



FP2030 GOVERNMENT COMMITMENT FORM

Country Name	PHILIPPINES
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Use this form to develop your **DRAFT commitment.*

***Reference the **User Guide** in the Annex for quick tips on filling out this form*

1. [COUNTRY]'S 2030 VISION STATEMENT

Please describe your country's 2030 vision. Your statement could start with: "By the end of 2030, [insert name country]'s family planning vision is....." Consider your country's high-level aspirations during this time period, the changes you hope to bring about in the lives of your population, with women and girls at the center, including traditionally underserved and overlooked groups and geographies, by 2030. More guidance is available at <https://commitments.fp2030.org/step5-country-commitment#create>.

By the end of 2030, all Filipinos enjoy a healthy and productive life and are empowered to make informed decisions in family planning and in their reproductive health and rights.

2. COMMITMENT OBJECTIVES

Commitment objectives should be developed through an inclusive and participatory process and informed by data and evidence. In addition, all commitment objectives should be aligned with the 2030 commitment guiding principles whenever possible, and in line with the timeframe outlined below. Please determine a timeframe that aligns with your objectives, your country budget cycle and health strategies, and other country-specific considerations.

When developing objectives, please consider the five 2030 focus areas and aligning objectives with other frameworks or national/regional health strategies.

Each commitment objective should follow the below outline. More information and guidance can be found in step 5 of the commitments guidance:

- **OBJECTIVE STATEMENT:** please detail a community-informed, data-based, and evidence-driven objective.
- **TIMELINE:** please share the time period during which you will work towards and achieve the objective.
- **RATIONALE:** please cite any data, evidence, consultation, and/or alignment with existing national frameworks and strategies used to inform focus on this objective
- **STRATEGIES:** please consider key actionable strategies which will lead to the completion of this objective.

POLICY/PROGRAMMATIC OBJECTIVES

Commitment Objective 1:	Policy
Objective Statement	The Philippines commits to full and effective implementation of the country’s Universal Health Care (UHC) Law, along with the Reproductive Health (RH) Law, that will guarantee all Filipinos equitable access to quality and affordable health care, goods, and services, including family planning (FP) and adolescent reproductive health (ARH) services whenever and wherever these are needed and are protected against financial risk especially the poor, vulnerable and underserved populations.
Timeline	Year 2021-2030
Rationale	<p>A supportive policy is among the high-impact practices that could provide a strong foundation for FP and position it at the center of the national agenda and ensure adequate funding.</p> <p>The Philippines passed the UHC law in 2019, which ushered in massive reforms in the health sector. Along with the RH law, the UHC Law expands the population, services, and financial coverage through an array of health system amendments and improvements. The UHC law strengthens existing health sector processes and systems by highlighting primary care close to the families and communities, supported by hospitals as part of a healthcare provider network, and making PhilHealth membership automatic for every Filipino. Both UHC and RH laws ensure that FP services are sustained and protected from external influences (i.e., political interference, health emergencies) by using social health insurance as a stable source of funding.</p> <p>In 2021, the Philippine Government issued an Executive Order (EO 141) declaring the implementation of measures to address the rising number of teenage pregnancies as a national priority. With the EO 141, all National Government Agencies are directed to implement interventions that will address the root causes of teenage</p>

	<p>pregnancies, and will be coordinated through the Human Development and Poverty Reduction (HDPR) Cabinet Cluster. The Department of Budget Management is directed to ensure that funding to support the activities are included in the annual Budget Priority Framework. Also, the local <i>Sangguniang Kabataan</i> (Youth Councils) are enjoined to include these measures in their Local Youth Development Plan and Annual Investment Plan.</p>
<p>Strategies</p>	<ol style="list-style-type: none"> 1. Strengthening the collaboration and active participation of other national government agencies involved in national economic and social development as well as in the climate adaptation and emergency response preparedness. The Socio-Economic Development Cluster of Cabinet (SEDCC) secretaries and the National Disaster Risk Reduction and Management Council (NDRRMC) will be tapped in advocating support and inclusion of sexual and reproductive health (SRH)/FP in the national policies, plans, budgetary, and other resource allocations. These high-level commitments will be followed up and monitored through their designated representatives during the regular meetings of the National Implementation Team (NIT) for the RPRH Law. 2. Establishing and implementing responsive and integrated policies and standards that will address the high incidence of teenage pregnancies as an urgent national priority that will be supported through the collective actions and interventions (i.e., advocacy, working groups, etc.) by the concerned government agencies from the national to the local levels, in partnership with the CSOs, private sector, and development partners. These include evidence generation on the root causes and drivers on the inability of women, especially adolescents to access FP/RH services. Such interventions shall be consolidated by the Commission on Population and Development (POPCOM) and coordinated through the Human Development and Poverty Reduction Cluster to strengthen the seamless provision of age-appropriate information and services among adolescents and youths, including social protection for teenage mothers and their children. 3. Strengthening the capacity of the province- and city-wide health systems in the delivery and financing of health services, and management of the local supply chain system to meet the FP and other health-related needs of the population within their jurisdictional boundaries.

