



Gaps and opportunities in the access and quality of RMNCA health services in the Philippines: *A Review of Existing Evidence*

February 2024

Photo:

Mothers and their children wearing protective masks wait for free vitamins and medicine at a local health center in Manila, Philippines, Jan. 26, 2021. [Eloisa Lopez/ Reuters] (Text and photo source: The Pilot)

Acknowledgement:

G-Watch thanks Accountability Research Center (ARC) (www.accountabilityresearch.org) for its continuing support and assistance to G-Watch's action research on strategic approaches to accountability. Thank you, in particular, to Jonathan Fox, Julia Fisher-Mackey and Walter Flores for their comments on an earlier draft.



G-Watch
Citizen Action for Accountability

PROHEALTH



Promoting Rights Organizing in Health (PRO-Health) is a health rights organizing initiative of G-Watch with [Accountability Research Center](http://www.accountabilityresearch.org) (ARC), the Pasig City local government and other civil society groups. PRO-Health aims to strengthen transparency, participation and accountability in public health governance by building coalitions and alliances among citizens, groups, communities and government allies around health rights, and by facilitating learning and problem-solving among accountability frontliners, rights defenders and allied government champions to come up with pro-people and bottom-up solutions to systemic barriers and hurdles to reproductive, maternal, newborn and adolescent health services.

G-Watch Contact information:

33G Mabait Street, Brgy. Teacher's Village East Quezon City 1100
government_watch@yahoo.com | +63-917-186-0298 | +632-8796-9922
Website: www.g-watch.org
Facebook: @gwatch.ph
Twitter: @gwatch_ph

Table of Contents

List of Abbreviations	4
I. Introduction	7
II. Philippine Health Governance	8
III. Key Actors and Programs Advancing the RMNCAH Agenda	10
IV. Health Performance and Budget Spending	19
V. Challenges to Health Access and Quality	27
VI. Summary and Conclusions	41
References	46

List of Abbreviations

4Ps	Pantawid Pamilyang Pilipino Program
ACS	Antenatal corticosteroids
AHDP	Adolescent Health Development Program
AIDS	Acquired immunodeficiency syndrome
ARC	Accountability Research Center
BCG	Bacillus (or Bacille) Calmette-Guerin
BEmONC	Basic Emergency Obstetrics and Newborn Care
BFTSEK	Breastfeeding Tama Sapat Eklusibo
BHO	Barangay Health Office
BHW	Barangay Health Worker
BLSS	Bureau of Learner Support Services
BNS	Barangay Nutrition Scholar
CEmONC	Comprehensive Emergency Obstetrics and Newborn Care
CFSI	Community and Family Services International
CHD	Centers for Health Development
CHED	Commission on Higher Education
CHO	City Health Office
CHR	Commission on Human Rights (CHR)
CMR	Child mortality rate
CO	Community Organization
COA	Commission on Audit
CSO	Civil Society Organization
DepEd	Department of Education
DOH	Department of Health
DOST-FNRI	Department of Science and Technology - Food and Nutrition Research Institute
DPT	Diphtheria, pertussis, whooping cough, and tetanus
DSWD	Department of Social Welfare and Development
DTTB	Doctors-to-the-Barrios
DPCB	Disease Prevention and Control Bureau
EO	Executive Order
FHSIS	Field Health Information System (FHSIS)
FIDR	Fetal and Infant Death Review
FP	Family planning
FPOP	Family Planning Organization of the Philippines
GAA	General Appropriations Act
GBMT	Gays, bisexuals, other men who have sex with men, and trans women
GHSP	Global Health: Science and Practice
GIDA	Geographically isolated and disadvantaged areas

G-Watch	Government Watch
HFEP	Health Facilities Enhancement Program
HIV	Human immunodeficiency virus
HJ	HealthJustice
HPB	Health Promotion Bureau
HPV	Human papilloma virus
IMR	Infant mortality rate (IMR)
IRA	Internal Revenue Allotment
IYCF	Infant and young child feeding
KAP	Knowledge, attitudes, and practices
LGU	Local government unit
LHB	Local Health Board
MDR	Maternal Death Review
MHO	Municipal Health Office
MMR	Maternal mortality rate
MNCHN	Maternal, Neonatal, and Child Health and Nutrition
MNCHN-SDN	Maternal, Newborn, Child Health and Nutrition Service Delivery Network
MOP	Manual of Operations
NCD	Non -communicable diseases
NCP	Nutrition Center of the Philippines
NCR	National Capital Region
NEDA	National Economic and Development Authority
NGA	National Government Agency
NGO	Non-government organization
NHTS-PR	National Household Targeting System for Poverty Reduction
NMR	Neonatal mortality rate
NTA	National Tax Allotment
OHG	Omnibus Health Guidelines
OPV	Oral polio vaccine
PDP	Philippine Development Plan
PhilHealth	Philippine Health Insurance Corporation
PHO	Provincial Health Office
PIDS	Philippine Institute of Development Studies
PLCPD	Philippine Legislators' Committee on Population and Development
PNAC	Philippine National AIDS Council
POPCOM	Commission on Population and Development
PPAN	Philippine Plan of Action for Nutrition
PRO-Health	Promoting Rights Organizing for Health
PWD	Persons with disabilities
RPRH	Responsible Parenthood and Reproductive Health
RH Law	Reproductive Health Law
RHU	Rural Health Units
RMNCAH	Reproductive, Maternal, Nutrition, Childhood, and Adolescent Health

RPRH	Responsible Parenthood and Reproductive Health
SBFP	School Based Feeding Program
SDN	Service delivery network
SEF	Special Education Fund
STI	Sexually trans-mitted infections
TBA	Traditional birth attendants
TESDA	Technical Education and Skills Development Authority
TFR	Total Fertility Rate
TLF SHARE	The Library Foundation - Sexuality, Health and Rights Educators Collective
UNICEF	United Nations Childrens' Fund
WHO	World Health Organization



Photo source: Philstar.com/File Photo

I. Introduction

Healthcare access and quality are considered as central public issues in the Philippines. The COVID-19 pandemic has heightened the significance of improving health governance. Considering that health is a concern of all individuals, then it must be prioritized by citizens and policy actors alike. Healthcare has the broadest possible public constituency, making it a critical matter to address. Reproductive, Maternal, Nutrition, Childhood, and Adolescent Health (RMNCAH) services, in particular, cater to the broadest and most vulnerable sectors and segments of the population who, if taken cared of and empowered, can have a great impact on the economic growth and social development of the country.

This paper is an in-depth review of the current state of health access and quality of RMNCAH services. It analyzes the various factors that impact the quality of these services and serves as a baseline report by reviewing relevant secondary materials, policies, and literature, including existing programs and plans.

The paper outlines an overview of the health governance system in the Philippines by discussing the legal framework, structure, decision-making processes, and other relevant aspects. It then identifies the key actors and stakeholders involved in reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and reviews the country's health performance and budget allocation. The paper also examines the challenges to health access and quality, including gender barriers, exclusion patterns, policy gaps, and budget constraints, ending with an analytic summary and conclusion.

This report is produced as part of Promoting Rights Organizing for Health (PRO-Health)— an initiative of Government Watch (G-Watch) and Accountability Research Center (ARC) on the

strategic approach to accountability in health. It aims to improve public health governance in ensuring quality reproductive, maternal and newborn, children, and adolescent health services accessible to all through organizing, monitoring, coalition-building, advocacy, and learning of monitors and accountability frontliners of G-Watch's local core groups and other partner civil society organizations, in collaboration with allied local government units. This report aims to guide the ongoing monitoring activities of PRO-Health, findings of which are being presented to the duty-bearers and policy actors, along with the highlights of this report.

PRO-Health is specifically monitoring three health policies of the government for the first year: (1) Reproductive Health and Responsible Parenthood, (2) First 1000 Days; and (3) Mental Health. The main target of monitoring were facilities, services, and medicines in barangay health units, relevant procurement activities, and the performance of public health professionals.

Based on a review of 80 related studies, reports, and documents accessed and reviewed from March to September 2023 by the G-Watch Center Team, this report presents the profile of Philippine health governance, including the legal framework, the key policy actors, and the major programs and services; the barriers and challenges in the access to quality reproductive, maternal, neonatal, children and adolescent health; and the relevant gaps and opportunities. The paper ends with a summary of key findings and insights from the review of evidence.

II. Philippine Health Governance

The Department of Health (DOH) is a government agency in the Philippines responsible for providing national policy direction and developing national plans, technical standards, and guidelines on health. Its primary role is to ensure access to basic public health services for all Filipinos by regulating providers of health goods and services and providing quality healthcare. The DOH is the leading technical authority on health in the country.

Local government units (LGUs) in the Philippines enjoy greater autonomy under the Constitution, including devolved health services. LGUs have the power to generate and apply their resources¹ and to enact ordinances² promoting the general welfare³ of their inhabitants, provided that the exercise of its ordinance-making powers (1) does not contravene the provisions of the Constitution or any law, (2) must not be unfair or oppressive, (3) must not be partial or discriminatory, (4) must not prohibit, but may

1 RA 7160, Sec. 18.

2 RA 7160, Sec. 447 (a).

3 RA 7160, Sec. 16.

regulate trade, (5) must be general and consistent with public policy, and (6) must not be unreasonable.⁴ Under this, LGUs exercise delegated police power: the power to prescribe regulations to promote the health, morals, peace, education, good order, safety, and general welfare of the people.⁵ While decentralization has given local governments fiscal autonomy, many local governments continue to be dependent on the Internal Revenue Allotment (IRA), which refers to their equitable share of national taxes.⁶

A local health board is established in every province, city, and municipality. Within the LGU, the local health board (1) serves as an advisory body to the local chief executives and the local legislative council members (sanggunian) on the local health system; (2) proposes to the sanggunian annual budgetary allocations for the operation and maintenance of health facilities and services; and (3) may create committees which shall advise local health agencies on matters such as, but not limited to, personnel selection and promotion, bids and awards, grievance and complaints, personnel discipline, budget review, operations review and similar functions.⁷

In a 2005 survey by the Department of Health, only 57 per cent of city health boards and 65 per cent of municipal health boards were 'functioning' and having regular meetings.⁸ LHBs that meet regularly tend to have more health initiatives/projects than LGUs that do not have functioning LHBs. In terms of empowerment or participation, mayors, municipal health officers, and DOH representatives were the most influential in local health decision-making, with LHB representatives from NGOs usually selected by the mayors.⁹

At the barangay level, barangay health workers render primary health services in the community, after having been accredited to function as such by the LHB by the guidelines promulgated by the DOH. Barangay health workers render services voluntarily.¹⁰ Together with the BHWs is another set of volunteer health workers in charge of monitoring nutrition among pregnant women and children, the Barangay Nutrition Scholar (BNS).¹¹

4 *Social Justice Society (SJS) v. Atienza, Jr.*, 568 Phil. 658, 699-700 (2008).

5 *City of Batangas v. Philippine Shell Petroleum Corporation*, G.R. No. 195003, June 7, 2017.

6 Diokno, Benjamin. 2012. "Fiscal decentralization after 20 years: What have we learned? Where do we go from here?" *The Philippine Review of Economics* Vol. XLIX No. 1, June 2012 pp. 9-26. <https://econ.upd.edu.ph/pre/index.php/pre/article/viewFile/670/776>

7 RA 7160, Sec.102.

8 Langran, I.V. (2011). Decentralization, Democratization, and Health: The Philippine Experiment. *Journal of Asian and African Studies*, 46(4), 36-374. doi:10.1177/0021909611399730.

9 Ramiro, L. et. Al., (2002). Community participation in local health boards in a decentralized setting: Cases from the Philippines. *Health Policy and Planning*, 16(Suppl 2), 61-69. doi:10.1093/heapol/16.suppl_2.61.

10 RA 7883, "BARANGAY HEALTH WORKERS' BENEFITS AND INCENTIVES ACT OF 1995," SEC. 3. <https://www.officialgazette.gov.ph/1995/02/20/republic-act-no-7883/>.

11 Presidential Decree No. 1569, "Strengthening the Barangay Nutrition Program by providing for a barangay nutrition scholar in every barangay, providing funds therefore, and for other purposes," <https://www.officialgazette.gov.ph/1978/06/11/presidential-decree-no-1569-s-1978/>.

The Right to Health

The delivery of health services and the responsibility of the government to provide such is anchored on the constitutional right to health. The right to health is a component of the right to life,¹² which means the right to a good life.¹³ It is the policy of the state to protect and promote the right to health of the people and instill health consciousness among them.¹⁴

The right to health is also a component of social justice and human rights. The Philippines must “adopt an integrated and comprehensive approach to health development” to ensure essential goods, health, and other social services are available and affordable, with priority for the needs of the underprivileged sick, elderly, disabled, women, and children.¹⁵



Photo source: left to right - Philippine News Agency; Erwin Mascarinas/Oxfam; GPC-PHO La Union.

III. Key Actors and Programs Advancing the RMNCAH Agenda

Reproductive, maternal, neonatal, child, and adolescent health is a multisectoral concern requiring a whole-of-government and whole-of-society approach. Generally, the approach is led by the DOH, in coordination with other national agencies, LGUs, civil society organizations, and non-government organizations. Service delivery networks (SDNs) play a crucial part in ensuring access and continuity of availment of health services.

1. Department of Health

The Department of Health is the lead technical authority on health, responsible for the formulation, planning, and coordination of health laws, policies, and programs.¹⁶

12 CONSTITUTION., Art. II, Sec. 1.

13 Bernas, J. THE 1987 CONSTITUTION OF THE REPUBLIC OF THE PHILIPPINES: A COMMENTARY (2009), p. 110.

14 CONSTITUTION., Art. II, Sec. 2. CONSTITUTION., Art. II, Sec. 2.

15 CONSTITUTION, Art. XIII, Sec. 11.

16 ADMINISTRATIVE CODE OF 1987, Section 2, Title IX.



Mandate and key programs on reproductive and maternal health: The DOH is responsible for fully and efficiently implementing the reproductive health care program and ensuring people's access to medically safe, non-abortifacient, legal, quality, and affordable reproductive health goods and services, among others.¹⁷ Part of this is the implementation of the Safe Motherhood Program, which aims to provide rational and responsive policy direction to local government partners in the delivery of quality maternal and newborn health services.¹⁸

Mandate and key programs on newborn and child health: The DOH is also tasked primarily for monitoring, implementation, and enforcement of the Milk Code (Executive Order No. 51) and its implementing rules and regulations, and is the lead agency of the Inter-Agency Committee of the Milk Code.

