government health facilities and health service providers [to seek] parental consent for minors and [to refuse] tubal ligation for married women without the consent of their husbands."[69] In its

response to the follow-up to the 2016 Concluding Observations of the CEDAW Committee, **the state party acknowledged that the "review of the [RPRHA]…points to a legal barrier which requires a minor, specifically adolescents who have already begun childbearing, to secure parental consent to access sexual and reproductive health (SRH) services."**[70] Despite this recognition, the state party failed to recognize the autonomy and evolving capacities of adolescents and repeal the third-party consent requirements.

21. Adolescents' unimpeded access to SRH information and services including modern contraceptives is crucial given the high incidence of early pregnancies. According to the Philippine Commission on Population and Development (CPD), based on 2018 data, **at least 40 Filipino girls under the age of 14 give birth every week**.[71] During the COVID-19 pandemic, the initial estimate for **unmet need for family planning was that it will increase by 9.3% (163,000 to 178,000) for adolescents or those between the ages of 15 and 19**.[72] A November 2020 survey found that **adolescent pregnancy was the "most important problem" women faced**.[73] In a 2020 report by the Guttmacher Institute, an estimated **280,000 women and girls aged 15-19 give birth each year with 53,000 not having a facility-based delivery and 67,000 having less than 4 antenatal care visits.**[74]

22. **The state party has recognized the evolving capacities of children and repeal consent requirements for minors in certain cases.** In 2018, the state party amended its laws to allow HIV testing to be made available to minors (15-17 years of age) without need of parental or guardian consent.[75] Sexually transmitted diseases including HIV, are increasing among adolescents and young people. The proportion of HIV positive cases in the 15-24 year age group increased in the past 10 years i.e., from 22% in 2001-2010 to 29% in 2011-2021.[76] **Between 2010 and 2020, the country has the "fastest-growing HIV epidemic in Asia and the Pacific" with a 237% increase in new HIV infections and 315% increase in AIDS-related deaths.**[77] There were 94,337 total reported cases from January 1984 (the date of the first reported HIV infection in the country) to December 2021.[78]

23. During the 18th Philippine Congress (July 2019-June 2022), at least 4 bills were filed before the Senate in relation to the prevention of early pregnancy in the country including Senate Bill No. (SBN) 161, SBN 414, SBN 649, and SBN 1334. [79] The 18th Congress adjourned without any of these bills being passed into laws. SBN 1334, or the Prevention of Adolescent Pregnancy Act of 2020 in particular was deferred for plenary debates following strong objections from Catholic schools and several religious groups.[80] As of early August 2022, **at least three bills are currently pending before the Philippine Congress seeking to create local councils on adolescent pregnancy and ensure adolescents' access to reproductive health comprehensive education and related services** including

modern family planning methods with proper counselling as well as guarantee access to social protection services by adolescent mothers and their partners.[81]

24. Key updates on exercise of conscientious objection. Also, as a result of *Imbong decision*, institutional and individual "conscientious objectors" are allowed and private health facilities, non-maternity specialty hospitals and hospitals run by a religious groups do not have the obligation to refer women seeking modern contraceptives to alternative health care providers.[82] The PCHR recommended that the state party "include in its review of the [RPRHA] the problem posed by the [Court's] decision particularly on the scope of 'conscientious objector…."[83] This recommendation is similar to those issued by UN human rights bodies when they called on states to implement a **timely, systematic mechanism for referrals to an alternative health care provider and ensure that conscientious objection is a personal and not institutional practice**.[84] The CEDAW Committee in particular urged the state party to "establish a regulatory framework and mechanism for the practice of conscientious objection by individual health professionals in order to ensure that such individual practice does not influence women's decision-making in relation to their sexual and reproductive health and/or impede their access to sexual and reproductive health services, and ensure the provision of adequate sexual and reproductive health services by alternative medical health personnel."[85]

25. Key updates on emergency contraception. The WHO noted that emergency contraception can be used following unprotected sexual activity and sexual assault, concerns around possible contraceptive failure, and improper use of contraceptives. [86] The four methods of emergency contraception are those containing ulipristal acetate, those with levonorgestrel, combined oral contraceptive pills, and copper bearing intrauterine devices.[87] In 2014, under the Philippine Clinical Standards Manual on Family Planning, the DoH recommended the use of the levonorgestrel-only pill under the section on "contraception for women-victims of sexual violence".[88] In the same manual, the DoH noted that "…**the [levonorgestrel] regimen is more preferred because it is more effective and has lesser adverse effects than the Yuzpe regimen**" which consists of higher doses of regular combined oral contraceptive pills containing levonorgestrel and ethinyl estradiol.[89] Without the use of any emergency contraceptives, there is an estimated 8 pregnancies out of 100 women who have unprotected sex during the 2nd or 3rd week of their menstrual cycle.[90] With the use of Yuzpe, the number of pregnancies is lowered to 2 out of 100 women.[91] This is further halved to 1 out of 100 women when levonorgestrel pills are used.[92]

