

# PHILIPPINES

## PAC-FP COUNTRY BRIEF

**Postabortion care (PAC) provides a comprehensive approach to preventing morbidity and mortality caused by abortion complications (PAC Consortium, 2014). As per the U.S. Agency for International Development (USAID) PAC model, a critical component of PAC is providing access to family planning (FP) counseling and services. Providing these services helps meet the reproductive intentions of women who most clearly demonstrate an unmet need for FP, reduces unintended pregnancies, and prevents repeat abortions, thus reducing maternal deaths (Curtis, Huber, and Moss-Knight, 2010). The information below highlights the Republic of the Philippines' investment in providing PAC and FP services to women in need.**

### **POLICIES, LEADERSHIP, AND GOVERNANCE**

The Republic of the Philippines' national policy on family planning (FP) and reproductive health (RH) is outlined in a number of documents, including the National Policy on Responsible Parenthood and Reproductive Health (2012) (also known as the Reproductive Health Law), the Health Agenda Framework 2016–2022, and the National Policy on the Prevention and Management of Abortion Complications (PMAC) (2016). The Reproductive Health Law aims to improve women's RH and reduce maternal mortality, and mandates the supply of a full range of contraceptive methods, with emphasis on marginalized populations and the poor (Hussain and Finer, 2013). One of the law's ten elements includes the creation of the National Policy on PMAC, which addresses postabortion care (PAC) in calling for “quality, humane postabortion care services by competent, compassionate, objective, and nonjudgmental service providers in a well-equipped institution, complemented by a supportive environment” (Republic of the Philippines Department of Health Law, 2000). While the implementation of the law has been delayed by the Supreme Court since 2013, the bill is an important milestone in the advancement of RH in the country (Hussain and Finer, 2013). The Department of Health's Women Men Child Health Development Division coordinates the country's RH/FP program, and the Department of Health Central handles maternal health and FP.

### *Legal Status on Abortion*

Under the Philippines' Penal Code of 1930, abortion in any form is illegal and punishable by law for services providers and women seeking this service.

### **PAC TRAINING AND STANDARDS**

In 2000, the Philippines introduced their first PMAC training, which was modeled on EngenderHealth's training curriculum. The Department of Health—with the support of a multidisciplinary technical working group—is now in the process of updating a training curriculum for doctors, nurses, and midwives to focus on the competencies highlighted in the National Policy on PMAC. These include: (1) prevention of threatened abortion; (2) treatment of complications of spontaneous and induced abortion, including use of uterotonics, manual vacuum aspiration, and dilatation and curettage; (2) counseling; (3) FP, including counseling and voluntary contraceptive services; (4) linking PMAC to other RH services, such as evaluation and treatment of sexually transmitted infections, HIV counseling and testing, and cancer screening; and (5) integration of PMAC across service delivery networks. PMAC services accessibility is based on the level of health facility, availability of a trained provider, and provision of appropriate equipment. The country is also in the process of developing a curriculum to strengthen PAC training, with a specific focus on FP.



**PAC-FP** THE POSTABORTION CARE  
FAMILY PLANNING PROJECT  
Expanding contraceptive methods and informed choice to PAC clients



**USAID**  
FROM THE AMERICAN PEOPLE



**EngenderHealth**  
for a better life

## **STRENGTHENING SERVICE DELIVERY**

Trained and certified midwives and nurses are able to provide manual vacuum aspiration in cases of uncomplicated first trimester incomplete abortions at secondary facilities—such as regional health units, private clinics, lying-in facilities, and level I hospitals. At hospital levels 2, 3, and 4, trained and certified doctors can provide medical and surgical treatment for complications of abortion.

## **BARRIERS TO PAC**

Women in the Philippines face multiple barriers to accessing PAC and FP services, including stigma from peers and medical professionals. Women who seek PAC may be viewed as criminals: they are often harassed, intimidated, and threatened with criminal prosecution by health service providers (Center for Reproductive Rights, 2010). In a 2013 Guttmacher Institute report, women stated feeling shamed and intimidated by healthcare workers when seeking PAC and noted that services are delayed, fees increased, and, in some cases,

treatment was completely denied (Hussain and Finer). Access to care as well as general access to RH and FP information and services is also limited, causing additional challenges for women in the country.

## **FINANCING MECHANISMS**

The Philippine's national health insurance program, PhilHealth, includes coverage for PAC services, as well as for postpartum and postabortion FP. PhilHealth has a permanent funding mechanism for PAC in which FP, emergency care, manual vacuum aspiration syringes, and hospitalization are provided for free.

In 2015, the country's national budget for RH was approximately PHP 40.7 billion (approximately US 820 million) (FP 2020, 2016). For the 2016 financial year, the country's proposed budget was PHP 3.3 billion (US 65.8 million), including one billion earmarked for contraceptive supplies (FP2020, 2016).

