

PHILIPPINES

Spotlight on Family Planning: Tracking Progress on the FP2020 Pledges

The Spotlight on Family Planning series offers a snapshot on progress governments have made in delivering on their FP2020 pledges, made at the London 2012 Family Planning Summit.

The Family Planning Organization of the Philippines (FPOP, the IPPF Member Association in the Philippines) and other civil society organizations (CSOs) have identified a number of ‘high priority’ pledges: progress towards these pledges is critical for increasing access to modern family planning methods. The table shows achievements and failures in delivering on these promises.



The Philippines’ FP2020 pledges

Government of the Philippines’ progress on its FP2020 pledges

What has civil society achieved?

Establish a national policy on reproductive health and population development, and allocate funds to implement policy

- The Responsible Parenthood and Reproductive Health Law (RA10354), signed into law in 2012, is being implemented since its Status Quo Ante Order was lifted by the Supreme Court in April 2013. The constitutionality of the law had been challenged.
- The Department of Health (DOH), the lead agency, created the National Implementation Team (NIT), composed of various agencies and CSOs, to plan the implementation of the Law.

- The Reproductive Health and Advocacy Network (RHAN) – involving CSO leaders as well as government allies – demonstrated support for the constitutionality of the RH Law in 2014.
- RHAN is active in the National Implementation Team.

Allocate US\$15 million in 2012 for family planning commodities for poor women with unmet need

- Allocated 2.5 billion pesos (equivalent to US\$56 million) to the family health and responsible parenthood budget line – which includes family planning – in 2012. This funding level was maintained in 2014.
- In the 2015 budget, the proposed budget for reproductive health was around 1.7 Billion Pesos (about US\$37,777,800).

- CSOs, RHAN members and the Alternative Budget Initiative monitored the government health budget, including the increased spending for family planning services.

Provide family planning services to poor families with zero co-payment; upgrade public health facilities; and increase the number of health services providers who provide reproductive health information

- Provides family planning information to poor families through the Family Development Sessions, participation in which is a condition for those wishing to take advantage of the Modified Conditional Cash Transfers.
- Delivers family planning services in partnership with CSOs (in addition to government health centres) to expand access to family planning.

- CSOs deliver Family Development Sessions in partnership with government health authorities.
- CSOs provide access to some contraceptives, but their role is being questioned by anti-choice legislators. FPOP, and similar organizations within the Reproductive Health Advocacy Network, are advocating to defend their role in this capacity.

Work with partners to provide information and training

- The National Implementation Team is working with CSOs in various Technical Working Groups – such as monitoring and evaluation, logistics management, etc – to ensure that the implementation of the Responsible Parenthood and Reproductive Health Law includes demand generation activities and family planning services.

- FPOP and other CSOs have made their work on the National Implementation Team a part of their regular networking, outreach and extension services.

Gaps in the FP2020 pledges and recommendations for government action

The government has made some progress towards its pledges, but existing efforts are not enough to deliver on its promises by 2020. In addition, other problems and gaps have emerged. The government must address these problems urgently.

Civil society calls on the government to:

- 1 Improve implementation of the Reproductive Health Law** by issuing clear guidance to government agencies and local government units with regards to what their duties and responsibilities are in relation to the RH Law.
- 2 Implement behaviour change programmes for bureaucrats, health workers and civil servants** so they clearly understand their responsibilities with regards to the RH Law, and to eliminate any possibility that they will misinterpret the Law.

Where we are now

The following nationwide statistics¹ reflect, in part, recent government improvements to family planning services.

Indicator measure in 2013

-  24.4% CPR (modern methods) (increase of 0.7% from 2012)
-  1,622,000 unintended pregnancies averted (increase of 82,000 from 2012)
-  36.1% of married women have an unmet need for family planning (decline of 0.2% from 2012)

Method mix in 2013

-  Oral contraceptive: 50.8%
-  Injectable: 9.8%
-  Condoms: 5.1%
-  Long-acting contraceptives: 1.3%

FPOP's contribution to SRH services

FPOP fulfills an important role in meeting demand for sexual and reproductive health services. For example: :

-  FPOP provided 95,871 couple years protection in 2014, a 99% increase from 2013
-  FPOP services resulted in 41,253 unintended pregnancies being averted in 2014, a 108% increase from 2013
-  FPOP provided family planning services to 25,880 new users in 2014, a 154% increase from 2013

¹ Avenir Health (nd) Track20. Available from: www.track20.org. [Accessed: 25/08/2015].

Joining Voices is an advocacy project that aims to safeguard and strengthen financial commitments to reproductive health and family planning, and reinforce political leadership on universal access. *Joining Voices* is facilitated on behalf of civil society by IPPF and the Countdown 2015 Europe Consortium, led by IPPF European Network.

For more information about FPOP: www.fpop1969.org

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