26. However, as highlighted in the 2020 NGO report, **the state party has not made any substantial change on the laws and policies related to emergency contraceptives.** For example, under the RPRHA, national hospitals "…shall not purchase or acquire by any means emergency contraceptive pills, postcoital pills, abortifacients that will be used for

such purpose and their other forms or equivalent."[93] This prohibition remains in effect. Further, although its use is recommended under the 2014 DoH Manual, building skills and knowledge on emergency contraceptives are not included under the existing Family Planning Competency-Based Training: Basic Course Handbook for Service Providers by the DoH.[94] Recent studies indicate that **one in four Filipino women are unaware of emergency contraception options and only 13% are aware of the Yuzpe regimen**.[95] Survey results published in October 2021 indicate that nearly **one-third (32%) of Filipino doctors and midwives who are active in family planning provision were also unaware of the Yuzpe Method.** [96] The lack of awareness is concerning given that **85% of healthcare service providers reported having received patient inquiries regarding emergency contraceptives.** [97]

27. The continuing lack of access to dedicated emergency contraceptives has been threatening women's and girls' lives and well-being in general and is discriminatory against thousands of women and girls in the country, including victims of sexual violence who are exposed to possible risks of serious traumatic stress and mental suffering from pregnancies resulting from rape. This is worrying given the incidence of sexual violence in the Philippines; **the number of rapes reported to the Philippine National Police (PNP) in 2019 was 2,341, an increase of 30.6% compared to 2018**,[98] although with the imposition of lockdowns and quarantine measures this decreased to 1,850 reports in 2020.[99] The PNP records also show a significant 25% decrease in all types of recorded cases involving violence against women, from 19,743 in 2019, to 14,835 in 2020. While a downward trend is reflected, these figures may be attributed, in part, to the difficulty that victims faced when trying to report such crimes, because of the restrictions imposed by quarantine, which limited not only their ability to travel, but for many, the ability to leave the home due to their proximity to the perpetrator.[100] **In 2021, 1 out of 4 Filipinos noted violence against women as a priority concern during the pandemic**.[101] Compared to physical (11%) and emotional (7%) violence, sexual violence (14%) occupied the top spot.[102]

Proposed Recommendations

We request the Committee to follow-up on the status of reproductive health and rights in the Philippines as guaranteed under Articles 2, 3, 6, 7, 17, and 26 the International Covenant on Civil and Political Rights (ICCPR) by urging the state party to:

a) Ensure access to quality comprehensive abortion care in accordance with international human rights norms and standards and the WHO Abortion Care Guideline including by:
    i. Repealing Articles 256-259 of the Revised Penal Code to fully decriminalize abortion and not impose restrictions on abortion by grounds or gestational age limits,

ii. Making abortion available on the request of the pregnant person without the authorization of any other individual, body, or institution,
iii. Removing arbitrary restrictions on who can provide and manage abortion including on allowing self-management of abortion and access to medical abortion,
iv. Establishing health systems to ensure continuity and accessibility of care that may be impacted by conscientious objection.

b) Review the Department of Health (DoH) Administrative Order No. 2018-003 titled "National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications" to ensure that it does not further stigmatize those seeking and providing abortions, guarantee provider-patient confidentiality, and define accountability mechanisms in cases of failure to access quality, confidential, and humane post-abortion care.
c) Remove barriers to sexual and reproductive health information and services including by taking immediate steps to:
    a. Ensure adequate allocation in national and local government budgets for the implementation of the Responsible Parenthood and Reproductive Health Act (RPRHA),
    b. Address the increasing unmet need for family planning and the early pregnancies and childbirth particularly among those between the ages of 10 and 14 including by enacting and strengthening laws and policies providing comprehensive sexuality education and those ensuring social protection measures for adolescents who are pregnant or have given birth and their partners,
    c. Repeal third-party authorizations i.e., parental or spousal consent requirements for married women and minors specifically those provided under the RPRHA,
    d. Prohibit refusals of care based on religion or beliefs by hospitals and other institutions and establish effective mechanisms to ensure that refusals of care based on religion or beliefs by individual health care providers and public officials do not impede the full realization of sexual and reproductive health and rights.
d) Provide access to dedicated emergency contraceptives and ensure that the different methods of emergency contraceptives including the levonorgestrel regimen are offered and available in sufficient supply in both public and private health facilities duly licensed and certified by the DoH including by:
    e. Repealing the provision under the RPRHA prohibiting national hospitals from purchasing and acquiring emergency contraceptives,
    f. Increasing awareness about the use of emergency contraceptives among women as well as knowledge, skills, and capacity among health care providers such as by incorporating them in the modules of the DoH's Family Planning Competency-Based Trainings,
    g. Amending the 2014 Family Planning Manual to ensure that emergency contraceptives are recommended and made available to all without discrimination

