National Forum on

POLICY EVALUATION RESEARCH OF THE PHILIPPINE POPULATION MANAGEMENT PROGRAM

Philippine Institute for Development Studies
and Commission on Population
C.P. Romulo Hall, NEDA Building, Makati City
August 28, 2003

Highlights of the forum

1. The Commission on Population and the Philippine Institute for Development Studies decided to launch a study in 2002 to look into the Philippine Population Management Program. A Project Steering Committee was created to ensure that the research team would be guided to have better focus on what to do. It is composed of Dr. Sicat as Chair of the Committee, Dr. Mercedes Concepcion, Mr. Peter Garrucho, Dr. Flavier, Dr. Romualdez, Mr. Tolentino representing the League of City Mayors, Gov. Del Rosario representing the League of Governors, and NEDA as members of the committee.

2. The research output has been presented in a series of regional workshops in select cities such as Cagayan de Oro City, Cebu City, Puerto Princesa City and Baguio City to elicit valuable comments that will enrich the study. The national forum aims to get additional inputs that can be considered by the research team in finalizing the report.

3. Dr. Herrin and Dr. Orbeta presented the insights and findings of the paper as well as their key recommendations and proposed research agenda.

4. Ms. Capucchino read Usec. Fernandez' reaction on Dr. Herrin's paper. A short summary of the paper highlighting the critical importance of the Department of Health in the population and family planning debate was presented. In addition, she also discussed the recent thrust of the Department of Health Administrative Order 50 which indicates an ever shifting focus of the Philippine program on population, this time taking off from a demographically-driven program to one that promotes family planning as a health intervention. The approach further aims to yield improvements in the health status in the attainment of desired fertility and eventually population growth that matches economic growth thereby contributing to sustainable development.

5. Citing the country's fertility rate, which indicates a slow and small decline in fertility levels as compared to other countries in the region, Usec. Fernandez agreed with Dr. Herrin's observation that population is still a relevant issue here in the Philippines, and reiterated the call for a clearer and more serious policy statement on population. She also admitted that family planning programs as designed within the DOH, it being a lead agency for health, are constrained by policy pronouncements by the political leadership. The ambiguity of these policy statements more often than not led to dissonance between policies and program implementation. She likewise claimed that the DOH has been relying so much to the donors for the supply of contraceptives, and suggested that resources must be poured into program implementation for the program to succeed.

6. Further, Usec. Fernandez commented on the role and significance of the Catholic Church. She opined that as an influential component of the Philippine culture, the Church is part of the policy landscape. As such, the Church should be made an ally and a partner. She said that the DOH has already initiated a collaborative partnership with the Couples for Christ, in the area of advocacy for Natural Family Planning (NFP). The experience revealed that the Church might be a very powerful stakeholder but their influence is only on the policymaker. In the

micro household level, couples still make the choices after proper or thorough counselling by health service providers.

7. In conclusion, Usec. Fernandez laid down some of the challenges that the Department of Health faces in terms of the couples' fertility choices:

   - ❖ Development of a national legislation to make policies more stable and consistent, cutting across political leaders and political leadership;
   - ❖ LGU empowerment - Under the devolved set up, LGUs have the mandate to implement health services. Therefore, aside from stating a clear policy, the DOH and the POPCOM have to prioritize how they can better assist the LGU. And since, donated contraceptives are by now very limited, the challenge is on how to convince LGUs to buy the contraceptives they need; and
   - ❖ A private-public sector involvement with regard to Philhealth and empowering local industries.

8. Atty. Raterta also gave her insights and comments on Dr. Herrin's paper. According to her, the Philippine government must be able to give flesh to the Philippine adherence to the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in 1993, which states that "All human rights are universal, indivisible, independent and interrelated. The international community must treat human rights globally in fair and equal manner, on the same footing, and with the same emphasis. While the significance of national and regional particularities and various historical, cultural and religious backgrounds, must be borne in mind, it is the duty of the states, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms." It should be noted that, by their membership in international conventions, states recognize legal duties that arise under international law.

9. She referred to the Article II of the Constitution of the Philippines where domestic legislation on reproductive health could be anchored on and issues, contentious as they may be, could be discussed dispassionately and objectively. On the one hand, she discussed the three elements of reproductive health which are contentious or controversial and which definitely affect all other policies on population and reproductive health. These are 1) family planning particularly on the use of artificial contraceptives, which according to those who are not enamored with the program are abortifacients, and therefore illegal and unconstitutional; 2) the management of post-abortion complications; and 3) adolescent reproductive health.