	<p>4. Ensuring availability of a wide range of modern contraceptive methods across the service delivery points through integration with other essential health services under the individual-based package funded by PhilHealth. Facilitating the approval and registration processes of contraceptives through the country's Food and Drug Administration (FDA) and prioritizing new contraceptives for the Health Technology Assessment.</p> <p>5. Strengthening the capacity of service providers and program managers at the national, sub-national, and local levels in the delivery of rights-based FP services, particularly on the Minimum Initial Service Package for SRH to ensure that the health and population officers can act in the immediate aftermath of a crisis to save lives.</p> <p>6. Ensuring adequate human resources for health and population work with the appropriate competency and training to provide essential health care services, demand generation activities and service delivery in FP for both adolescents and adults at the local level. The following enabling policies, plans, systems will be implemented to ensure human resources are sustained and supported in the different levels of the health sector:</p> <ol style="list-style-type: none"> a. National Human Resources for Health (HRH) Master Plan b. National Health Workforce Support System c. Scholarship and Training Program d. Return Service Agreement e. Promotion of volunteerism for health care f. Devolution Transition Plans of the Department of Health (DOH), Commission on Population and Development (POPCOM), and the Local Government Units (LGUs) <p>7. Prioritizing investments in health and population services, infrastructures, and human resources in geographically isolated and disadvantaged areas (GIDAs) to expand access for the underserved population. The list of the GIDAs will be annually updated and will become the basis for preferential licensing of health facilities and contracting of health services.</p>
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Commitment Objective 2:	Programming
Objective Statement	The Philippines commits to providing equitable access to FP information and services to all women, men, boys, and girls regardless of marital, socioeconomic status, religion, ethnicity, and in any situation such as during health emergencies and disasters. The Philippine Family Planning Program aims to achieve an 85

	percent demand satisfied with modern FP methods by the year 2030.
Timeline	Years 2021-2030
Rationale	<p>The proportion of demand for FP satisfied with modern methods is useful in assessing the overall level of coverage for FP program. Access to and use of information, education, and services on modern FP methods will help women, girls, and their partners exercise their reproductive health rights based on informed decisions. Meeting the demand for FP with modern methods also contributes to attaining better maternal and child health outcomes by preventing unintended pregnancies and closely spaced pregnancies.</p> <p>The Sustainable Development Goals metadata for Indicator 3.7.1 provides that the levels of demand for FP satisfied with modern methods of 75 percent or more are generally considered high, and values of 50 percent or less are generally considered as very low.</p> <p>The latest Demographic and Health Survey in 2017 revealed that the Philippines was at 56 percent demand satisfied with modern FP. To achieve a demand satisfaction of at least 85 percent by the year 2030, the country has to increase its Modern Contraceptive Prevalence Rate (mCPR) from 25 percent in 2017 to 38 percent in 2030.</p>
Strategies	<ol style="list-style-type: none"> 1. Integrating FP with other basic services such as maternal care services during prenatal visits and immediate postpartum, immunization, pre-marriage orientation and counseling, postabortion care, and others through policy issuances (e.g., integration of FP in the maternal care services, such as postpartum FP in the facility-based delivery data of the Health Information Management System). 2. Strengthening supply chain management with the implementation of electronic logistics management information system(s) (e.g., Pharmaceutical Management Information System, FP Barcode Track and Trace, FP logistics hotline, etc.), increasing data visibility that provides information on where the commodities are in the system and identify process bottlenecks to address them quickly and effectively through the co-management arrangements between the DOH and POPCOM.