It is part of the Department of Health's mandate to promote, protect, support, and monitor appropriate practices for infant and young child feeding. They must also provide objective and consistent information on infant and young child feeding (IYCF) practices. Thus, the DOH leads the implementation of the Exclusive Breastfeeding Campaign (or BFTSEK - Breastfeeding Tama Sapat Eksklusibo), the Newborn Screening Program, and the Infant and Young Child Feeding Program.

Mandate and key programs on adolescent health: The DOH, via the Disease Prevention and Control Bureau (DPCB), Health Promotion Bureau (HPB), Epidemiology Bureau, and the Philippine National AIDS Council (PNAC), is the focal point and technical leadership for the overall planning, management, monitoring, and evaluation of the Adolescent Health Development Program (AHDP). It must also formulate an age- and development-appropriate Reproductive Health and Sexuality Education curriculum in coordination with the Department of Social Welfare and Development (DSWD), Department of Education (DepEd), Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA), as well as develop and promote a Health Promotion, Communications, and Advocacy Plan for AHD, among others.¹⁹

2. Department of Education

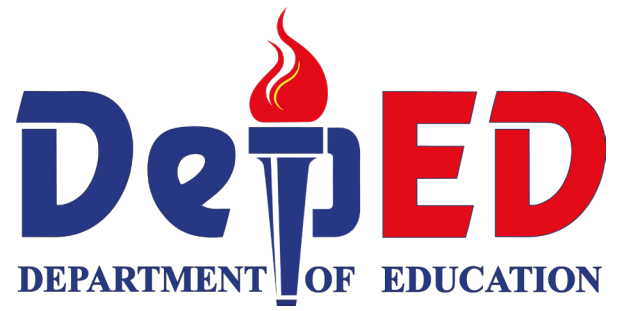
The DepEd provides for the establishment and maintenance of a complete, adequate, and integrated system of basic education relevant to the goals of national development.²⁰

17 RA 10354, "RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH LAW," Sec. 19a.

18 Department of Health (DOH). "National Safe Motherhood Program," at <https://doh.gov.ph/national-safe-motherhood-program>.

19 DOH Administrative Order No. (AO) 2013-0013, Sec. IX – 1.

20 RA 9155, "Governance of Basic Education Act"; Department of Education (DepEd), "Vision, Mission, Core Values, and Mandate" at <https://www.deped.gov.ph/about-deped/vision-mission-core-values-and-mandate/>.



Through its Bureau of Learner Support Services (BLSS), it formulates the national framework for all learner support services and issues policies and standards to guide the programs for the holistic development of learners that complement the curricular offerings. These programs, among others, focus on improving learner readiness in terms of physical health and proper nourishment.²¹

Mandate and key programs on reproductive and maternal health: The DepEd is tasked to formulate a curriculum on age- and development-appropriate reproductive health education, which shall be integrated into relevant subjects such as gender and development and responsible parenthood.²²

Mandate and key programs on newborn and child health: The DepEd is tasked to implement a school-based feeding program for undernourished public school children from kindergarten to grade six, under the Masustansyang Pagkain para sa Batang Pilipino Act (Republic Act No. 11037).²³

Along with the DSWD, the DepEd is a lead agency in the implementation of Masustansyang Pagkain para sa Batang Pilipino Act.²⁴ Consistent with the law, and in coordination with the DOH, the DepEd is also responsible for providing micronutrient supplements to program beneficiaries,²⁵ and in coordination with the DOH and LGUs, it is tasked to conduct simultaneous health examinations including, but not limited to deworming and vaccination.²⁶ The DepEd must also coordinate with the DOH and LGUs to establish and maintain water and sanitation facilities and promote good hygiene and safe food preparation in all of its component units.²⁷

Mandate and key programs on adolescent health: With the DOH, DSWD, TESDA, and CHED, the DepEd must formulate an age- and development-appropriate Reproductive Health and Sexuality Education curriculum, and provide parents with adequate and relevant scientific materials in teaching Reproductive Health and Sexuality Education to their children. The DepEd must mobilize teachers, guidance counselors, and parents to implement the AHDP, among others.²⁸

21 Department of Education (DepEd). "Operations and Functions" at <https://www.deped.gov.ph/about-deped/central-office/operations-functions/>.

22 RA 10354, Sec. 14.

23 RA 10354, Sec. 4(b).

24 RA 10354, Sec. 3(d).

25 RA 10354, Sec. 4(d).

26 RA 10354, Sec. 4(e).

27 RA 10354, Sec. 4(g).

28 DOH AO 2013-0013, Sec. IX – 3.

3. Department of Social Welfare and Development

The DSWD is mandated to assist LGUs, NGOs, and other national government agencies (NGAs), among others, in effectively implementing programs, projects, and services that will alleviate poverty and empower disadvantaged individuals, families and communities for an improved quality of life.²⁹ Its key programs include the Pantawid Pamilyang Pilipino Program (4Ps), Bangsamoro Umpungan sa Nutrisyon Project, and the Supplementary Feeding Program.³⁰



Mandate and key programs on reproductive and maternal health: In accordance with the Reproductive Health (RH) Law, the DSWD is tasked to synchronize and harmonize existing mechanisms in identifying poor and marginalized households and areas, and regularly provide the DOH and LGUs with the updated list of poor households identified through the National Household Targeting System for Poverty Reduction (NHTS-PR) or other future means test methods prescribed by the DSWD as the primary source for identifying priority beneficiaries of responsible parenthood and reproductive health care programs, among others.

Mandate and key programs on newborn and child health: Along with the DepEd, the DSWD is a lead agency in the implementation of Masustansyang Pagkain para sa Batang Pilipino Act.³¹ In coordination with LGUs, the DSWD must implement a supplemental feeding program for undernourished children ages three (3) to five (5) years.³²

Mandate and key programs on adolescent health: The DSWD is tasked to coordinate with DepEd, DOH, DSWD, TESDA, and CHED in formulating an age- and development-appropriate Reproductive Health and Sexuality Education curriculum, and provide parents with adequate and relevant scientific materials in teaching Reproductive Health and Sexuality Education to their children. It must also coordinate with the same agencies to train multi-disciplinary teams for Women and Child Protection Units and sustain 24/7 Crisis Intervention Units in every region, among others.³³

29 EXECUTIVE ORDER NO. (EO) 221, Sec. 1.

30 Department of Social Welfare and Development. "Programs, Projects, and Services," at <https://www.dswd.gov.ph/programs-projects-and-services/>.

31 RA 11037, "MASUSTANSYANG PAGKAIN PARA SA BATANG PILIPINO ACT," Sec. 3(d).

32 RA 11037, Sec. 4a.

33 DOH AO 2013-0013, Sec. IX – 4.

4. Commission on Population and Development

The Commission on Population and Development (POPCOM) is the lead government agency tasked with promoting integrated population and development strategies for Filipinos. It was previously attached to the Department of Health (DOH) and is currently an attached agency of the National Economic and Development Authority (NEDA). It is tasked with managing the government's AHDP.



The POPCOM and the DOH annually prepare a report on the implementation of the RH Law.³⁴

5. Service Delivery Networks

Various health service delivery networks (SDNs) are established in the Philippines to address gaps in health outcomes across all life stages. One such example of an SDN that covers areas in RMNCAH is the Maternal, Newborn, Child Health and Nutrition Service Delivery Network (MNCHN-SDN), created to curb rising maternal mortality rates.

The MNCHN-SDN comprises of (1) community-level service providers, (2) Basic Emergency Obstetrics and Newborn Care (BEmONC) -capable network of facilities and providers, and (3) Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) -capable facility or network of facilities. Their responsibilities are illustrated below:

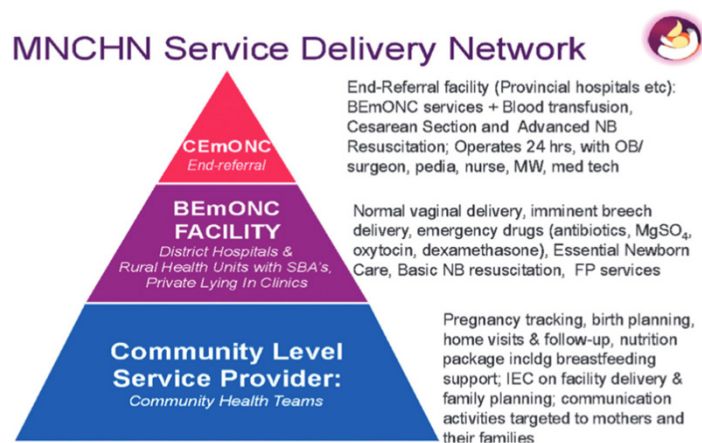


Figure 1. Illustration from "Barriers to an Effective Maternal Health Service Delivery Network: A Qualitative Study Among Health Providers in Legazpi City, Albay" (Cagayan, et al., 2020).

SDNs may also be locally established in LGUs that have comprehensive HIV, STI, & AIDS services in place. The SDN may include health services, legal services, dispute resolution services, mental health services, social welfare services, and law enforcement services, among others.

34 See Commission on Population and Development. "Reports," at <https://popcom.gov.ph/reports-2/>.

6. Local Government Units

LGUs are empowered by the Local Government Code to provide basic services and facilities, such as health, social welfare, and nutrition services, within their jurisdiction.³⁵

Mandate and key programs on reproductive and maternal health: LGUs must ensure the provision, at the appropriate level of care, of the full range of responsible parenthood and reproductive health care services, and that all public health facilities in the SDNs have an adequate number of skilled health professionals for reproductive health care. LGUs must also ensure that all skilled health professionals assigned to public health facilities have appropriate training to provide the full range of reproductive health services, among others.³⁶

LGUs are also tasked to conduct an annual Maternal Death Review (MDR) and Fetal and Infant Death Review (FIDR), in accordance with the guidelines set by the DOH in consultation with stakeholders. The MDR and FIDR are expected to result in an evidence-based programming and budgeting process, that would contribute to the development of more responsive reproductive health services to promote women's health and safe motherhood.³⁷

Mandate and key programs on newborn and child health: LGUs must coordinate with national agencies such as the DOH, DepEd, and DSWD in the implementation of key newborn and child health programs as discussed above. The LGU, through Centers for Health Development (CHDs), Provincial/City/Municipal Health Offices (PHO/CHO/MHO), Rural Health Units (RHU), and Barangay Health Offices (BHO) is also part of the monitoring team of the Milk Code.

Mandate and key programs on adolescent health: LGUs, together with the national government, must ensure the provision of basic adolescent health care services including, but not limited to, the operation and maintenance of facilities and equipment necessary for the delivery of a full range of reproductive health care services, and the purchase and distribution of family planning supplies as part of the essential information and service delivery package defined by DOH.³⁸

CHDs are tasked to localize and disseminate the National Policy and Strategic Framework on Adolescent Health and Development (DOH Administrative Order No. 2013-0013), and providing technical assistance to LGUs in the implementation of the AHDP, among others.³⁹ PHOs, CHOs, and RHUs are responsible for designing, funding, implementing, and monitoring local Adolescent Health and Development programs suited for adolescents in their area, in partnership with youth, government agencies, civil society, and the private sector, under the technical guidance of the CHDs and the DOH.⁴⁰

35 RA 7160, "LOCAL GOVERNMENT CODE," Sec. 17.

36 RA 10354, Implementing Rules and Regulations, Sec.12.02.

37 RA 10354, Implementing Rules and Regulations, Sec. 14.

38 DOH AO 2013-0013, Sec. IX - 12.

39 DOH AO 2013-0013, Sec. IX - 2.

40 DOH AO 2013-0013, Sec. IX - 12.

7. Other National Agencies

Relative to RMNCAH, the following agencies also perform functions that affect health outcomes of women, children, and adolescents.

The Food and Drug Administration is a regulatory body under the DOH that ensures the safety and quality of the supply of food, drugs, and cosmetics by regulating their production, sale, and traffic to protect the health of the people.

The National Nutrition Council is an attached agency of the DOH that formulates an integrated national nutrition program for the country and is responsible for drafting the Philippine Plan of Action for Nutrition (PPAN).

8. Civil Society Organizations, Non-Government Organizations, Community Organizations

With national government agencies (NGAs) as duty bearers, civil society organizations (CSOs), non-government organizations (NGOs), and community organizations (COs) play a key role in helping link citizens to mechanisms to access their rights. They also take part in political activism in advocacy for policymaking. While there are hundreds of CSOs, NGOs, and COs that participate in activities covering health and nutrition, the organizations listed below are some of those that have sustained involvement—whether in advocacy, service delivery, capacity building, or policymaking—in areas covered by RMNCAH.



Photo source: Medium.com

a. *Likhaan Center for Women's Health*

Likhaan is a non-government organization that aims to achieve health and equality, particularly for women and poor and disadvantaged groups, as a matter of human rights and social justice.⁴¹

The organization, established in 1995 by women, seeks to address three key and interrelated sexual and reproductive health problems: the very slow decline in maternal mortality; the high rate of unintended pregnancy due to low contraceptive access; and the significant prevalence of sexually transmitted infections (STIs), including HIV and HPV (human papilloma virus, the main cause of cervical cancers). This is done through community-based health programs.

41 Likhaan. "What is Likhaan?" at <https://www.likhaan.org/about-us>.

Likhaan was among the many organizations that furthered the movement towards the passage of the RH Law.⁴²

b. Family Planning Organization of the Philippines

Established in 1969, the Family Planning Organization of the Philippines (FPOP) aims to provide quality sexual and reproductive health services to all Filipinos, especially the poor and the underserved.⁴³ Its programs include the distribution of family planning supplies, information and education on sexual and reproductive health rights, scaling up sexual and reproductive health service delivery through FPOP-LGUs, and medical and clinical services on family planning counseling, mental health, and children's health.⁴⁴

c. Philippine Legislators' Committee on Population and Development Foundation, Inc.

Among the mandates of the Philippine Legislators' Committee on Population and Development's (PLCPD) is to advance substantive population and human development policies at the national and local legislative levels.⁴⁵ Its legislative agenda includes those on child rights, women's rights, sexual and reproductive health rights, prevention of violence against women and girls, rural development and adequate housing, and public health and tobacco control.⁴⁶ The PLCPD is also involved in the congressional oversight and review of the RH Law.

d. Nutrition Center of the Philippines

The Nutrition Center of the Philippines (NCP) is a non-profit that works with both government and non-government sectors to achieve nutrition security for all Filipinos, especially for those who are disadvantaged, through social and biomedical research, nutrition program and design implementation, monitoring and evaluation, public health policy, and product development.⁴⁷

The NCP has conducted maternal health research, including a three-country operations research study to increase the use of antenatal corticosteroids (ACS) among pregnant women with a high probability of preterm birth, and a project regarding an iron supplementation delivery system for pregnant women. On newborn and child health, NCP did work on training peer-to-peer counselors to teach exclusive breastfeeding for the first six (6) months of life; studies on Vitamin A in rural communities; and micronutrient supplementation in times of disaster and among preschool children, among others.