10. With the three contentious provisions, any attempts to put in place an RH law would not be successful. This also once again brings in the ambiguity and non-consensus angle. Individuals, couples, families and communities must be able to call on the Philippine government so that it ensures that no person shall be discriminated against in their access to information, education and health care or services related to reproductive health, rights and needs, throughout their life span, on the grounds of gender, age, sexual orientation, marital status, religion or mental and physical disability.

11. The government must also ensure that RH information and health care or services must be accessible, affordable, acceptable, of good quality taking into consideration the benefits of scientific progress, and convenient to all users. Atty. Raterta cited a problem in relation with the USAID withdrawal of supply of contraceptives. The local government units (LGUs) may now acquire or purchase contraceptives depending on who sells to them whether or not they are actually needed by their constituents. There is a possibility that some LGUs will acquire contraceptives because rebate is higher from who ever.

12. In addition, the government must be very aware that a person's life should not be put at risk or endangered by reason of lack of access to health care services and/or information,

counselling, or services related to RH and the state must ensure the access to education, information and service including its continuity, i.e., the guarantee of their future availability. Reproductive rights do not just cover the right to decide the number, spacing and timing of children or information and means to do so. They help individuals and couples attain the highest standard of reproductive health.

13. Further, Atty. Raterta discussed the HB 4110 or the Reproductive Health Care Act. HB 4110 is actually a very simple bill with 13 sections. Its spirit and intent is very easy to remember given the numbers 4-1-1-0. She explained that "4" stands for the four (4) guarantees such as the 1) recognition of human rights of all persons including the right to choose and make decisions for themselves in accordance with their religious convictions, cultural beliefs, and the demands of responsible parenthood; 2) guarantee access to information and education, and universal access to safe, affordable and quality RH care services; 3) promotion of gender equality, equity and women empowerment as health and human rights concern; and 4) promotion of the welfare and rights of children. These guarantees are ensured and mainstreamed in the bill and found in sections two (2) to five (5). Further, "1" stands for one (1) RH policy from the national to the local level, regardless of who the President or Secretary of Health is; and "10" denotes the ten elements of this one RH policy. Moreover, HB 4110 is consistent with the ideals and mandates set forth by the Philippine Constitution.

14. On the one hand, she reiterated the need to listen to the people and intensify grassroots RH advocacy. Also, a lot of advocacy work must be done at the national level considering that policymakers have to do what they are supposed to do. Atty. Raterta mentioned that collaboration between the NGOs and the academe will help the government in dealing with the parochial concern on population and family planning.

15. A number of interesting points were raised during the open forum and they are as follows:

    - Prof. Cabigon deemed it useful for the paper to include studies that would quantify the role of family planning or contraception on total fertility rate. She referred the researchers to one of her studies, which dealt with decomposing the total fertility rate into contraception, marriage and breastfeeding. She added that she is now recalculating to incorporate abortion and that the approach would be purely demographic. Hence, economists will become more of a demographer with this paper. She also informed the authors of her other paper on mortality, which indirectly calculates or estimates maternal mortality ratios up to provincial level through the use of life tables from 1960s to 1995.

    - Ms. Nilda Perez of USAID commented that the paper would be more effective and helpful if it will incorporate regional data on family planning and contraceptive use. A deeper examination of these data would reveal wide gaps and variations in service provision among the regions and these will be helpful in evaluating improvements on access to services and other outputs identified in the paper. She also suggested that the group focus on things that are doable given the President's stand on population and family planning.

    - While the USAID is getting out gradually from the provision of contraceptives, certain things are being done to assist its partner agencies. Ms. Perez enumerated three initiatives being undertaken by the USAID through which the government can draw or learn from and replicate. One is the market segmentation that USAID is trying to operationalize in Pangasinan with the help of local chief executives. The second one is the advocacy initiatives the USAID is doing in collaboration with the business sector. She welcomed the business sector's interest and positive response to the population issue and she proposed that they be allowed a seat or representation in the POPCOM Board, in order to concretize government support to these initiatives by the business sector. Lastly, USAID is likewise involved with efforts to include family planning services in the current

Philhealth health package. Ms. Perez said that this is something that the POPCOM Board should support. Another effort, which probably the Board or specifically the DOH can be more supportive of, is in looking and coming up with a more private sector-friendly policies and licensing requirements. In this way, women and mothers who are not able to access hospital services due to reasons like proximity and affordability can and may go to the services even if they are provided by the private sector.