to prevent pregnancies not only in cases of sexual assault but also in cases of unprotected sexual activity, concerns around possible contraceptive failure, and improper use of contraceptives.

For any questions, please contact Jihan Jacob, Senior Legal Adviser for Asia, of the Center for Reproductive Rights at jjacob@reprorights.org.

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[1] The signatories to the report were Catholics for Reproductive Health, Center for Reproductive Rights, EnGendeRights, Filipino Freethinkers, Philippine Safe Abortion Advocacy Network, WomanHealth Philippines, and Women's Global Network for Reproductive Rights.
[2] Human Rights Committee, *Concluding Observations: Philippines*, para. 13, U.N. Doc. CCPR/C/PHL/CO/4 (2012) [hereinafter Human Rights Committee, *Concluding Observations: Philippines* (2012)].
[3] *Id*.
[4] 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. 52 (i), (iii) U.N. Doc. CEDAW/C/OP.8/PHL/1 (2014) [hereinafter CEDAW Committee, Inquiry Report].
[5] Committee Against Torture, *Concluding Observations: Philippines*, paras. 39-40, U.N. Doc. CAT/C/PHL/CO/3 (2016) [hereinafter Committee Against Torture, *Concluding Observations: Philippines* (2016)].
[6] Committee on Economic, Social and Cultural Rights (ESCR Committee), *Concluding Observations: Philippines*, para. 52, U.N. Doc. E/C.12/PHL/CO/5-6 (2016) [hereinafter ESCR Committee, *Concluding Observations: Philippines* (2016)].
[7] Human Rights Committee, *General Comment No. 36 on article 6 of the International Covenant on Civil and Political Rights, on the right to life*, para. 8, U.N. Doc. CCPR/C/GC/36 (2018) [hereinafter Human Rights Committee, *Gen. Comment No. 36*].
[8] *Id.*
[9] WHO, Abortion Care Guideline, xiii (2022) *available at* https://srhr.org/abortioncare/ [hereinafter 2022 WHO Abortion Guideline].
[10] *Id.,* pp. 26–29.
[11] *Id.,* p. 43.
[12] *Id.,* p. 59.
[13] Human Rights Committee, *Fifth periodic report submitted by the Philippines under article 40 of the Convention to the Human Rights Committee due in 2016*, para. 34, U.N. Doc. CCPR/C/PHL/5, received by the Committee on 31 May 2019 [hereinafter 2019 State Party Report to the Human Rights Committee].
[14] *Id*.
[15] *Id.*
[16] Government of the Philippines, Replies of the Philippines to the list of issues in relation to its fifth periodic report, para. 53. U.N. Doc. CCPR/C/PHL/RQ/5 (March 18, 2022) [hereinafter Replies to List of Issues of the Human Rights Committee (2022)].
[17] *Id.*, paras. 54-55.
[18] *Id.,* para. 56.
[19] 2019 State Party Report to the Human Rights Committee, *supra* note 13, para. 34.
[20] *Millennium Development Goal 5: UNDP in Philippines,* UNITED NATIONS DEVELOPMENT PROGRAMME, http://www.ph.undp.org/content/philippines/en/home/mdgoverview/overview/mdg5/.
[21] Lawrence B. Finer Et Al., Guttmacher Institute, Unintended Pregnancy and Unsafe Abortion in the Philippines: Context and Consequences, In Brief No. 3, at 3, (2013) *available at http://www.guttmacher.org/pubs/IB-unintended-pregnancy-philippines.pdf* [hereinafter Guttmacher Institute, Unintended Pregnancy (2013)].
[22] Guttmacher Institute, Philippines country profile (2022) *available at* https://www.guttmacher.org/geography/asia/philippines [hereinafter Guttmacher Institute (2022)].
[23] *Id.*
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