42 Likhaan. "Our History" at <https://www.likhaan.org/history>.

43 Family Planning Organization of the Philippines (FPOP). "Our Work," at <https://fpop1969.org/about-fpop/our-work/>.

44 FPOP. "Our Work," at <https://fpop1969.org/about-fpop/our-work/>.

45 Philippine Legislators' Committee on Population and Development Foundation (PLCPD). "Profile," at <https://www.plcpd.org.ph/profile/>

46 PLCPD. Legislative Agenda," at <https://www.plcpd.org.ph/plcpd-legislative-agenda/>.

47 Nutrition Council of the Philippines (NCP). "About Us," at <http://www.ncp.org.ph/>.



Photo source: left to right - Medium.com; Seatca.org

e. *Community and Family Services International*

Established in 1981, Community and Family Services International (CFSI) is a humanitarian organization committed to peace and social development, with a particular interest in the psychosocial dimension.⁴⁸ Its programs consist on humanitarian assistance, social development, child and family welfare, health promotion, and evaluation and research. CFSI's health promotion program focuses on, among other things, mental health and reproductive health. It mainly capacitates service provider communities on illness prevention and health promotion. CFSI considers HIV and AIDS as an area of concern and experience.⁴⁹

f. *HealthJustice*

HealthJustice (HJ) is a public health think tank, established to bridge the gap between health and law to empower Filipinos to make healthy choices.⁵⁰ HJ's current work primarily focuses on adolescent health, with projects on tobacco taxation, smoke-free environments, e-cigarette regulation, tobacco industry monitoring, and NCD prevention and control.

g. *TLF SHARE Collective*

TLF SHARE (The Library Foundation - Sexuality, Health and Rights Educators Collective) aims to promote sexual health among community organizations of gays, bisexuals, other men who have sex with men, and trans women (GBMTs) through community-led, participatory, and human rights-based education and advocacy.

h. *ImagineLaw*

ImagineLaw is a public interest law group, comprised of lawyers and advocates working with governments, civil society, and communities for evidence-based policy solutions to enable

48 Community and Family Planning Services International (CFSI). "About CFSI," at <https://cfsi.ph/who-we-are/about-cfsi/>.

49 CFSI. "Programmes," at <https://cfsi.ph/programmes/>.

50 HealthJustice, "Who We Are," at <https://healthjustice.ph/who-we-are/>.

all people to live healthy and meaningful lives.⁵¹ Its work includes programs on healthy diets (including healthy public food procurement and regulating the harmful marketing of food to children), tobacco control, and HIV/AIDS prevention and control, among others.⁵²

i. Filipino Nurses Diaspora Network

An international professional organization of Filipino nurses based locally and abroad, the Filipino Nurses Diaspora Network provides mentoring services and global advisement to practicing and studying Filipino nurses. Their programs include coordination and online training as well as celebrating the Filipino Nursing Diaspora Day.⁵³

j. Universities and Other Educational Institutions

Universities, particularly those implementing medical and allied health education, are often overlooked as key stakeholders in health governance. However, a study on their perspectives in 2023 was able to shed light on their contributions on: (1) service provision through clinical and community placement of students and trainees, and (2) research in addressing gaps in studies and practice that inform programs cascaded from the national level.⁵⁴

IV. Health Performance and Budget Spending

From January to September 2022, the top three causes of deaths in the country were ischemic heart diseases (or coronary heart disease, a form of cardiovascular disease; with 77,173 cases or 18.5 per cent of deaths), cerebrovascular diseases (42,890 cases or 10.3 per cent), and neoplasms (commonly known as “cancer,” with 42,497 cases of 10.3 per cent). For the same period in 2021, the top three causes of death were ischemic heart diseases, cerebrovascular diseases, and the COVID-19 virus.

Data also show certain diseases that are of significant concern for women, children, and adolescents. Notably, from January to September 2022, certain conditions originating in the perinatal period (from pregnancy to birth) are the 17th leading cause of death in the Philippines, with 6,478 cases or 1.5 per cent of deaths recorded. Malnutrition is the 24th leading cause of death, accounting for 3,273 cases or 0.8 per cent of deaths. During the same period, there were 765 cases of direct obstetric deaths, making it the 40th leading cause of death at 0.2 per cent. The human immunodeficiency virus (HIV) disease recorded 356 deaths, or 0.1 per cent of deaths recorded, making it the 47th leading cause of death in the Philippines.

51 ImagineLaw. “About” at <https://www.imaginelaw.ph/about>.

52 ImagineLaw. “Projects” at <https://www.imaginelaw.ph/projects>.

53 Filipino Nursing Diaspora, “Programs,” at <https://findnetwork.org/programs/>.

54 Maravilla, J., et. al. “Exploring Indirect Impacts of Covid-19 on Local Health Systems from the Perspectives of Health Workers and Higher Education Stakeholders in the Philippines Using a Phenomenological Approach,” *The Lancet Regional Health - Western Pacific* 30 (2023): 100585, p. 5, p. 9, at <https://www.thelancet.com/action/showPdf?pii=S2666-6065%2822%2900200-0>.

1. Population of Children, Women, and Adolescents

The Philippines is a lower-middle-income country with a population of over 112 million by July 2023, according to projections based on its 2015 population census.⁵⁵ It is estimated that children and adolescents comprise 39.8 per cent of the population as of 2020.⁵⁶

Age	Population
0 - 4 years	11,066,707
5 – 9 years	11,266,823
10 – 14 years	11,080,715
15 – 19 years	10,459,186

Philippine Statistics Authority, Household Population by Age Group: Philippines, 2020.

Women of reproductive age (15 to 49 years old) comprise 51.9 per cent (27.85 million) of the 53.65 million female household population in 2020. These figures were lower compared with the 52.2 per cent (26.02 million) figure posted in 2015.⁵⁷

2. Births and Fertility Rates

Birth rates are expressed as the number of births per 1,000 of the population. In 2020, there were 1,528,684 live births reported in the Philippines. This represents a birth rate of 14.1 per cent, a decrease from 2019, where 1,674,302 live births (a 15.6 per cent birth rate) were reported. Birth rates have generally declined over the past few decades.⁵⁸

Generally, the fertility rate has been declining in all age groups since 2008, except in the younger and older women aged 15 to 19 and 45 to 49 years, respectively.⁵⁹ The *total fertility rate* (TFR, or the number of children a woman would have by the time she reaches age 50 under a given fixed fertility schedule⁶⁰) of Filipino women aged 15 to 49 years declined from 2.7 children per woman in 2017, to 1.9 children per woman in 2022.

The country has seen a steady decline in its fertility rate in recent years,⁶¹ despite a slight decrease on contraceptive use.⁶² Just about half (54.3 per cent) of married Filipino women of

55 Philippine Statistics Authority (PSA). "Population Projection Statistics," at <https://psa.gov.ph/statistics/census/projected-population>.

56 DOH (2020). "Philippine Health Statistics," p. 12, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf

57 PSA (2020). "Age and Sex Distribution in the Philippine Population (2020 Census of Population and Housing)," at <https://psa.gov.ph/content/age-and-sex-distribution-philippine-population-2020-census-population-and-housing>.

58 DOH (2020). "Philippine Health Statistics," p. 13, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf.

59 PSA (13 November 2022), "Total Fertility Rate Declined from 2.7 in 2017 to 1.9 in 2022," at <https://psa.gov.ph/content/total-fertility-rate-declined-27-2017-19-2022>.

60 DOH (2020). "Philippine Health Statistics," p. xi, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf

61 Macayaon A.M., et al., (2020). "POGS report on obstetrical and gynecological indicators of health care," *Philipp J Obstet Gynecol* 2022;46:29-37, p. 30, at https://www.pogsjournal.org/temp/PhilippJObstetGynecol46129-5033109_135851.pdf.

62 National Economic Development Authority (NEDA). "Philippine Development Plan 2023-2028," at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

reproductive age (15 to 49 years old) use family planning in 2020.⁶³ Of the same population, 17 per cent have an unmet need for family planning. Meanwhile, the percentage of sexually active unmarried women with an unmet need for family planning is larger, at 49 per cent.

3. Maternal Mortality

DOH defines *maternal mortality or maternal death* as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management.” This does not include accidental or incidental causes.

The *maternal mortality rate* (MMR) “measures the risk of dying from causes related to pregnancy, childbirth and puerperium (six weeks after childbirth).” According to the DOH, it is an “index of the obstetrical care needed and received by the women in a community.”⁶⁴

Maternal deaths in the Philippines is on the rise. The United Nations Populations Fund confirmed in 2023 the worrying trend of rising maternal deaths in the Philippines, citing data gathered within two years alone: in 2019, 1,458 women died of maternal causes—a number that jumped to 2,478 in 2021.⁶⁵ While the DOH Field Health Information System (FHSIS) reports that utilization of maternal care services has remained high ranging between 83 and 96 per cent as of 2021,⁶⁶ the increase in maternal deaths may be “in part likely due to pandemic-related obstacles to accessing prenatal care and facility-based deliveries.”⁶⁷ Breakdowns in the service delivery network (SDN) and coordination among government hospitals, rural health units, and lying in clinics also often resulted to maternal deaths.⁶⁸



Photo source: Rappler

63 PSA (2022), “Women and Men Fact Sheet 2022,” at <https://psa.gov.ph/gender-stat/wmf/1.%20Population/2022>.

64 DOH (2020). “Philippine Health Statistics,” p. x, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf.

65 Lee-Brago, (2023). “UN: Philippines maternal deaths on the rise,” *PhilStar.com*, 15 May 2023, at <https://www.philstar.com/headlines/2023/05/15/2266392/un-philippines-maternal-deaths-rise>.

66 DOH and POPCOM (2021). “2021 Annual Report on the Responsible Parenthood and Reproductive Health Act of 2012,” p. 14, at <https://doh.gov.ph/sites/default/files/publications/2021%20RPRH%20Annual%20Report.pdf>.

67 NEDA, “Philippine Development Plan 2023-2028,” at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

68 Commission on Human Rights (CHR) (2016). “2016 Report of the Commission on Human Rights Philippines’ National Inquiry on Reproductive Health and Rights,” p. 23-24, at <https://popcom.gov.ph/wp-content/uploads/2019/06/RH-Inquiry-Report.pdf>.

The Philippine Development Plan (PDP) indicates a 2023 target to reduce MMR from 144 per 100,000 live births in 2020 to 87 per 100,000 live births in 2023.⁶⁹

4. Neonatal, Infant, Child Mortality Rate

Mortality rates among neonates, infants, and children under five remained virtually unchanged between 2017 and 2022.⁷⁰

A neonatal death is a “death among live births during the first 28 completed days of life.” The neonatal mortality rate (NMR) “measures the risk of dying during the first month of life.” According to the DOH, the NMR “may serve as an index of the effects of prenatal care and obstetrical management on the newborn.”⁷¹ Data from 2020 show that the NMR was at 62.8 per cent,⁷² and that stillbirths occur in 18.8 instances per 1,000 neonates.⁷³



Photo source: California Health Report

The PDP indicates a 2023 target to reduce NMR from 15 per 1,000 live births in 2022 to 10.54 per 1,000 live births in 2023.⁷⁴

Infant mortality refers to the death of an infant under one year of age.⁷⁵ The infant mortality rate (IMR) “measures the risk of dying during the first year of life,” and is cited by the DOH as “a good index of the general health condition of a community since it reflects the changes in the environmental and medical conditions of a community.”⁷⁶ Data from 2020 show that the IMR (from 28 days to one year of age) was at 37.2 per cent.⁷⁷

The PDP indicates a 2023 target to reduce IMR from 22 per 1,000 live births in 2022 to 15.83 per 1,000 live births in 2023.⁷⁸

69 NEDA, “Philippine Development Plan 2023-2028,” p. 42, at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf> p. 42.

70 NEDA, “Philippine Development Plan 2023-2028,” at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

71 DOH (2020). “Philippine Health Statistics,” p. x, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf.

72 DOH (2020). “Philippine Health Statistics,” p. 197, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf.

73 Macayaon A.M., et al., (2020). “POGS report on obstetrical and gynecological indicators of health care,” *Philipp J Obstet Gynecol* 2022; 46:29-37, p. 30, at https://www.pogsjournal.org/temp/PhilippJObstetGynecol46129-5033109_135851.pdf.

74 NEDA, “Philippine Development Plan 2023-2028,” p. 42, at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

75 DOH (2020). “Philippine Health Statistics,” p. ix, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf.

76 DOH (2020). “Philippine Health Statistics,” p. ix, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf.

77 DOH (2020). “Philippine Health Statistics,” p. 197, at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf.

78 NEDA. “Philippine Development Plan 2023-2028,” p. 42, at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

The *child mortality rate* (CMR) is defined as “the probability of dying between exact age one and age five.”⁷⁹ The PDP indicates a 2023 target to reduce the under-five mortality rate from 26 per 1,000 live births in 2022 to 24.09 per 1,000 live births in 2023.⁸⁰



Photo source: Rappler

5. Immunization and Breastfeeding

According to the PDP 2023-2028, the Philippines did not meet the 95 per cent target of fully immunized children by 2022, even though the proportion increased by two per cent compared to the 2017 baseline of 70 per cent.⁸¹ Coverage under the Fully Immunized Child has been declining over the past decade. Coverage further decreased due to the impact of the COVID-19 pandemic, leaving almost a million children susceptible to vaccine preventable diseases.⁸²

A fully immunized child refers to an infant “who received one dose of Bacillus (or Bacille) Calmette-Guerin (BCG) vaccine, three doses each of oral polio vaccine (OPV), diphtheria, pertussis, whooping cough, and tetanus (DPT) vaccines, and Hepatitis B vaccines, and one dose of measles vaccine before reaching one year of age.”⁸³

According to the recent key indicator report from the 2022 Philippine National Demographic and Health Survey, an increase in the per centage of children aged 12-23 months was observed, from 4 per cent in 2013, 9 per cent in 2017, and 11 per cent in 2022. Vaccination for basic antigens since 1993 fluctuated, peaking at 80 per cent in 2008, and decreasing to 72 per cent in 2022.⁸⁴

Meanwhile, the country has performed consistently in reaching the 50 per cent exclusive breastfeeding of infants below six months of age target set by World Health Assembly Resolution of 65.9 in 2012, averaging 56 per cent from 2014 to 2019.⁸⁵ But achieving the

79 PSA. “Inventory of Statistical Standards in the Philippines,” at <https://psa.gov.ph/ISSiP/concepts-and-definitions/161460>.