- For Ms. Perez' final comment, she mentioned that the USAID has already dropped off the inclusion of maternal mortality statistics in surveys because of the difficulty of obtaining reliable data of this type. Recent discussions with the National Statistics Office pointed out that it might be best to collect the information from vital registration statistics. Since there is a vital registration system already in place, she referred would-be researchers to coordinate with the NSO on this matter.

- Dr. Capucchino clarified that aside from the regional, provincial and urban hospitals, the health department also encourage women to deliver in rural health clinics and other private health stations so long as there is a resident DOH-trained doctor, nurses, or midwife to handle the case. With regard to the private sector involvement, the DOH encourage the private sector to provide services for family planning, and contrary to what was said earlier, the DOH does not require these private practitioners to submit their accomplishment reports. But as a precautionary measure, they require these private clinics to undergo family planning comprehensive course conducted by the DOH, to ensure that the medical personnel is adequately and properly trained. It is most unfortunate she claimed, that there are private practitioners who are not trained on matters of family planning.

- Atty. Raterta also raised some issues with regard to non-government organizations (NGOs) involved in family planning activities. One thing that Dr. Herrin probably can look into would be the creation of an environment that is conducive and that would encourage NGOs to work better. She recalled some of FPOP's unpleasant experiences with some units of the government to illustrate her point, and said that the present environment in administrative agencies is actually not that exciting for NGOs. A case in point would be the levonorgestrel 750 micrograms or the emergency contraception pill, which was delisted by the Bureau of Food and Drugs. This in effect should serve as a warning to NGOs and other organizations involved in family planning activities.

- Dr. Herrin mentioned that there has been a lot of suggestions on what can be included in the paper and most of these are really commendable, well-written, well-said and reasoned, and that he fully agree with all the suggestions made. However, the only way by which he can include these comments in the paper is by quoting them and referring from them, when these commentaries are made into a separate paper. For example, Atty. Raterta's commentary could be made into a stand-alone paper showing recent developments on reproductive health programs and issues.

- As the next census draws near it, would be advisable to include in the study more recent life tables like the 2000 life table. On the commitments made by the government to the Millennium Development Goal to reduce maternal mortality, Dr. Herrin recommended vital registration as measurement indicator to assess the country's progress in this area. In addition, he observed that the role of the private sector and their involvement and other related issues are well-taken. He cited several interventions made by the local government units with regard to the participation of the private sector in family planning in their specific localities. Moreover, he commended the increasing involvement of private entities as this expands the outreach of facilities that the public sector cannot readily give. If the private sector can readily cater to those who can pay, then the government can focus their subsidies more on the relatively poor.

16. Secretary Deles' reaction to Dr. Orbeta's paper centered on five points. Her first comment referred to the latest development in poverty monitoring. She said that in an attempt to streamline overlapping minimum basic needs indicators, the NAPC together with Dr. Celia Reyes of PIDS came up with 13 new poverty indicators. These will make poverty monitoring more manageable and more open to national aggregation for national policy.

17. In terms of anti-poverty policy framework, the government through the NAPC has been responding positively to the policy issues raised by Dr. Orbeta. She claimed that the four pillars of the country's overall poverty reduction approach as outlined in the MTPDP and which the NAPC directly oversees, addresses not just the growth factor anchored on free enterprise but also the question of equity, and wealth redistribution. Under this, NAPC has further delineated the functions of asset reform, human development services, and livelihood and employment, social protection and protection against violence for the most vulnerable and participation in governance.

18. While she agreed with the recommendations mentioned in the study such as the need for a truly comprehensive and concerted delivery of basic services specifically education and health, she urged the researchers to also look into the impact of other services like the government's electrification project on aggregate fertility levels, because these are more immediate concerns, priority projects that the government has to address.

19. Secretary Deles also mentioned that in order to ascertain that antipoverty measures go to the intended beneficiaries, efficient program targeting must be done. NAPC, being one of the agencies responsible for the KALAHI—the government's antipoverty program, has set the parameters for targeting especially in the rural areas, and these can be summed up in terms of poverty incidence, asset reform gaps, presence of vulnerable sectors and impact of crises, either ecological or armed conflict. Moreover, program targeting for KALAHI has been based and done on barangay levels. By doing this, KALAHI has to go into areas that are hardest to reach and most in need. The choice of poorest municipalities likewise are made based on the criteria that look into the number of members, the demographic structure of the population, the educational attainment of the members relative to their potential, the proportion of dwelling units and amenities, as well as municipality access. She then cited some ongoing projects to illustrate government's efforts to minimize leakage and to ensure that services go to the needed sector.