3. Improving supply chain monitoring and reporting and increasing data visibility that provides information on where the commodities are in the system and identify process bottlenecks to address them quickly and effectively
4. Expanding FP service coverage through community-based distribution, task-shifting (e.g., distribution of male condoms and resupply of contraceptive pills to current users by community health and population volunteers), outreach services in urban poor communities, and GIDAs through public-private engagement, among others
5. Developing national and community-based Social and Behavioral Change Communication (SBCC) campaigns promoting capacity development on human rights-based approaches to FP, with a focus on the quality of care and equitable access, and on the benefits of FP as it relates to the current health crisis (COVID-19 pandemic) and the overall health of the population in general.
6. Strengthening priority strategies, interventions, and adequate resources in the prevention of adolescent pregnancies such as, but not limited to:
 - a. full implementation of the Comprehensive Sexuality Education (CSE) within the school curriculum and alternative learning systems,
 - b. development of Social Protection Program for teenage mothers and their children,
 - c. adoption of Program for Young Parents (PYP) or Teen Moms initiatives with enhanced provision of social services such as education, livelihood, or skills training,
 - d. strengthening of Adolescent-friendly Health Care Provider Network (among schools, communities, and health facilities) and provision of training and competency development to address providers' biases,
 - e. enabling environment of supportive social norms, through reaching parents, religious leaders, etc., and
 - f. advocating to enforce laws to address child, early, and forced marriage

[Note: To add additional commitment objectives, feel free to copy the templates above. There is no limit to the number of commitment objectives.]

FINANCIAL OBJECTIVE: FP2030 strongly recommends including a specific objective on financing for family planning in your commitment. We recommend that countries articulate how family planning financing will be increased; efficiently used; and sustained through the period of commitment and beyond. Please refer to the menu of options in the User Guide at the end of this form or the online guidance on [*Incorporating Domestic Financing in Commitments*](#).

Financial Commitment Objective:	Financing
Objective Statement	The Philippines commits to ensuring and increasing domestic funding for the family planning program. Throughout this partnership, at least US\$ 20 Million will be allocated and spent annually by the national government for the family planning program for commodity security, systems strengthening, service provision, social and behavior change communication activities, financial protection especially among the poor and underserved populations, and building the capacity of the city- and province-wide healthcare systems.
Timeline	Years 2021-2030
Rationale	In a study commissioned by the DOH to assess the implementation of the RH Law in the country, the results revealed that expanding fiscal space of LGUs increases the financing for RH programs and services including FP. Parallel improvements in other requisite inputs are also important, such as establishing/strengthening local health information systems, human resources for health, infrastructure and supply, and governance, to ensure that the minimum service delivery requirements are met by all LGUs.
Strategies	<ol style="list-style-type: none"> 1. Ensuring local financing for FP services with their increased share from the National Revenue Allotment following the policy on full devolution of national programs and services to LGUs. The national government will assume oversight and steering functions to ensure continued demand generation for and provision of FP and ARH services by the LGUs through the issuance of standards and guidelines. The national government agencies will continue providing augmentation support to LGUs with limited resources and capacities to deliver FP services. 2. Setting aside a percentage of FP funds to bolster emergency preparedness and response, conduct a MISP readiness

	<p>assessment and establish supply contingency plans.</p> <ol style="list-style-type: none"> 3. Ensuring the efficiency of the government processes both at the national and local levels in the supply chain management from forecasting and quantification, procurement, transportation, storage, to delivery. 4. Ensuring efficiency in the public financial management by exploring strategic procurement reforms such as payer-provider split by contracting out services to private or non-governmental organizations or implementing performance- or results-based financing programs in the public sector. 5. Expanding the current benefit packages for FP by PhilHealth covering other services such as subdermal implant removal, postpartum subdermal implant, outreach services by CSOs, and exploring benefit packages on ARH, and others. Inclusion of the FP counseling and short-acting methods in the primary care (<i>Konsulta</i>) package.
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8. COMMITMENT CONSULTATION PROCESS

For transparency and accountability purposes, briefly describe the consultative process used to develop this commitment. This should include any meetings that engaged any parties (organizational or individual) in the consultative, development, and review processes of this commitment, as well as any specific stakeholders that were involved in the development of each commitment objective.

Please include the title of meetings and names of any organizations, groups, or individuals that were involved.