80 NEDA. “Philippine Development Plan 2023-2028,” p. 42, at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

81 NEDA. Philippine Development Plan 2023-2028, p. 32, at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

82 DOH and POPCOM (2021). “2021 Annual Report on the Responsible Parenthood and Reproductive Health Act of 2012,” p. 14, <https://doh.gov.ph/sites/default/files/publications/2021%20RPRH%20Annual%20Report.pdf>.

83 PSA. “Fully immunized children,” at <https://psa.gov.ph/content/fully-immunized-children-2>.

84 Philippine Statistics Authority, 2022 National Demographic Survey Key Indicators Report, <https://psa.gov.ph/sites/default/files/2022%20NDHS%20Key%20Indicators%20Report.pdf>.

85 DOH and POPCOM (2021). “2021 Annual Report on the Responsible Parenthood and Reproductive Health Act of 2012,” p. 14, <https://doh.gov.ph/sites/default/files/publications/2021%20RPRH%20Annual%20Report.pdf>.

target does not guarantee infant health, as it means the other half of infants below six months of age do not exclusively breastfeed. The DOH and civil society health organizations strongly recommend exclusive breastfeeding for infants as it is a defense against diseases and provides all the necessary nutrients needed by a child.

6. Malnutrition Rates



Photo source: UNICEF Philippines/2019/Shehzad Noorani

Malnutrition refers to “deficiencies, excesses, or imbalances in a person’s intake of protein, energy (carbohydrates and fats) and/or nutrients, covering both undernutrition which includes suboptimal breastfeeding, stunting, wasting, or thinness, underweight and micronutrient deficiencies or insufficiencies, as well as overnutrition, which includes overweight and obesity.”⁸⁶

The Philippine Development Plan for 2023-2028 states that undernutrition in the Philippines is declining, albeit in a slow rate.⁸⁷ The DOH has made statements pertaining to “persistent malnutrition” in the Philippines, noting that the stunting rate among children 0 to 23 months had plateaued over the last ten years.⁸⁸ The rate of decline in stunting prevalence has been relatively slow compared to other countries with similar levels of income. From 2015 to 2021, the prevalence of stunting among children under five years old decreased from 33.4 to 26.7 per cent and wasting from 7.1 to 5.5 per cent.⁸⁹

On the other hand, overweight and obesity rates are rapidly increasing among Filipino children and adolescents. According to the Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI), about 1 in every 10 children aged 5 to 10 and adolescents aged 11 to 19 is either overweight or obese. The Expanded National Nutrition Survey of the Philippines (2011-2021) indicates that 1 out of 7 school aged children (or 5 to 19 years old) is now overweight or obese. If no actions are taken, it is estimated that 30 per cent of Filipino adolescents will be overweight or obese by 2030.⁹⁰

86 RA 11148, KALUSUGAN AT NUTRISYON NG MAG-NANAY ACT, Sec. 6 (h).

87 NEDA. “Philippine Development Plan 2023-2028,” at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

88 Atienza. K. (2023). “Malnutrition rate among Filipino infants, toddlers persistent at over 20% – DoH,” *Business World Online*, <https://www.bworldonline.com/the-nation/2023/03/21/511977/malnutrition-rate-among-filipino-infants-toddlers-persistent-at-over-20-doh/>.

89 NEDA. “Philippine Development Plan 2023-2028,” at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

90 UNICEF, (2021). *Prevention of Overweight and Obesity in Children: Landscape Analysis and Priority Actions Philippines Brief*, available at <https://www.unicef.org/eap/media/8221/file/Prevention%20of%20Overweight%20and%20Obesity%20in%20Children.pdf>. See also the 2021 DOST- FNRI Expanded National Nutrition Survey, presented on November 14, 2022.



Photo source: RELX CLUB

7. Burden of Communicable and Non-Communicable Diseases

Non-communicable diseases (NCDs) related to unhealthy lifestyles and environments and an increasingly ageing population are currently the leading cause of mortality among Filipino adults—and the burden is increasing.⁹¹ Ischemic heart disease, a form of cardiovascular disease, continues to be the leading cause of death in the country. This is compounded by the burden of communicable diseases like tuberculosis, and the burden of globalization-related health conditions like pandemics: subjecting the Philippines to a “triple burden of disease” as stated in the PDP 2023-2028.⁹²

8. Budget and Spending for Health and RMNCAH

Based on the General Appropriations Acts of 2013 to 2022, the national health budget has been generally increasing. The increase in the health budget since 2014 can be attributed the Sin Tax Law. Passed in 2012, the Sin Tax Law (or RA 10351) aims to generate additional revenue for health and curb smoking and alcohol consumption by simplifying and increasing excise tax system on tobacco and alcohol. In 2016 and 2019, 50 per cent of the health budget came from sin tax.⁹³

Total health budget and sin tax contribution in the DOH (including PhilHealth) Budget⁹⁴

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total amount of health budget	87 B	106.85 B	122.63 B	148.5 B	160.73B	165 B	171.92 B	205.8 B	262.87 B
Total amount of health budget from sin tax	33.96 B	53.62 B	50.37 B	68.92 B	66.55 B	73.81 B	93.57 B	33.50 B	155.43 B*
% of health budget from sin tax	39%	50%	41%	46%	41%	45%	53%	16%	59%

91 NEDA. “Philippine Development Plan 2023-2028,” at <https://pdp.neda.gov.ph/wp-content/uploads/2022/12/Chapter-02.pdf>.

92 NEDA. “Philippine Development Plan 2023-2028,” p. 32.

93 G-Watch. 2020. The Importance of Accountability in Fiscal Reforms: G-Watch’s Multi-Level Monitoring of Health Budget from Sin Tax. Unpublished.

94 DOH. 2022 Sin Tax Annual Report. <https://doh.gov.ph/sites/default/files/publications/2022-DOH-Annual-Sin-Tax-Report.pdf>.

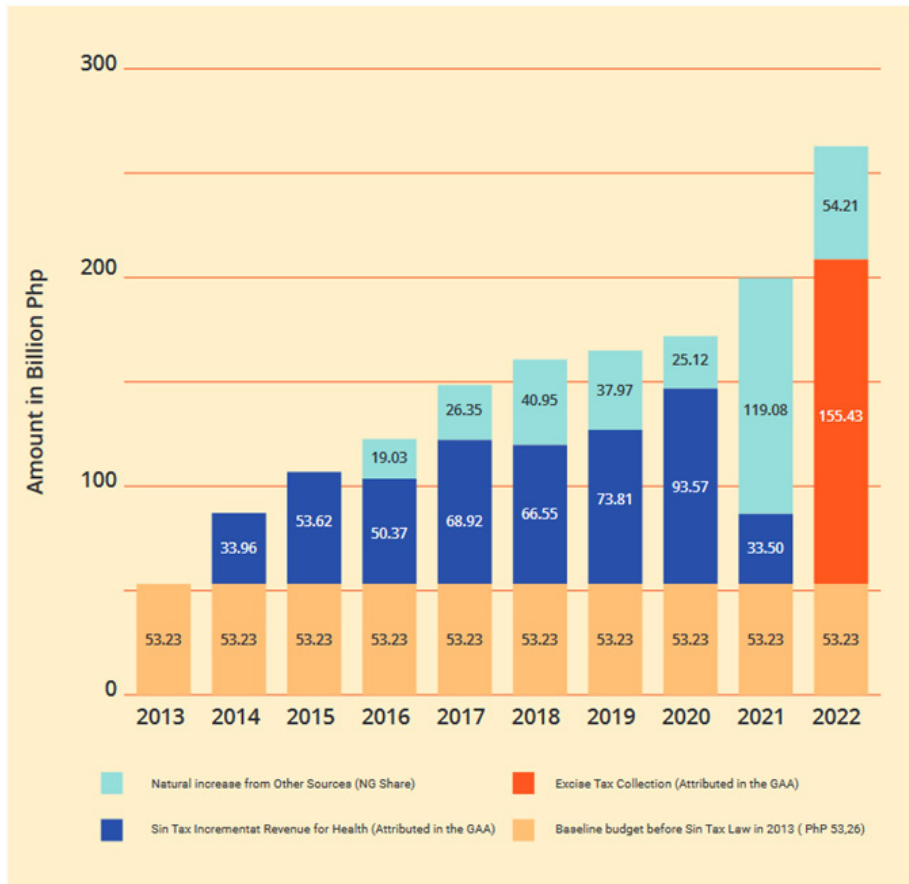


FIGURE 2: Sources of Funds in the DOH-OSEC and PhilHealth Budget 2013-2022, Amount in Billion PhP⁹⁵

Source: DOH 2022 Sin Tax Annual Report

In 2023, the national budget of the Department of Health was Php322 billion as per the 2023 General Appropriations Act (GAA).⁹⁵ Programs in RMNCAH-covered areas with sizeable budgets in the GAA include the following:

- i. School Based Feeding Program (budget: Php5.6 billion), which is expounded in the special provisions of the GAA. In addition to the budget, DepEd is authorized to deduct an amount equivalent to not more than 1.5 per cent of the total costs for related costs to the SBFP.
- ii. Supplementary Feeding Program (budget: Php5.2 billion),⁹⁶ which is also expounded in the special of the GAA. Republic Act 11037 or the Masustansyang Pagkain para sa Batang Pilipino Act further allows the LGUs to utilize a portion of their Special Education Fund (SEF) and/or 20 per cent of their development fund.⁹⁷
- iii. Family Planning and Reproductive Health Programs (budget: Php873 million), which is also specifically noted and expounded in the special provisions of the GAA. The GAA

95 DOH (2023). "GAA Budget Briefer," at <https://doh.gov.ph/sites/default/files/publications/2023%20DOH%20GAA%20Budget%20Brochure.pdf>.

96 GENERAL APPROPRIATIONS ACT OF 2023. <https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2023/Volumel/DSWD/DSWD.pdf>.

97 RA 11037, MASUSTANSYANG PAGKAIN PARA SA BATANG PILIPINO ACT, Sec. 7.

provides that this budget is to be exclusively used for family planning and reproductive health only.

iv. National HIV and AIDS Management Program (budget: Php17 million). The allocation for the national program is contained separately in the budget of the Philippine National AIDS Council (the PNAC budget is Php52 million, which includes the program budget).

Meanwhile, the National Tax Allotment (NTA) of LGUs in 2023 is Php820 billion, which is lower than the 2022 GAA allotment of Php959 billion.⁹⁸ There is no mandatory fund allocation for health under the NTA. Local health budgets and allotments per health program remain dependent on whether incumbent local officials consider health among their priorities.

LGUs may rely on other sources of funds to augment budgets for health programs. The Universal Healthcare Act or RA No. 11223 created a Special Health Fund managed by the provincial health board or city health board. All resources intended for health services to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers, shall be pooled in the SHF.

V. Challenges to Health Access and Quality

1. Gender-Based Barriers Affecting Women's Access to Health Services

Women and girls continue to face obstacles that prevent them from accessing vital social services necessary for their health and well-being, despite their legal entitlements to these services. These barriers can only be overcome with the support of the government and society as a whole.

A July 2021 working paper published by the University of the Philippines affirms the “disproportionate impacts of the pandemic on women and girls.” Based on an LGU survey, it noted among others that “gendered impacts [except on gender-based violence] are largely invisible in the overall COVID-19 strategy of the government” and the timeliness of gender-sensitive LGU response is “wanting.”⁹⁹ It concludes that “the costs of neglecting the needs of women and girls during the health crisis will have long-term effects for these vulnerable groups and state of development the world over.”¹⁰⁰

The pandemic exacerbated pre-existing inequalities as to women and girls' access and enjoyment of critical social services provided by local governments. Women are not only

98 DOH (2023). “GAA Budget Briefer,” at <https://doh.gov.ph/sites/default/files/publications/2023%20DOH%20GAA%20Budget%20Brochure.pdf>.

99 Castillo, C. (July 2021). “Working Paper: Is the Philippine COVID-19 Response Gender-Blind?” *NCPAG Working Paper 2021-02*, at https://ncpag.upd.edu.ph/wp-content/uploads/CASTILLO_Covid_Gender_07262021.pdf.

100 Ibid.

disproportionately affected in terms of health but also more vulnerable to socio-economic shocks as they face multiple forms of inequalities, based on disability, sexual orientation, age, and as members of ethnic minorities.¹⁰¹

a. *Insufficient Access to Family Planning Services for Women*

According to the POPCOM, “the suspension of public transportation, limited clinic staff and reduced clinic hours have made it difficult for women to access family planning services.”¹⁰² While the government offers some basic health services for women for free, some are only partially free of charge at point-of-use in the public sector for women of reproductive age. These partially free services include family planning, antenatal care, childbirth, management of birth complications, postnatal care, and immunization services during pregnancy, among others.¹⁰³

The Commission on Human Rights (CHR) also noted in 2016 that access of women to family planning services is affected by the attitude of some government health service providers and their lack of professionalism, which resulted to the low morale of referring midwives and nurses, and the patients’ lack of trust and confidence in the ability of government hospitals to respond to their needs.¹⁰⁴

The CHR in 2016 also received reports of discriminatory policies affecting women’s access to family planning services. An example of such discriminatory policy is an executive order (EO) in Sorsogon pulling out artificial contraceptives therein and requiring payment for them when they should be free, affecting women living in geographically isolated and disadvantaged areas (GIDA), those who are in the informal sector, and those who are dependent on their husbands and without means to purchase their own contraceptives.¹⁰⁵



Photo source: left to right - Erwin Mascarinas/Oxfam; Erik De Castro / Reuters

101 CHR (2021). “Written statement of the CHR for the 47th Session of the Human Rights Council: Annual Full-Day Discussion on the Human Rights of Women,” 7 July 2021, at https://chr.gov.ph/written-statement-of-the-chr-for-the-47th-session-of-the-human-rights-council-annual-full-day-discussion-on-the-human-rights-of-women/#_ftn17.

102 Santos, A. (2020). “How Filipino women pay the price of health care shortages,” Deutsche Welle, 15 May 2020, at <https://www.dw.com/en/philippines-how-women-pay-the-price-of-pandemic-induced-health-care-shortages/a-53454534>.