20. For her final comment, although she was disillusioned by the fact that family planning is not included in the present poverty reduction package, which she blamed to some lapse in the policy, she argued that efforts are being made to include family planning in the package. She viewed the inclusion of POPCOM in the regional convergence network as one good move towards the mainstreaming of family planning in the KALAHI areas. She also informed the participants that the nine billion pesos fund, specifically allotted for KALAHI-CIDSS program and will be disbursed for the next five years, could be one source of funding for family planning.

21. In conclusion, Secretary Deles tried to dispel disparaging talks on the President's policy pronouncements regarding family planning by explaining that the despite the President's special promotion of the Natural Family Planning, the Arroyo government is still firm in its commitment to promote every legal means of family planning. Moreover, the President has been clear on her stance not to interfere with the LGUs on this matter. With these building blocks in place, the only challenge to hurdle according to her is the consistent and determined follow through or monitoring of the commitments made by the different agencies and LGUs.

22. On the other hand, Dr. Flavier mentioned that Dr. Orberta's paper already consolidated enough information to push enlightened leaders to action. He focused on the impacts of public

policy on fertility, health and mortality, in-migration and out-migration, gender, and program management and financing.

23. In particular, he discussed the impact of public policy on fertility. Encouraging contraception and providing family planning (FP) services has been shown to reduce fertility. While there is a call for a better basis for targeting fertility reduction efforts, information shows that total fertility rate is related to household income levels. The rich already have fertility rate at around fertility levels but the poor households still have fertility rates that are higher than the national average.

24. As regard the impact of public policy on health and mortality, there was no clear or consistent evidence in the paper showing a direct relationship of policies in this area with an improvement in the health status and decreasing mortality. However, other researchers have suggested that FP services can reduce infant mortality by 20% and maternal mortality by 29%. As such, family planning policies should be an important health concern. On the one hand, with high fertility and stagnant economies, there are forces of in-migration to cities and out-migration to areas with more employment and other opportunities.

25. For the impact of public policy on gender, Dr. Flavier noted that with agreement between couples, there was more shared intention to practice contraception in the future, and more successful control of fertility. He agreed with Dr. Orbeta's view that there should be more research to find ways of enhancing male involvement in reproductive health and family planning decision-making – moreso for taking on the burden of contraception; and encouraging men to use condoms, participate in natural family planning, and accepting opportunities to demonstrate contraceptive responsibility with no-scalpel vasectomy.

26. Lastly, he discussed the impact of public policy on program management and financing. The paper emphasizes the value of policies that encourage the local government and the private sector to play a bigger role in family planning and population programs. And the viability of out-of-pocket and household payments for FP services is also stressed. However, the Philippine government should not be off the hook. The role of national agencies (DOH, PhilHealth, POPCOM, etc.) is equally if not even more important. All these stakeholders can do well by considering research findings that show the value of attracting the non-poor clients, who are supported by the public sector, into the private sector FP service facilities and motivating the public sector to reach out to more of the poor.

27. Dr. Flavier also reiterated that statistics or evidences presented in the paper state that:

    - ❖ The increase in contraceptive prevalence rate has reached a plateau and even declined;
    - ❖ The total fertility rate decline is slow by Asian standards; and
    - ❖ The population indices bring the country out of the company of the countries in the region and down to the level of Sub-Saharan African nations.

28. Moreover, he emphasized that the number of infant deaths and maternal mortality in the country continues to be high as pointed out in Dr. Orbeta's paper. Apart from a disturbing picture of dying babies and dying mothers, Philippine abortion information raises another challenge. With an estimated abortion rate of 400,000 annually and with 99,600 women hospitalised and some even dying because of abortion complications in the country, Friendly Care and other health care organizations should provide more FP services to prevent these abortions and the unwanted pregnancies that often cause them. The challenge is to address the unmet family planning needs.

29. Likewise, interesting points were raised during the open forum and they are as follows:

- Because the KALAHI-CIDSS is community-based, Sec. Deles explained that although it is not limited to natural family planning, the choice on what to promote and what to prioritize depends on the community. Community groups propose or draft a line-up of projects and activities, and a multi-stakeholder assembly decides which among these proposals will be funded and undertaken. Where the KALAHI-CIDSS funds go is not determined by government or by LGUs. According to her, this is one area where there is really a special challenge to LGUs—to mobilize the communities into making project proposals.