Due to COVID-19 restrictions, the consultation process for the country's FP2030 commitments was conducted through online platforms such as Zoom meetings, email and text message exchanges, etc. The Philippine Focal Points composed of the DOH, USAID, UNFPA, Likhaan Center for Women's Health (CSO representative), and the Philippine Society of SRH Nurses (youth organization) reviewed the previous FP2020 commitments. In the previous iteration of the partnership, the Philippines committed to providing support in terms of policy, financing, and programming, which are as follows:

- (Policy) establish a national policy on reproductive health and population development, and allocate funds to implement this vital policy;
- (Finance) allocate \$15 million in 2012 for the purchase of FP commodities for poor

- women and girls with an unmet need; and
- (Programming) provide FP services to poor families with zero co-payment, and upgrade public health facilities and increase the number of health service providers who can provide reproductive health information. The Philippines will work with partners to provide information and training.

The country's commitments for the next phase of the partnership, FP2030, build on the gains and lessons learned from the previous commitments with a renewed focus on teenage pregnancy, building program resiliency, health programs integration, and strengthening of primary health care. The Focal Points reviewed all relevant national policies and laws, strategic platforms, government priorities, as well as researches, from which the commitments and the corresponding strategies were drafted. A draft was created and uploaded using Google docs where members were able to review, edit and provide suggestions in real-time.

The Focal Points convened an online meeting to finalize the country's commitments before submitting to the other partner government and non-governmental agencies for further inputs. With all the inputs and edits incorporated, the Focal Points submitted the final draft of the country commitments to the FP2030 Support Network for review and for subsequent steps in the commitment-making process.

9. COMMITMENT ACCOUNTABILITY APPROACH

4.1. In fewer than 500 words, please describe your country's **accountability approach** for FP2030 commitments. In your description, please address the following questions:

- a. What existing and new platforms will be used to track progress on commitments?
- b. Which accountability tools/mechanisms will be used to track commitments?
- c. What social accountability mechanisms will be used at the subnational level?
- d. How your accountability approach elevates the role of civil society partners and how they will be engaged in tracking progress on commitments?
- e. How will your country ensure visibility and transparency in sharing information on country progress towards meeting commitments?
- f. How will you align the FP2030 accountability process with other national processes for monitoring other country commitments such as EWEC, ICPD+25, GFF, etc.?

Please refer to the [accountability guidance](#) for examples of successful accountability approaches

The Philippine Focal Points will utilize the National Implementation Team (NIT) for RH law, a coordinating body composed of various national government agencies, CSOs, development partners, and advocates working in RH, to solicit support and push for the achievement of these commitments. Progress of these commitments will also be included in the RH law report being submitted annually to the Office of the President, Senate, and House of Representatives of the Philippines, and uploaded on the website of the DOH accessible to the

general public.

4.2. Describe the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

The Philippines will convene the annual consensus meetings of the Focal Points together with other stakeholders to present and discuss the progress of the family planning core indicators, status of the commitments, and also provide a venue to agree on the next steps and adjust strategies as necessary.

4.3. Describe remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:

Apart from the NIT for RH law, the Philippine Focal Points will also tap all relevant inter-agency committees and government boards working in health and population to ensure that commitments are efficiently and effectively implemented. The DOH, with support from partners i.e., UNFPA, USAID and CSOs, will strengthen its monitoring of compliance of service providers with the principles of informed choice and voluntarism (ICV) in the provision of family planning services in the country.

4.4. Describe how the above accountability approach will be funded:

The accountability approach will be funded by the government and needed resources will be added to its annual budget proposal.

4.5. Please define technical assistance needed to fully implement the above accountability approach:

None, so far

4.6. Any additional information:

None, so far

5. COMMITMENT LAUNCH TIMELINE


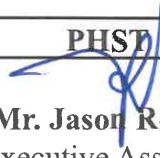
We strongly recommend launching your commitment at the national level following a consultative feedback process with FP2030 and other partners. This milestone presents an exciting opportunity to promote your leadership in family planning by amplifying your commitment through the media and social media, in collaboration with the FP2030 partnership. For more guidance: <https://commitments.fp2030.org/step9-country-commitment>

What is your country's timeline and plan for validating, preparing to launch, and then launching your commitment at the national level?

December 2021

Approved by:


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OIC-Undersecretary of Health
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