103 World Health Organization (WHO) Regional Office for the Western Pacific (2020). “Global reproductive, maternal, newborn, child and adolescent health policy survey: report for the Western Pacific Region 2020,” p.20, at <https://www.who.int/publications-detail-redirect/9789290619789>.

104 CHR (2016). “2016 Report of the Commission on Human Rights Philippines’ National Inquiry on Reproductive Health and Rights”, p. 23-24, at <https://popcom.gov.ph/wp-content/uploads/2019/06/RH-Inquiry-Report.pdf>.

105 Ibid, p. 25.



Photo source: Dondi Tawatao/Getty Images

b. Prohibitions Against Abortion and Absence of Emergency Contraceptives

Women are disproportionately affected by the prohibition against abortion and the lack of emergency contraception in the Philippines. According to the CHR, women seeking post-abortion care were subjected to unprofessional and unethical practices, including mistreatment. The prohibition on abortion casts a stigma on women who've suffered from abortion and in effect results in the denial of post-abortion care, which the Responsible Parenthood and Reproductive Health Law (Republic Act No. 10354) assures. The stigma and criminalization of abortion have also led many women in poverty to resort to unsafe abortions. Meanwhile, the absence of emergency contraceptives limits the autonomy of women and girls over their bodies and results in unwanted pregnancies as a result of sexual violence.¹⁰⁶

c. Exclusion of Women with Disabilities

In the National Capital Region (NCR) and Cagayan de Oro-Bukidnon, the lack of accessibility of government health centers and facilities for women with disabilities have been raised. Submissions and sworn testimonies of persons with disabilities (PWDs) to the CHR complain of the seeming invisibility of the needs of PWDs, the absence of facilities like examination tables, the absence of interpreters in police stations and in courts for PWD victim-survivor of violence against women, and the absence of interpreters as well in health centers and government health facilities.¹⁰⁷

In government health centers, PWDs complain of not being informed of the processes affecting them and of the disregard for their decision because of their disability. A submission to the CHR in 2016 also recounted the denial of health services based on a PWD's disability, a clear case of discrimination.¹⁰⁸

¹⁰⁶ Ibid, p. 26.

¹⁰⁷ CHR (2016). "2016 Report of the Commission on Human Rights Philippines' National Inquiry on Reproductive Health and Rights", p. 28, at <https://popcom.gov.ph/wp-content/uploads/2019/06/RH-Inquiry-Report.pdf>.

¹⁰⁸ CHR (2016). "2016 Report of the Commission on Human Rights Philippines' National Inquiry on Reproductive Health and Rights", p. 28, at <https://popcom.gov.ph/wp-content/uploads/2019/06/RH-Inquiry-Report.pdf>.



d. Exclusion of Indigenous Women

Moro women who also belong to indigenous groups, and women who live in geographically inaccessible and disadvantaged areas are also significantly affected by a “proliferation of ordinances” that penalize traditional and indigenous home births, according to the CHR in 2016.¹⁰⁹

Notably, the DOH itself has issued a policy that has been interpreted to be against homebirths and traditional birth

practices¹¹⁰ through DOH DO No. 2008-0029, which contains the Philippines’ Maternal, Neonatal, and Child Health and Nutrition (MNCHN) Strategy as of 2008. The MNCHN Strategy’s Manual of Operations (MOP), published in 2011, directs LGUs to issue policy directives, among others, that promote facility-based deliveries and prohibit deliveries assisted by traditional birth attendants (TBAs).¹¹¹

While originally intended to encourage facility-based births and address maternal mortality, the effect of the criminalization of home and indigenous births has been discriminatory to Moro and indigenous women, according to the CHR. Women from geographically isolated and disadvantaged areas suffer the burden of penalties despite the failures of the state to make health facilities accessible. Criminalization of home births has also led to the fear and/or refusal of traditional and indigenous birth attendants to assist home deliveries, resulting to maternal deaths during transit and due to the distance of facilities.¹¹²

Accounts from regional consultations of the CHR in 2016 also showed the discriminatory practices of health care workers targeting IP women, specifically accounts of degrading treatment and verbal abuse on the basis of being indigenous as reported in Tuguegarao.¹¹³

The CHR also documented reports that IP women were delisted from the state’s 4Ps, or Pantawid Pamilya program, as they were unable to comply with the reporting requirement.¹¹⁴

109 CHR (2016). “2016 Report of the Commission on Human Rights Philippines’ National Inquiry on Reproductive Health and Rights”, p. 26, at <https://popcom.gov.ph/wp-content/uploads/2019/06/RH-Inquiry-Report.pdf>.

110 IBON Foundation (2016). ““No home birthing” policy: burden to Filipino mothers,” *Ibon*, 8 March 2016, at <https://www.ibon.org/no-home-birthing-policy-burden-to-filipino-mothers/>.

111 DOH, “The MNCHN Manual of Operations 2011,” p. 63, at <https://doh.gov.ph/sites/default/files/publications/MNCHNMOP-May4withECJ.pdf>.

112 CHR (2016). “2016 Report of the Commission on Human Rights Philippines’ National Inquiry on Reproductive Health and Rights”, p. 26, at <https://popcom.gov.ph/wp-content/uploads/2019/06/RH-Inquiry-Report.pdf>.

113 CHR (2016). “2016 Report of the Commission on Human Rights Philippines’ National Inquiry on Reproductive Health and Rights”, p. 28, at <https://popcom.gov.ph/wp-content/uploads/2019/06/RH-Inquiry-Report.pdf>.

114 *Ibid*, p. 28.

e. *Other Barriers*

CHR also documented an instance where surgical services were also refused to a woman due to her transgender identity, her disability, or HIV status; and medical services were either refused or delayed to women for various reasons including concerns over lack of records to their lack of capacity to pay.¹¹⁵

Discriminatory policies further exacerbated access of marginalized women and rendered them more vulnerable.¹¹⁶

2. Role of Healthcare Workers in Improving Maternal and Child Health Outcomes

A 2023 evaluation of the Doctors-to-the-Barrios (DTTB) program, a nationwide initiative that sends medical professionals to rural areas to boost the supply of healthcare workers in underserved regions, discovered that the DTTB program “doubles modern contraceptives-use prevalence and reduces child underweight prevalence in poor municipalities, coinciding with increased propensity of having rural health physicians in the community.”¹¹⁷ The assessment, published by the Philippine Institute of Development Studies (PIDS), found that its findings were “in line with recent studies on the several positive impacts of physician augmentation on health outcomes,” although further evaluations are needed.¹¹⁸

In 2022, *Acta Medica Philippina* published an article emphasizing the importance and impact of healthcare personnel on the ground in maintaining positive health outcomes. The article notes that despite the lack of functional basic emergency maternal obstetrics and new born (BEmONC) facilities in the Cordillera Administrative Region, it has some of the best outcomes for child and maternal health. These outcomes can be attributed to four factors: having health personnel on the ground, maintaining the trust of the populace, improving health awareness, and taking appropriate action for high-risk cases.¹¹⁹

a. *Issues that Surround Healthcare Workers*

Besides the focus on RMNCAH-related duties, the general experience of community health workers at the height of the pandemic loudly echoes exacerbated gaps in providing training and other technical support, as well as unaddressed issues affecting recruitment, turnover, and sustaining volunteers at the height of the pandemic. Volunteer health workers are perhaps the most essential group that carries the entire base of the national health system.

115 Ibid, p. 23-24.

116 Ibid, p. 25.

117 Abrigo, M., Opiniano, G., & Tam, Z. (2023). “Impact Evaluation of the Human Resource for Health Deployment Program (HRH-DP),” *Philippine Journal of Development*, p. 17 <https://www.pids.gov.ph/publication/discussion-papers/impact-evaluation-of-the-human-resource-for-health-deployment-program-hrhdp>.

118 Ibid.

119 Nisperos, G., et al. (2022). “The Curious Case of CAR (Cordillera Administrative Region): Healthcare Workers are Key to Improving Maternal Health Outcomes,” *Acta Medica Philippina*, Vol. 56 No. 16, at <https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/5983/3877>.

However, their capacity to organize, despite RA 7883, is negatively affected by the ongoing decentralization scheme.

At the barangay level, the appointment and dismissal of BHWs are heavily determined by partisanship. The barangay captain's authority dictates who gets to be a BHW, and reserves the right to dismiss anyone, especially when they are not recognized as political allies.¹²⁰ Some volunteers were able to get past this through accreditation, though it still requires an endorsement from local leaders.¹²¹

Other than that, personal values seem to be more of a priority rather than related competencies and skills. Most volunteers are recruited based on their level of participation in health services and ideal characteristics. While the available literature may imply of its positive effects, relying on this may pose challenges in sustaining membership over time, especially when workers remain vulnerable to political capture and overall lack of support.



Photo source: left to right - The Conduit; F. Tanggol/WHO; Inquirer.net

The local government budget dictates the honorarium they receive. Some BHWs based in rural areas are given Php1,150.00 per month. In urban areas, another layer of disparity is observed whether volunteers are contracted by the city government or the barangay: those under the barangay's budget had Php2,300.00 in lump sum, while city-based health workers were given Php3,000.00. Nevertheless, these were still noted as insufficient to support the volunteers' households.¹²² When some barangays have alternative sources of revenue, health workers are also tapped through job orders, which augment their income with a regular salary.¹²³

120 Mallari, et al. (2020), "Connecting communities to primary care: a qualitative study on the roles, motivations and lived experiences of community health workers in the Philippines, *BMC Health Services Research*, Vol. 20 (2020), No 860, p. 4, at <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05699-0>.

121 Dodd, et. al, (2021), "Governance of community health worker programs in a decentralized health system: a qualitative study in the Philippines," *BMC Health Services Research*, Vol. 21 (2021) No. 451, p. 8-9, at <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06452-x>.

122 Dodd, et. al (2020), p. 5.

123 Dodd, et. Al,(2021), p. 7.

b. Benefits of Mobilization and Organization

On a more positive note, recent literature also emphasizes the role of community-based health workers on their effects in promoting improvements in health outcomes.

Both non-state and state-contracted health volunteers are deeply motivated, and had a great sense of community service despite towering barriers. Care is seen as the most prominent motivation among volunteer healthcare workers of a faith-based organization.¹²⁴ While fear fed into limited information about the virus at the time, participants attributed their service to care as a motivator, the full support of their organization, and self-care.¹²⁵

A case in Palawan shows how addressing gaps in capacity can lead to an effective health strategy. Community-based workers in the province were trained to become microscopists, which enabled them to quickly detect and diagnose malaria cases. These same workers were also conducting awareness-raising activities that promoted health-seeking behavior within communities. The program led to a more malaria smears performed, and a decline in diagnosed cases from the year 2000 to 2006.¹²⁶

3. How 4Ps Influence Maternal and Child Health Outcomes

Another study published by PIDS in 2022 found no noticeable difference between the knowledge, attitudes, and practices (KAP) of 4Ps beneficiaries and nonbeneficiaries on maternal health and the First 1,000 Days of Life program. Based on respondents' feedback, both 4Ps and non-4Ps mothers know the importance of prenatal care, but their knowledge and awareness of postnatal care are mixed. And while prenatal care among 4Ps mothers has increased, the study cited impact evaluation results stating that 4Ps had no significant impact on postnatal care attendance, which may be because of two factors: the lower provision of postnatal checkups in health centers, and that postnatal checkups are not explicitly mentioned as part

Photo source: Subic News Link



124 Dodd, et. al, (2022), "Navigating Fear and Care: The Lived Experiences of Community-Based Health Actors in the Philippines during the COVID-19 Pandemic." *Social Science & Medicine* Vol, 308 (2022): 115222, at <https://www.sciencedirect.com/science/article/pii/S0277953622005287?via%3Dihub>.

125 Dodd, et.al, (2022), p. 5.

126 Matsumoto-Takahasi & Kano, (2016), "Evaluating active roles of community health workers in accelerating universal access to health services for malaria in Palawan, the Philippines," *Tropical Medicine and Health*, Vol.44 (2016), No. 10, <https://doi.org/10.1186/s41182-016-0008-7>.

of the program conditionalities.¹²⁷ In terms of child immunization, the Third Wave Impact Evaluation conducted by PIDS in 2020 noted that the program do not have an impact in ensuring complete immunization of children despite it being a program conditionality as there were still children that are not completely immunized.¹²⁸



Photo source: Monalinda Cadiz/The Guardian

Other key findings of PIDS in 2022 include impressions on 4Ps program outcomes. The study summarizes that 4Ps parents do not have an impression that 4Ps membership is related to their children's nutritional status,¹²⁹ as these are commonly attributed to the availability and accessibility of health services and the length and timing of program benefits, maternal education, and workshops and counseling for beneficiary households.¹³⁰ The report also provides considerable evidence on how the insufficiency and low quality of public health care, especially in rural areas, is affecting 4Ps health outcomes.¹³¹

Studies assessing the impact of 4Ps on children's nutrition (i.e., level of stunting and wasting) show mixed results. Both studies of Kandpal et. al. in 2016 and Filmer et. al. in 2023, show that 4Ps increased height-for-age (an indicator used to determine past or chronic nutritional status of children 0 to 10 years old) and significantly decreased stunting for the children beneficiaries of 4Ps.^{132,133} However, the PIDS 2020 study noted the contrary. According to this study, more Pantawid children are stunted and severely stunted compared to non-Pantawid children, particularly in urban areas. A possible explanation of this is that children included in the analysis were not beneficiaries at the right and critical time, which was during their first 1,000 days of life.¹³⁴

127 Araos, N., Melad, K., & Orbeta, A. (2022). "Learning from Stories Behind Unexpected Results: A Qualitative Follow-up Study on the Third Impact Evaluation of 4Ps," *Philippine Journal of Development*, Vol. 46 (2022) No. 2, p. 72,77-78 https://pidswebs.pids.gov.ph/CDN/document/1684390403_6465c2030d298.pdf.

128 PIDS. (2020). *Pantawid Pamilyang Pilipino Program Third Wave Impact Evaluation (IE Wave 3): Regression Discontinuity Report*, p. 42, at <https://pantawid.dswd.gov.ph/wp-content/uploads/2020/11/4Ps-Impact-Evaluation-Wave-3-RDD-Report.pdf>.

129 Araos, N., Melad, K., & Orbeta, A. (2022). *Ibid*, p. 89.

130 *Ibid*, 72.

131 *Ibid*, p. 81, 88 and 90.

132 Kandpal, E., et. al. (2016). A Conditional Cash Transfer Program in the Philippines Reduces Severe Stunting. *The Journal of Nutrition*, 146(9), p.1798, at <https://doi.org/10.3945/jn.116.233684>.