- Cognizant of the fact that there is available fund that can be used for family planning within the KALAHI-CIDSS program, Mr. Osias claimed that POPCOM will be much more bolder at the LGU or grassroots level. In addition, he asked Sec. Deles on the kind of collaboration or coordination with local government units and other agencies that POPCOM can be involved with under the umbrella of KALAHI-CIDSS and whether this can be elevated to the national level.

- Sec. Deles cited the project "KAPIT-BISIG LABAN SA KAHIRAPAN" as one way by which KALAHI relates to LGUs. Although there have been some decisions made during the joint meetings among DepEd, DSWD and DOH, the project remains to be on its first level due to the lack of consistent and determined monitoring and follow-through. Hence, a stronger cluster that will work on family planning is called for. She also mentioned that the project has bigger funds than KALAHI, and there are in fact three cycles of funds available for this project that go directly to the community account. Further, under this set-up, local government participation, which comprises the second level, is needed in the development of framework that will be used as basis for the formulation of local poverty reduction action programs.

- With regard to the second question raised by Dir. Osias, Sec. Deles was convinced that the same program could be elevated to the national level. However, real work must be done first at the local level before any attempt is done on a nationwide scale. Furthermore, given President Arroyo's recent population policy pronouncement, she argued that it would be counter-productive to push the debate to the national level. The President has made it clear that the "spaces" that count is on the community or LGU level, which is beyond her sphere of influence. As an ending note, she pointed out that that the same space referred to by the President has been under-utilized and perhaps under-appreciated.

- One of the problems of the KALAHI program is the access to commodities. The poor actually avail of the contraceptives. However, there are worries on where it will come from. If it is from the local level, with the national policy statements that no funds should go to the commodities, then one can come up with proposals at the local level that will allow purchase of commodities with a certain group of women who might conceive of that as part of their program. Also, related to this is the financing of certain aspects of the sterilization services. One of the problems has to do with transportation. Just getting the people to the site where the services are available is a problem. Again, one can conceive of a project where women and men might need transportation support. Thus, poor communities can ask for support from the CIDSS or KALAHI or other stakeholders which can be mobilized to support these projects.

- The regular KALAHI is pushed by regular convergence and some funds from the Presidential Social Funds. It's co-terminus with the administration. On the one hand, the KALAHI-CIDSS program has funding until 2007. To date, it is only on its second phase. It started January 2003 with 11 municipalities and 11 provinces. It is expanding exponentially, i.e., each municipality has three rounds of funding decisions.

- On the debate questions on KALAHI-CIDSS financing terms or procedures and other parameters, Sec. Deles said that specific details have yet to be worked out because up to now there are no concrete takers. But definitely, Sec. Soliman, according to her, would be pleased to discuss with and assist interested parties regarding financing matters.

- On the other hand, Dr. Orbeta mentioned that the issue on government services not reaching the poor is not new. He added that it is very difficult to have trend analysis without the data. With respect to disparities in the data, he would expect that in the next survey there would be explanations why simple services like family planning advice still have disparities. However, he said that ligation that has two-fold hurdle, i.e., financial and availability of services, is understandable. Maybe the PhilHealth will be able to solve the first hurdle of financing but not the second one. Further, he emphasized that the challenge is to do what can be done at the local level. Lastly, he welcomed Dr. Flavier's comment that he should emphasize not the lack of evidence but rather, the lack of action. As a researcher, he opined that lack of action is an indication that the evidence is not convincing enough.

- Dr. Lamberte pointed out that the problem maybe is that bigger things are thought of at the top while people at the ground level are allowed to make their own choices. Thus, the policy of the national government is to make those choices available to everybody and let the local government decide using their own resources perhaps with the co-financing from the national government. He also opined that there should be other methods rather than promoting only one. He also raised a question from the point of view of the academic, i.e., can the national government make available some resources to improve the capacity of the LGUs and NGOs to exploit the opportunities given the abnormality in promoting the population policy and given the fact that the space down there has not been exploitative.

- In response, Sec. Deles reiterated that there are many ways of defining capacity building for family planning that would make it very acceptable and doable. Within fiscal constraints, the constraint is really the broader fiscal question. The situation is really far from ideal.