THE PHILIPPINES		Year	Source
<b>Demographic/background indicators</b>			
Country population	104,918,090	2017	World Bank <sup>1</sup>
Total fertility rate	2.9	2016	
Maternal mortality per 100,000 live births	114	2015	World Bank <sup>2</sup>
Age at first birth	23.5	2017	Demographic and Health Survey, 2017
Newborn mortality per 1,000 live births	14		
Infant mortality per 1,000 live births	21		
Under-five child mortality per 1,000 live births	27		
Facility-based deliveries	78.0%		
Proportion of women who received antenatal care from a skilled provider	90%		
Proportion of women who received a postnatal check within two days of delivery	86.0%		
<b>Abortion and FP-related indicators</b>			
Number of abortions	6,100,000	2012	Guttmacher Institute, 2013
Abortions per 1,000 women	27	2000	
Number of women hospitalized for abortion-related complications	Over 100,000	2012	
Number of unintended pregnancies	2,405,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of maternal deaths attributable to abortion complications	1,000	2008	Guttmacher Institute, 2013
Number of unintended pregnancies averted due to use of modern contraceptive methods	2,549,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of unsafe abortions averted due to use of modern contraceptive methods	601,000		
Number of maternal deaths averted due to use of modern contraceptive methods	1,200		
Modern method contraceptive prevalence rate, all women of reproductive age (WRA)	25.8%		
Knowledge of FP, all WRA	99%	2017	Demographic and Health Survey, 2017
<b>Contraceptive use by type</b>			
<b>Long-acting and permanent methods</b>			
Sterilization (female)	22.9%	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Sterilization (male)	0.4%		
Intrauterine device	9.3%		
Implant	0.0%		
<b>Short-acting methods</b>			
Injection (intramuscular and subcutaneous)	9.7%		
Pill	50.0%		
Condom (male)	5.9%		
Condom (female)	0.0%		
Other modern methods (e.g., cycle beads, and lactational amenorrhea method)	1.7%		
Unmet need for FP <sup>3</sup> (2018)	17.0%	2017	Demographic and Health Survey, 2017
<ul style="list-style-type: none"> <li>• Unmet need for spacing</li> <li>• Unmet need for limiting</li> </ul>	<ul style="list-style-type: none"> <li>• 6%</li> <li>• 11%</li> </ul>		
Percentage of all women who received FP information during their last visit with a health service provider	28.8%	2013	Demographic and Health Survey, 2013

<sup>1</sup> <https://databank.worldbank.org/data/reports.aspx?source=2&country=PHL>

<sup>2</sup> <https://data.worldbank.org/indicator/SH.STA.MMRT>

<sup>3</sup> Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report either not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

## REFERENCES

Center for Reproductive Rights. 2010. *Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban*. New York, NY: Center for Reproductive Rights. [https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/phil\\_report\\_Spreads.pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/phil_report_Spreads.pdf).

Curtis, C., Huber, D., and Moss-Knight, T. 2010. "Postabortion Family Planning: Addressing the Cycle of Repeat Unintended Pregnancy and Abortion." *International Perspectives on Sexual and Reproductive Health* 36(1): 44–48. doi: 10.1363/ipsrh.36.044.10.

FP2020. 2016. *Philippines: Commitment Maker Since 2012*. <http://www.familyplanning2020.org/entities/152>.

FP2020. *Philippines: FP2020 Core Indicator Summary Sheet: 2017–18 Annual Progress Report*. <https://www.familyplanning2020.org/sites/default/files/Philippines%202018%20CI%20Handout.pdf>.

Hussain, R. and Finer, L.B.. 2013. "Unintended Pregnancy and Unsafe Abortion in the Philippines: Context and Consequences." *In Brief* (3) [https://www.guttmacher.org/sites/default/files/report\\_pdf/ib-unintended-pregnancy-philippines.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/ib-unintended-pregnancy-philippines.pdf).

Philippine Statistics Authority and ICF. 2018. *Philippines National Demographic and Health Survey, 2017*. Quezon City, Philippines and Rockville, MD: Philippine Statistics Authority and ICF.

Philippine Statistics Authority and ICF. 2014. *Philippines National Demographic and Health Survey, 2013*. Quezon City, Philippines, and Rockville, MD: Philippine Statistics Authority and ICF.

Postabortion Care (PAC) Consortium. 2014. *Misoprostol for Postabortion Care: Expanding PAC Service Delivery and Access with a Highly Effective Treatment for Incomplete Abortion*. PAC Consortium.

Republic of the Philippines, Department of Health, Office of the Secretary. 2000. *Prevention and Management of Abortion and its Complications (PMAC) Policy*. [http://www.postabortioncare.org/sites/pac/files/MOHPhi\\_Administrative\\_Order\\_45B.pdf](http://www.postabortioncare.org/sites/pac/files/MOHPhi_Administrative_Order_45B.pdf).