133 Filmer, D., et. al. (2023). Cash Transfers, Food Prices, and Nutrition Impacts on Ineligible Children. *The Review of Economics and Statistics*, 105(2), p. 5, at https://doi.org/10.1162/rest_a_01061.

134 PIDS. (2020). *Pantawid Pamilyang Pilipino Program Third Wave Impact Evaluation (IE Wave 3): Regression Discontinuity Report*, p. 46-50, at <https://pantawid.dswd.gov.ph/wp-content/uploads/2020/11/4Ps-Impact-Evaluation-Wave-3-RDD-Report.pdf>.

4. Policy Gaps and Opportunities in RMNCAH

According to the 2020 WHO Global Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey, the Philippines, at the outset, does not have a national policy or guideline on free access to health services, including RMNCAH services, in the public sector.¹³⁵ Other significant policy gaps exist in the provision of RMNCAH services.

a. *No Dedicated and Integrated National Strategy on RMNCAH*

As of date, the Philippines does not have a dedicated and integrated national strategy on RMNCAH. In an official information request to the DOH, the agency stated that RMNCAH is presented as a service package in the Omnibus Health Guidelines (OHG) per Life Stage, contained in DOH AO No. 2022-0018.¹³⁶ LGUs are enjoined to adopt the OHG through the enactment of local issuances and ensure their implementation, and utilize the OHG provisions in strategic, investment, and operational planning.¹³⁷

On a related note, there exists a Maternal, Newborn, and Child Health and Nutrition (MNCHN) Strategy and Manual of Operations (MOP). The MNCHN Strategy is contained in DOH AO No. 2008-0029 or Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality, and its aims are twofold: (i) to guide the development, implementation and evaluation of various programs aimed at women, mothers and children, with the ultimate goal of rapidly reducing maternal and neonatal mortality in the country, and (ii) guide in the engagement, assistance and empowerment of LGUs and other partners in rapidly achieving the maternal and neonatal mortality reduction goal.¹³⁸

Meanwhile, the MNCHN MOP aims to guide and support efforts for an LGU-wide implementation of the MNCHN Strategy, and contains standards that serve as the basis of interventions that LGUs can propose and implement to improve MNCHN service delivery in their localities. Largely, the MNCHN MOP defines the standard package of services that should be delivered for each life event as well as the standards for each type of facility such as appropriate infrastructure and equipment, adequate and capable staff, adequate logistics and supplies, available source of safe blood supply as well as available transportation and communication systems.¹³⁹

135 World Health Organization (WHO) Regional Office for the Western Pacific (2020). "Global reproductive, maternal, newborn, child and adolescent health policy survey: report for the Western Pacific Region 2020," p. 19, at <https://www.who.int/publications-detail-redirect/9789290619789>.

136 DOH Freedom of Information (FOI) Decision Maker (2023). Request relating to "Strategy on reproductive, maternal, newborn, child, and adolescent health (RMNCAH)" by A. Bueno, at <https://www.foi.gov.ph/requests/aglzfmVmb2ktcGhyHQsSB0NvbnRlbn-QiEERPSC03MzIxNDlyNTE2NjgM>.

137 DOH AO 2022-0018, Section VII (M), at <https://doh.gov.ph/sites/default/files/basic-page/ao2022-0018.pdf>.

138 DOH AO No. 2008-0029, p. 2, at <https://dmas.doh.gov.ph:8083/Rest/GetFile?id=336773>.

139 DOH (2011). "The MNCHN Manual of Operations 2011." p. 3-4, at <https://doh.gov.ph/sites/default/files/publications/MNCHNMOPMay4withECJ.pdf>.

b. No Policy on Sexual Health and Information and Services and Fragmented Implementation of RH Law

The 2020 WHO Survey indicates that the Philippines does not have a national policy on sexual health information and services.¹⁴⁰ Nevertheless, policies pending before Congress include a substitute bill on the prevention of adolescent pregnancy, which was approved as of May 2023 by the House Committee on Youth and Sports Development and is due for sponsorship in the plenary. According to the Philippine Legislators' Committee on Population and Development (PLCPD), the proposed substitute bill seeks to develop a comprehensive policy that addresses the sexual and reproductive health needs of adolescents through age-appropriate comprehensive sexuality education; access to information and services; and, measures to prevent unintended pregnancies and reduce adolescent childbearing. The bill also institutionalizes the social protection of adolescent parents and their children.¹⁴¹

A policy on sexual education is necessary in the Philippines considering gaps observed in the implementation of the RH Law. A 2021 article published in *Global Health: Science and Practice* (GHSP), which assessed trends in RH Law, found three key gaps in its governance and implementation.¹⁴² First is the siloed implementation of government agencies of the law and the lack of accomplishment for objectives that required multisectoral coordination. Generally, agencies were able to fulfill mandates that only had one implementing unit, and these were mostly one-time, straightforward tasks, the majority of which were assigned to the DOH, i.e., the creation of guidelines and standards. These included the conduct of maternal, infant, and death reviews that fell under the oversight, evaluation, and support functions of the DOH Safe Motherhood Program. But for tasks that required the approval of four bureaus, for example—such as the rollout of the Department of Education's (DepEd's) comprehensive



Photo source: left to right - National Council of Churches in the Philippines; UNFPA Philippines

140 World Health Organization (WHO) Regional Office for the Western Pacific (2020). "Global reproductive, maternal, newborn, child and adolescent health policy survey: report for the Western Pacific Region 2020," p. 116, at <https://www.who.int/publications-detail-redirect/9789290619789>.

141 PLCPD (2023). "House Committee approves consolidated bill for proposed Adolescent Pregnancy Prevention Act," May 23, 2023, at <https://www.plcpd.org.ph/house-committee-approves-consolidated-bill-for-proposed-adolescent-pregnancy-prevention-act/>.

142 Siy Van V.T., et al. (2021). "Trends in national-level governance and implementation of the Philippines' Responsible Parenthood and Reproductive Health Law from 2014 to 2020," *Glob Health Sci Pract.* 2021;9(3):548-564, at <https://doi.org/10.9745/GHSP-D-21-00184>.

sexuality education curriculum, the accomplishment was recorded at merely 40 per cent after five (5) years of work as of the time of publication of the 2020 article.

Second, there was disproportionately more focus on the biomedical and family planning (FP) aspects of the RH Law compared to its other elements—maternal, neonatal, and child health and nutrition, adolescent reproductive health education, adolescent youth and RH guidance counseling, and proscription of abortion and its management, among others. In light of the biomedical focus on the RH Law, its implementation was also deferred to the health sector (DOH), even if mere biomedical interventions are insufficient to address issues such as adolescent pregnancy and maternal mortality. According to the 2021 GHSP article, the failure to address underlying determinants such as parental education, sensitivity training for health workers, and male responsibility in RH diminished the effectiveness of fertility management programs.

A third gap in RH Law implementation is how its governance focused on service delivery, specific programs, and micro-operational concerns, instead of prioritizing multisectoral governance and leadership to address cross-cutting issues in reproductive health. According to the 2021 GHSP article, the National Implementation Team of the RH Law “has not been able to steer NGAs toward higher-level governance functions for a decentralized government,” and instead “focused on reviews and revisions for specific policies (70%), FP logistics and inventory issues (58%), and DOH’s RPRH communication and health promotion programs (51%), which could be handled by program managers within NGAs.”

c. No National Panel to Review Maternal Deaths

The 2020 WHO Survey indicates that there is no national committee or panel that reviews maternal deaths in the Philippines,¹⁴³ even though there is a mechanism to report and review maternal deaths. In any case, subnational committees conduct maternal death reviews in the Philippines, which means data and recommendations arising from maternal death reviews are limited to the subnational level. The purpose of a maternal death review is to improve the quality of safe motherhood programming and identify actions to prevent future problems in accessing quality essential maternal and neonatal health services.¹⁴⁴

d. Policy Gaps in Accessing and Promoting Healthy Food for Children, and in Accessing Health Services for Young People

In a 2023 report, the United Nations Children’s Fund (UNICEF) illustrated the “lived experience” of children in the Philippine food environment, and recommended several policy responses

143 World Health Organization (WHO) Regional Office for the Western Pacific (2020). “Global reproductive, maternal, newborn, child and adolescent health policy survey: report for the Western Pacific Region 2020,” p. 62, at <https://www.who.int/publications-detail-redirect/9789290619789>.

144 UNHCR (UN Refugee Agency) (2020). “Maternal Death Review Guidance,” at <https://www.unhcr.org/us/media/unhcr-maternal-death-review-guidance-and-data-collection-form-2020-pdf>.

to address issues on children's access to healthier diets and living conditions.¹⁴⁵

On the food system, UNICEF highlights the following: (i) the continued enforcement of the Milk Code (EO 51) to restrict the marketing of breast milk substitutes; (ii) the need to introduce mandatory front-of-pack nutrition labeling (FOPL) for packaged foods; (iii) the need to introduce mandatory legislation to restrict the harmful marketing of food to children; and (iv) the need to introduce menu labeling on fast-food chains to indicate the nutritional value of dishes.¹⁴⁶

Regarding the social protection system, the UNICEF recommends the revision of the 4Ps benefit structure and regularly adjusting the benefit level to inflation.¹⁴⁷ Meanwhile, in the education system, UNICEF recommends the enforcement and monitoring of existing policies—DepEd Order No. 13, series of 2017, which prohibits the sale and marketing of harmful food in schools and school zones—to promote healthier food environments for children.¹⁴⁸

The 2020 WHO Survey indicates that the Philippines generally has policies and standards in place governing child health and nutrition and access to services (the survey does not cover implementation). One of the notable exceptions is that the Philippines is one of the countries without a national policy/guideline for the treatment of young infants with possible serious bacterial infections at the primary healthcare level.¹⁴⁹ The Philippines' national policy on the management of childhood illnesses also does not allow community health workers to treat pneumonia, diarrhea, uncomplicated malaria, severe acute malnutrition (though they may refer cases), or refer HIV and congenital syphilis.¹⁵⁰



Photo source: John Hopkins University

The Philippines is also one of the countries that imposes age limits for unmarried adolescents to access health services without the consent of a parent or legal guardian. This age limit exists for contraceptive services (except sterilization), limited to those 18 years of age and

145 UNICEF (2023). "Children's 'lived experience' of the food environment in the Philippines," at <https://www.unicef.org/philippines/reports/childrens-lived-experience-food-environment-philippines>.

146 UNICEF (2023). Ibid, p. 12.

147 UNICEF (2023). Ibid. p.13.

148 UNICEF (2023). Ibid. p.15.

149 World Health Organization (WHO) Regional Office for the Western Pacific (2020). "Global reproductive, maternal, newborn, child and adolescent health policy survey: report for the Western Pacific Region 2020," p. 83, at <https://www.who.int/publications-detail-redirect/9789290619789>.

150 World Health Organization (WHO) Regional Office for the Western Pacific (2020). Ibid. p. 83.

over; and HIV testing, counseling, and treatment,¹⁵¹ limited to those 15 years of age and over, with exceptions (while the WHO Survey state the limit is 18 years old, this has been lowered by the Philippine HIV & AIDS Policy Act or RA 11166 to 15 years old).

e. *Gaps in Health Financing for RMNCAH*

Despite the steady increase in the overall health budget, the overall national government budget for Responsible Parenthood and Reproductive Health (RPRH) programs has been on a downward trajectory, according to the 2021 Annual Report on the RPRH Act. In 2021, the DOH and POPCOM allocated a combined Php15.64 billion for the implementation of RPRH Law initiatives. This is 17 per cent lower than the Php18.88 billion budget in 2020. The decrease in allocation continues to be attributed to the shift to cash-based budgeting that led to the adjustment of program budget ceilings.¹⁵²



The report adds that PhilHealth reimbursements for RH services have been on a gradual decline for the last two years. In 2021, claims paid by PhilHealth for RPRH-related services, namely, family planning, maternal, infant, and child health, treatment of STD and HIV/AIDS infections, treatment of female breast and genital conditions, and men's health decreased significantly by 14.34 per cent from 2020 figures.¹⁵³

A 2017 study on health financing found that most health services in the Philippines are paid for by out-of-pocket payments even for services with public health benefits. There is significant out-of-pocket spending for public health concerns like maternal, neonatal, and child health and nutrition services, respiratory infections, tuberculosis, diarrhea, and other infectious and parasitic diseases. Contrary to expectations, government sources pay for less than half of total spending on these public health concerns. However, there seems to be little or no willingness to pay out-of-pocket for mental health, malaria, and HIV and AIDS.¹⁵⁴

The National Health Insurance Program aims to provide

151 World Health Organization (WHO) Regional Office for the Western Pacific (2020). Ibid, p. 93.

152 2021 Annual Report on the Responsible Parenthood and Reproductive Health Act of 2012, p. 14, <https://doh.gov.ph/sites/default/files/publications/2021%20RPRH%20Annual%20Report.pdf>.

153 DOH and POPCOM (2021). "2021 Annual Report on the Responsible Parenthood and Reproductive Health Act of 2012," p. 14, <https://doh.gov.ph/sites/default/files/publications/2021%20RPRH%20Annual%20Report.pdf>.

154 Solon, O., Herrin, A. & Florentino, J. (2017) "Health Care Financing," *Public Policy*: Volume 16-17 (2017), p. 91, at <https://cids.up.edu.ph/public-policy-volumes-16-17-2017/>.

health insurance coverage and ensures access to cost-effective quality health services for all Filipinos.¹⁵⁵ As such, a large portion of the budget from Sin Tax is allocated to this program (see table below). PhilHealth, the agency tasked to implement this program, however, is mired with issues.

In 2019, whistle-blowers claim that a total of Php154 billion has been lost due to overpayments, overcharging, and fraud (ghost patients, fake receipts, upcoding of common ailments, etc.) committed by officials of PhilHealth since 2013.¹⁵⁶ The following year, the Commission on Audit (COA) flagged PhilHealth’s proposed Php2.1 billion IT project citing anomalous components such as overpricing and planned procurement of various equipment which was not contained in their original proposal.¹⁵⁷ Furthermore, according to COA, PhilHealth has not been submitting relevant documents to COA to support the accuracy of their financial statements and other financial documents.¹⁵⁸

National Health Insurance Program Budget from Sin Tax 2014-2021 in Billion PhP & per centage to sin tax collection started in 2013

Year	Budget from Sin Tax	% to total
2014	22.71	74%
2015	24.56	73%
2016	31.26	45%
2017	40.59	43%
2018	48	72.13%
2019	54.73	74.15%
2020	58.73	62.76%
2021	16.9	50.50%
2022	73.91	43.18%

f. Urban-Rural Disparities in the Quality of Health Services is Known, Evaluations on Programs Addressing It are Lacking

The only program with explicit attention for rural health units is the Health Facilities Enhancement Program (HFEP), though its direction for improving quality is through the allocation of capital outlay for health infrastructure and equipment. Gaps were recognized by COA since 2012, but even from their 2017 report, “low budget utilization and the absence of continuous and robust monitoring,”¹⁵⁹ continue to be nonexistent.

155 NEDA. “National Health Insurance Program.” <https://sdg.neda.gov.ph/national-health-insurance-program-nhip/>.

156 Yee, J. (7 June 2019). “PhilHealth lost P154B to overpayments, fraud.” *Inquirer.net* <https://newsinfo.inquirer.net/1127693/philhealth-lost-p154b-to-overpayments-fraud>.

157 Ramos, M. (26 July 2020). “COA flags ‘overpriced’ PhilHealth IT project.” *Inquirer.net* <https://newsinfo.inquirer.net/1312035/coa-flags-overpriced-philhealth-it-project>.

158 Magsino, D. (18 August 2020). “COA exec bucks PhilHealth’s refusal to submit documents for audit.” *GMA News*. <https://www.gmanetwork.com/news/topstories/nation/751943/coa-exec-bucks-philhealth-s-refusal-to-submit-documents-for-audit/story/>.

159 COA, Health Facilities Enhancement Program Performance Audit Report, p. 2, at <https://www.coa.gov.ph/reports/performance-audit-reports/2017-2/health-facilities-enhancement-program/>.

Even so, allotments for barangay health stations and rural health clinics only amount to Php2 billion and Php5.6 billion respectively out of the total Php23 billion for 2023¹⁶⁰; the biggest slice is allotted for DOH hospitals. The 2023 HFEP budget is 0.32 per cent lower than its precedent in 2022.¹⁶¹

g. Access to Accurate and Credible Information on Health Quality and Access is Inconsistent

G-Watch's monitoring of the health budget from sin tax conducted in 2019 to 2020 reveals key gaps in the accountability system of the health budget. Since the health budget from sin tax are not traceable when transferred to regional level down to the communities, it is hard to check the actual impact of sin tax at the citizen level. There are also no working accountability mechanisms on the ground, not even a working citizen feedback.¹⁶²

The baselining conducted by G-Watch for its ongoing health rights organizing initiative, PRO-Health,¹⁶³ reveals the lack of readily available data on access to quality health care. While there are efforts to account for the availability of services according to demands (such as the number of target/ projected beneficiaries), there are no existing mechanisms to check whether and how quality services are accessible to citizens. The data available on the national health situation such as the Local Health Scorecard pertain mainly to health outcomes, not access and quality. While the functionality of feedback mechanisms vary on the ground, generally, a working strategic citizen engagement program is lacking.

VI. Summary and Conclusions

Though public health governance in the Philippines is devolved, the Department of Health remains the leading technical authority on health in the Philippines. It is an agency belonging to the executive branch of the government of the Philippines, that is to provide national policy direction and develop national plans, technical standards and guidelines on health.

LGUs have the power to generate and apply their own resources and to enact ordinances promoting the general welfare of their inhabitants. A local health board is established in every

160 Parrocha, A., (19 September 2022), "PH health facilities to get P23B worth of upgrades in 2023," *Philippine News Agency*, <https://www.pna.gov.ph/articles/1184011#:~:text=MANILA%20%E2%80%93%20More%20than%20PHP23%20billion.and%20ser-vices%20across%20the%20country>.

161 Robles, G. "Reduced DoH facilities budget reflects funding focus on gaps in UHC service delivery – DBM," *Business World*, <https://www.bworldonline.com/economy/2022/09/19/475546/reduced-doh-facilities-budget-reflects-funding-focus-on-gaps-in-uhc-service-delivery-dbm/>.

162 Acheron, Joy. "The Importance of Accountability in Fiscal Reforms: Learning from G-Watch's Multi-Level Monitoring of Health Budget from Sin Tax." TPA Now Paper Series. Issue 10. September 2023. <https://www.g-watch.org/resources/vertical-integration-research/importance-accountability-fiscal-reforms-learning-g-watch%E2%80%99s>.

163 PRO-Health or Promoting Rights Organizing for Health is a project of G-Watch with Accountability Research Center (ARC) in partnership Pasig City local government and other civil society groups that aims to strengthen transparency, participation and accountability in public health governance by building coalitions and alliances among citizens, groups and communities around health rights issues, and by facilitating learning and problem-solving among accountability frontliners and rights defenders to come up with pro-people and bottom-up solutions to systemic barriers and hurdles to reproductive, maternal, newborn and adolescent health services.

province, city, and municipality. Within the LGU, the local health board serves as an advisory body to the local chief executives and the local legislative council members (*sanggunian*) on the local health system, among others. At the barangay level, barangay health workers render primary health services in the community, after having been accredited to function as such by the LHB per the guidelines promulgated by the DOH. Barangay health workers render services voluntarily. While a promising multi-sectoral participatory body, LHBs in many localities are hardly fully functional and effective, according to reports.

It is the duty of the government to provide and ensure the delivery of quality health services. The government has a responsibility to protect and promote the fundamental right of its citizens to good health. This includes encouraging people to adopt health-seeking behaviors.

Reproductive, maternal, neonatal, child and adolescent health is a multisectoral concern requiring a whole-of-government and whole-of-society approach. Generally, the approach is led by the DOH, in coordination with other national agencies, LGUs, and civil society organizations and non-government organizations. Service delivery networks play a crucial part in ensuring access and continuity of availment of health services.



Photo source: Cherry Mobile

On RMNCAH, LGUs are empowered by the Local Government Code to provide basic services and facilities, such as health, social welfare, and nutrition services, within its jurisdiction. LGUs are to provide the full range of responsible parenthood and reproductive health care services and are tasked to conduct an annual Maternal Death Review (MDR) and Fetal and Infant Death Review (FIDR), following the guidelines set by the DOH in consultation with stakeholders.

LGUs must coordinate with national agencies such as the DOH, DepEd, and DSWD in the implementation of key newborn and child health programs.

With national government agencies as duty bearers, civil society organizations, non-government organizations, and community organizations play a key role in helping link citizens to mechanisms to access their rights. They also take part in political activism in advocacy for policymaking.

The Philippines is a lower-middle-income country with a population of over 112 million by July 2023, according to projections based on its 2015 population census. It is estimated that children and adolescents comprise 39.8 per cent of the population as of 2020. Women of reproductive age (15 to 49 years old) comprise 51.9 per cent (27.85 million) of the 53.65 million female household population in 2020.

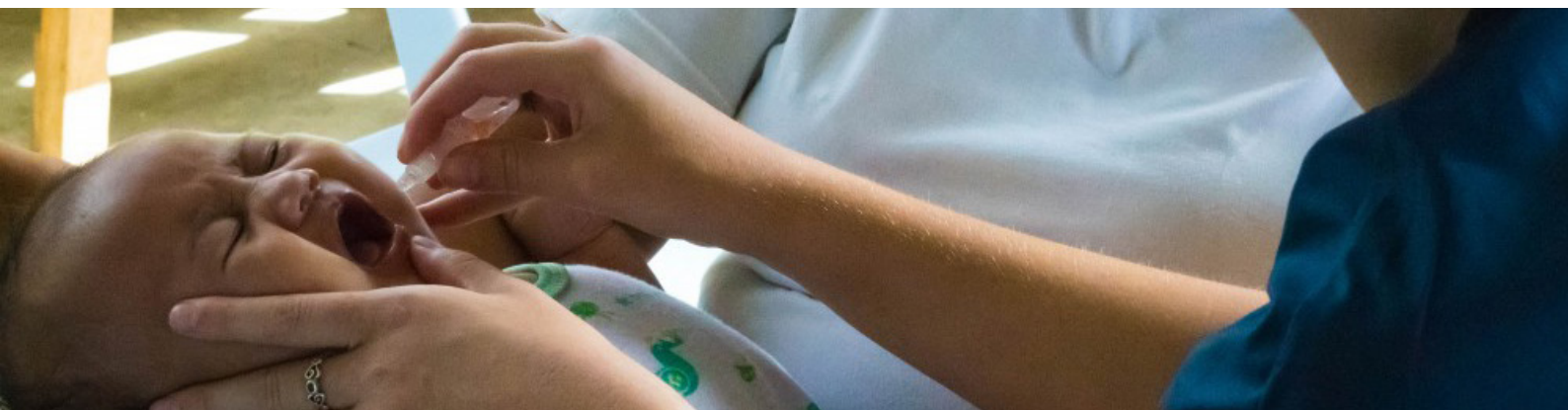


Photo source: Volunteer for the Visayans, Inc.

The following are key RMNCAH figures to note:

- Birth rates have generally declined over the past few decades.
- Generally, the fertility rate has been declining in all age groups since 2008, except in the younger and older women aged 15 to 19 and 45 to 49 years, respectively.
- Maternal deaths in the Philippines is on the rise.
- Mortality rates among neonates, infants, and children under five remained virtually unchanged between 2017 and 2022.
- According to the PDP 2023-2028, the Philippines did not meet the 95 per cent target of fully immunized children by 2022, even though the proportion increased by two ppt compared to the 2017 baseline of 70 per cent.
- Meanwhile, the country has performed consistently in reaching the 50 per cent exclusive breastfeeding of infants below six months of age target set by World Health Assembly Resolution of 65.9 in 2012, averaging 56 per cent from 2014 to 2019.
- The Philippine Development Plan (PDP) for 2023-2028 states that undernutrition in the Philippines is declining, albeit in a slow rate. The DOH has made recent statements pertaining to “persistent malnutrition” in the Philippines, noting that the stunting rate among children 0 to 23 months had plateaued over the last ten years.
- Overweight and obesity rates are rapidly increasing among Filipino children and adolescents. According to the Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI), about 1 in every 10 children aged 5 to 10 and adolescents aged 11 to 19 is either overweight or obese.

There has been a steady increase in the health budget, especially with the passage of the Sin Tax Law in 2012. The national budget of the Department of Health in the 2023 General Appropriations Act (GAA) is Php322 billion. Programs in RMNCAH-covered areas with sizeable budgets in the GAA include the following: School-Based Feeding Program (budget:

Php5.6 billion), Supplementary Feeding Program (budget: Php5.2 billion), Family Planning and Reproductive Health Programs (budget: Php873 million) and National HIV and AIDS Management Program (budget: Php17 million).

Meanwhile, the National Tax Allotment (NTA) of LGUs in 2023 is Php820 billion, which is lower than the 2022 GAA allotment of Php959 billion. There is no mandatory fund allocation for health under the NTA. Local health budgets and allotments per health program are dependent on the priorities of the LGU.

LGUs may rely on other sources of funds to augment budgets for health programs. The Universal Healthcare Act or RA No. 11223 created a Special Health Fund managed by the provincial health board or city health board. All resources intended for health services to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers, shall be pooled in the SHF.

The following are the challenges to health access and quality based on a review of available evidence:

- Gender-based barriers affecting women's access to health services. Because of barriers such as gender inequalities and discrimination, women and girls are barred from securing and enjoying essential social services critical to their health and welfare without government and social support, despite their entitlements to these services that are guaranteed by existing laws. This condition has been exacerbated by the pandemic. Specifically, the challenges faced by women include: *insufficient access to family planning services for women, prohibitions against abortion and absence of emergency contraceptives, exclusion of women with disabilities, exclusion of indigenous women, and others.*
- Role of healthcare workers in improving maternal and child health outcomes. Available evidence points to the importance of health workers in ensuring access to quality health care. However, the dismal working condition of health workers, critical capacity gaps and as well as the highly politicized nature of their hiring and promotion are crucial challenges facing health workers, who were most affected by the pandemic. Fortunately, health volunteers are deeply motivated and have a great sense of community service despite towering barriers.
- How 4Ps influence maternal and child health outcomes. The evidence are mixed when it comes to the impact of 4Ps on health. There is no evidence on whether 4Ps beneficiaries are accessing quality, timely and appropriate health services, especially that which involves inputs/ feedback from 4Ps beneficiaries. The evidence available is mostly on the impact of 4Ps on health outcomes, the health governance challenges faced by 4Ps implementation, and other issues surrounding 4Ps with impact on health access of the poorest of the poor (nutrition impact and inclusion/ exclusion). There is also considerable evidence on how the insufficiency and low quality of public health

care, especially in rural areas, is affecting 4Ps health outcomes.

- Access to accurate and credible information on health quality and access is inconsistent. An increase in the health budget is not traceable to regional, local and citizen levels. This is no established comprehensive citizen engagement program on the ground. Health information are on the outcome level and not on access and quality. All of these signal gaps in the accountability system of health governance.

There are critical policy gaps and opportunities in RMNCAH in the Philippines. According to the 2020 WHO Global Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey, the Philippines, on the outset, does not have a national policy or guideline on free access to health services, including RMNCAH services, in the public sector. Other significant policy gaps in the provision of RMNCAH services include no dedicated and integrated national strategy on RMNCAH, no policy on sexual health and information and services and fragmented implementation of RH Law, no national panel to review maternal deaths and policy gaps in accessing and promoting healthy food for children, and in accessing health services for young people.

The gap in health financing for RMNCAH is also critical. Though the health budget has been generally increasing, according to the 2021 Annual Report on the Responsible Parenthood and Reproductive Health (RPRH) Act, the overall national government budget for RPRH programs has been on a downward trajectory for the past years. PhilHealth reimbursements for RH services have been on a gradual decline for the last two years. A 2017 study on health financing found that most health services in the Philippines are paid for by out-of-pocket payments even for services with public health benefits. This is worsened by reports of corruption in PhilHealth and procurement of health services especially during the pandemic.

The lack of an integrated RMNCAH strategy prevents the full implementation of the “Lifecycles” or per-life stage approach of the DOH in its Omnibus Guidelines for Health. The Omnibus Health Guidelines are largely individual “tips” on how one can maintain one’s health per life stage but do not contain any strategy to advance policies towards RMNCAH as a whole.

There are noted gaps in CSO network-building in the matter of children’s health. Based on research, no CSO focuses specifically on children’s health. In the DOH, children’s health advocacy takes on the form of promoting healthy diets and preventing disease (which is good) but there is a noted gap in addressing other determinants (marketing of unhealthy food and corporate interference in policymaking).

References

1987 CONSTITUTION OF THE PHILIPPINES.

Abrigo, M., Opiniano, G., & Tam, Z. (2023). "Impact Evaluation of the Human Resource for Health Deployment Program (HRHDP)," *Philippine Journal of Development*, at <https://www.pids.gov.ph/publication/discussion-papers/impact-evaluation-of-the-human-resource-for-health-deployment-program-hrhdp>.

Aceron, Joy. "The Importance of Accountability in Fiscal Reforms: Learning from G-Watch's Multi-Level Monitoring of Health Budget from Sin Tax." TPA Now Paper Series. Issue 10. September 2023. <https://www.g-watch.org/resources/vertical-integration-research/importance-accountability-fiscal-reforms-learning-g-watch%E2%80%99s>.

ADMINISTRATIVE CODE OF 1987.

Araos, N., Melad, K., & Orbeta, A. (2022). "Learning from Stories Behind Unexpected Results: A Qualitative Follow-up Study on the Third Impact Evaluation of 4Ps," *Philippine Journal of Development*, Vol. 46 (2022) No. 2, at https://pidswebs.pids.gov.ph/CDN/document/1684390403_6465c2030d298.pdf.

Atienza. K. (2023). "Malnutrition rate among Filipino infants, toddlers persistent at over 20% – DoH," *Business World Online*, <https://www.bworldonline.com/the-nation/2023/03/21/511977/malnutrition-rate-among-filipino-infants-toddlers-persistent-at-over-20-doh/>.

Bernas, J. THE 1987 CONSTITUTION OF THE REPUBLIC OF THE PHILIPPINES: A COMMENTARY (2009).

Castillo, C. (2021). "Working Paper: Is the Philippine COVID-19 Response Gender-Blind?" *NCPAG Working Paper 2021-02*, at https://ncpag.upd.edu.ph/wp-content/uploads/CASTILLO_Covid_Gender_07262021.pdf.

City of Batangas v. Philippine Shell Petroleum Corporation, G.R. No. 195003, June 7, 2017.

COA, Health Facilities Enhancement Program Performance Audit Report. <https://www.coa.gov.ph/reports/performance-audit-reports/2017-2/health-facilities-enhancement-program/>.

Commission on Population and Development. "Reports," at <https://popcom.gov.ph/reports-2/>.

Community and Family Planning Services International (CFSI). "About CFSI," at <https://cfsi.ph/who-we-are/about-cfsi/>.

CFSI. "Programmes," at <https://cfsi.ph/programmes/>.

Commission on Human Rights (CHR) (2016). *2016 Report of the Commission on Human Rights Philippines' National Inquiry on Reproductive Health and Rights*, p. 23-24, at <https://popcom.gov.ph/wp-content/uploads/2019/06/RH-Inquiry-Report.pdf>.

CHR (2021). "Written statement of the CHRP for the 47th Session of the Human Rights Council: Annual Full-Day Discussion on the Human Rights of Women," 7 July 2021, at https://chr.gov.ph/written-statement-of-the-chrp-for-the-47th-session-of-the-human-rights-council-annual-full-day-discussion-on-the-human-rights-of-women/#_ftn17.

Department of Education (DepEd). "Vision, Mission, Core Values, and Mandate" at <https://www.deped.gov.ph/about-deped/vision-mission-core-values-and-mandate/>.

DepEd. "Operations and Functions" at <https://www.deped.gov.ph/about-deped/central-office/operations-functions/>.

Department of Health (DOH). "National Safe Motherhood Program," at <https://doh.gov.ph/national-safe-motherhood-program>.

Diokno, Benjamin. 2012. "Fiscal decentralization after 20 years: What have we learned? Where do we go from here?" *The Philippine Review of Economics* Vol. XLIX No. 1, June 2012 pp. 9-26. <https://econ.upd.edu.ph/pre/index.php/pre/article/viewFile/670/776>.

DOH Administrative Order No. (AO) 2013-0013.

DOH AO No. 2008-0029, at <https://dmas.doh.gov.ph:8083/Rest/GetFile?id=336773>.

DOH AO 2022-0018, at <https://doh.gov.ph/sites/default/files/basic-page/ao2022-0018.pdf>.

DOH (2020). "Philippine Health Statistics," at https://doh.gov.ph/sites/default/files/publications/2020PHS_FINAL_PDF.pdf.

DOH (2023). "GAA Budget Briefer," at <https://doh.gov.ph/sites/default/files/publications/2023%20DOH%20GAA%20Budget%20Brochure.pdf>.

DOH and Commission on Population and Development (POPCOM) (2021). *2021 Annual Report on the Responsible Parenthood and Reproductive Health Act of 2012*, at <https://doh.gov.ph/sites/default/files/publications/2021%20RPRH%20Annual%20Report.pdf>.

DOH Freedom of Information (FOI) Decision Maker (2023). Request relating to "Strategy on reproductive, maternal, newborn, child, and adolescent health (RMNCAH)" by A. Bueno, at <https://www.foi.gov.ph/requests/aglzfmVmb2kctcGhyHQsSB0NvbnRlbnQiEERPSC03MzkxNDIyNTE2NjgM>.

DOH. 2022 Sin Tax Annual Report. <https://doh.gov.ph/sites/default/files/publications/2022-DOH-Annual-Sin-Tax-Report.pdf>.

Department of Social Welfare and Development. "Programs, Projects, and Services," at <https://www.dswd.gov.ph/programs-projects-and-services/>.

Dodd, et. al, (2021), " Governance of community health worker programs in a decentralized health system: a qualitative study in the Philippines," *BMC Health Services Research*, Vol. 21 (2021) No. 451. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06452-x>.

Dodd, et. al, (2022), "Navigating Fear and Care: The Lived Experiences of Community-Based Health Actors in the Philippines during the COVID-19 Pandemic." *Social Science & Medicine* Vol, 308 (2022): 115222. <https://www.sciencedirect.com/science/article/pii/S0277953622005287?via%3Dihub>.

EXECUTIVE ORDER NO. (EO) 221.

Family Planning Organization of the Philippines (FPOP). "Our Work," at <https://fpop1969.org/about-fpop/our-work/>.

Filipino Nursing Diaspora, "Programs," at <https://findnetwork.org/programs/>.

GENERAL APPROPRIATIONS ACT OF 2023.

G-Watch. 2020. The Importance of Accountability in Fiscal Reforms: G-Watch's Multi-Level Monitoring of Health Budget from Sin Tax. *Unpublished*.

HealthJustice, "Who We Are," at <https://healthjustice.ph/who-we-are/>.

IBON Foundation (2016). "No home birthing" policy: a burden to Filipino mothers," *Ibon*, 8 March 2016, at <https://www.ibon.org/no-home-birthing-policy-burden-to-filipino-mothers/>.

ImagineLaw. "About" at <https://www.imaginelaw.ph/about>.

ImagineLaw. "Projects" at <https://www.imaginelaw.ph/projects>.

Langran, I.V. (2011). Decentralization, Democratization, and Health: The Philippine Experiment. *Journal of Asian and African Studies*, 46(4), 36-374. doi:10.1177/0021909611399730.

Lee-Brago, (2023). "UN: Philippines maternal deaths on the rise," *PhilStar.com*, 15 May 2023, at <https://www.philstar.com/headlines/2023/05/15/2266392/un-philippines-maternal-deaths-rise>.

Likhaan Center for Women's Health (Likhaan). "What is Likhaan?" at <https://www.likhaan.org/about-us>.

Likhaan. "Our History" at <https://www.likhaan.org/history>.

Macayaon A.M., et al., (2020). "POGS report on obstetrical and gynecological indicators of health care," *Philipp J Obstet Gynecol* 2022; 46:29-37, p. 30, at https://www.pogsjournal.org/temp/PhilippJObstetGynecol46129-5033109_135851.pdf.

Mallari, et al. (2020), "Connecting communities to primary care: a qualitative study on the roles, motivations and lived experiences of community health workers in the Philippines, *BMC Health Services Research*, Vol. 20 (2020), No 860. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05699-0>.

Magsino, D. (18 August 2020). "COA exec bucks PhilHealth's refusal to submit documents for audit." *GMA News*. <https://www.gmanetwork.com/news/topstories/nation/751943/coa-exec-bucks-philhealth-s-refusal-to-submit-documents-for-audit/story/>.

Maravilla, J., et. al. "Exploring Indirect Impacts of Covid-19 on Local Health Systems from the Perspectives of Health Workers and Higher Education Stakeholders in the Philippines Using a Phenomenological Approach," *The Lancet Regional Health - Western Pacific* 30 (2023): 100585.

National Economic Development Authority (NEDA). *Philippine Development Plan 2023-2028*, at <https://pdp.neda.gov.ph/philippine-development-plan-2023-2028/>.

Nisperos, G., et al. (2022). "The Curious Case of CAR (Cordillera Administrative Region): Healthcare Workers are Key to Improving Maternal Health Outcomes," *Acta Medica Philippina*, Vol. 56 No. 16, at <https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/5983/3877>.

Nutrition Council of the Philippines (NCP). "About Us," at <http://www.ncp.org.ph/>.

Parrocha, A., (19 September 2022), "PH health facilities to get P23B worth of upgrades in 2023," *Philippine News Agency*, <https://www.pna.gov.ph/articles/1184011#:~:text=MANILA%20%E2%80%93%20More%20than%20PHP23%20billion,and%20services%20across%20the%20country>.

Philippine Legislators' Committee on Population and Development Foundation (PLCPD). "Legislative Agenda," at <https://www.plcpd.org.ph/plcpd-legislative-agenda/>.

PLCPD. "Profile," at <https://www.plcpd.org.ph/profile/>.

PLCPD (2023). "House Committee approves consolidated bill for proposed Adolescent Pregnancy Prevention Act," May 23, 2023, at <https://www.plcpd.org.ph/house-committee-approves-consolidated-bill-for-proposed-adolescent-pregnancy-prevention-act/>.

Philippine Statistics Authority (PSA). "Fully immunized children," at <https://psa.gov.ph/content/fully-immunized-children-2>.

Presidential Decree No. 1569, "Strengthening the Barangay Nutrition Program by providing for a barangay nutrition scholar in every barangay, providing funds therefore, and for other purposes," <https://www.officialgazette.gov.ph/1978/06/11/presidential-decree-no-1569-s-1978/>.

PSA. "Inventory of Statistical Standards in the Philippines," at <https://psa.gov.ph/ISSiP/concepts-and-definitions/161460>.

PSA. "Population Projection Statistics," at <https://psa.gov.ph/statistics/census/projected-population>.

PSA (2020). "Age and Sex Distribution in the Philippine Population (2020 Census of Population and Housing)," at <https://psa.gov.ph/content/age-and-sex-distribution-philippine-population-2020-census-population-and-housing>.

PSA (2022). "Total Fertility Rate Declined from 2.7 in 2017 to 1.9 in 2022," 13 November 2022, at <https://psa.gov.ph/content/total-fertility-rate-declined-27-2017-19-2022>.

PSA (2022). "Women and Men Fact Sheet 2022," at <https://psa.gov.ph/gender-stat/wmf/1.%20Population/2022>.

Ramiro, L. et. Al., (2002). Community participation in local health boards in a decentralized setting: Cases from the Philippines. *Health Policy and Planning*, 16(Suppl 2), 61-69. doi:10.1093/heapol/16.suppl_2.61.

Robles, G. "Reduced DoH facilities budget reflects funding focus on gaps in UHC service delivery – DBM," *Business World*, <https://www.bworldonline.com/economy/2022/09/19/475546/reduced-doh-facilities-budget-reflects-funding-focus-on-gaps-in-uhc-service-delivery-dbm/>.

REPUBLIC ACT NO. (RA) 7160, LOCAL GOVERNMENT CODE OF 1991.

RA 7883, BARANGAY HEALTH WORKERS' BENEFITS AND INCENTIVES ACT OF 1995.

RA 9155, GOVERNANCE OF BASIC EDUCATION ACT.

RA 10354, "RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH LAW" and its implementing rules and regulations.

RA 11037, MASUSTANSYANG PAGKAIN PARA SA BATANG PILIPINO ACT.

RA 11148, KALUSUGAN AT NUTRISYON NG MAG-NANAY ACT.

RA 7883, "BARANGAY HEALTH WORKERS' BENEFITS AND INCENTIVES ACT OF 1995".

Ramos, M. (26 July 2020). "COA flags 'overpriced' PhilHealth IT project." *Inquirer.net* <https://newsinfo.inquirer.net/1312035/coa-flags-overpriced-philhealth-it-project>.

Santos, A. (2020). "How Filipino women pay the price of health care shortages," *Deutsche Welle*, 15 May 2020, at <https://www.dw.com/en/philippines-how-women-pay-the-price-of-pandemic-induced-health-care-shortages/a-53454534>.

Siy Van V.T., et al. (2021). "Trends in national-level governance and implementation of the Philippines' Responsible Parenthood and Reproductive Health Law from 2014 to 2020," *Glob Health Sci Pract*. 2021;9(3):548-564, at <https://doi.org/10.9745/GHSP-D-21-00184>.

Social Justice Society (SJS) v. Atienza, Jr., 568 Phil. 658, 699-700 (2008).

Solon, O., Herrin, A. & Florentino, J. (2017) "Health Care Financing," *Public Policy: Volume 16-17* (2017), at <https://cids.up.edu.ph/public-policy-volumes-16-17-2017/>.

UNHCR (UN Refugee Agency) (2020). *Maternal Death Review Guidance*, at <https://www.unhcr.org/us/media/unhcr-maternal-death-review-guidance-and-data-collection-form-2020-pdf>.

UNICEF (2021). *Prevention of Overweight and Obesity in Children: Landscape Analysis and Priority Actions Philippines Brief*, available at <https://www.unicef.org/eap/media/8221/file/Prevention%20of%20Overweight%20and%20Obesity%20in%20Children.pdf>.

UNICEF (2023). *Children's 'lived experience' of the food environment in the Philippines*, at <https://www.unicef.org/philippines/reports/childrens-lived-experience-food-environment-philippines>.

World Health Organization (WHO) Regional Office for the Western Pacific (2020). *Global reproductive, maternal, newborn, child and adolescent health policy survey: report for the Western Pacific Region 2020*, at <https://www.who.int/publications-detail-redirect/9789290619789>.

Yee, J. (7 June 2019). "PhilHealth lost P154B to overpayments, fraud." *Inquirer.net* <https://newsinfo.inquirer.net/1127693/philhealth-lost-p154b-to-overpayments-fraud>.