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13 January 2020

United Nations Human Rights Committee

Office of the United Nations High Commissioner for Human Rights

Palais des Nations

CH-1211 Geneva 10

Switzerland

Re: Supplementary information to the List of Issues on the fifth periodic report of the Philippines for the consideration of the Committee in its 128th session on March 2-27, 2020

Dear Committee Members:

1. The undersigned organizations prepared this letter to provide supplemental information for the List of Issues (LoIs) for the Republic of the Philippines (state party) on its fifth periodic report for the consideration of the Human Rights Committee (the Committee) in its 128th session on March 2-27, 2020. We hope to further the work of the Committee by providing independent information since the Committee’s last periodic review of the state party in 2012 on the status of reproductive health and rights in the Philippines as protected by the International Covenant on Civil and Political Rights (ICCPR).[[1]](#endnote-1)
2. We welcome the state party’s enactment of a ground-breaking national law promoting women’s and girls’ reproductive health and rights and the conduct of the first national inquiry on reproductive health and rights. The **Responsible Parenthood and Reproductive Health Act (RPRHA)** which was signed into law in December 2012 guarantees the right to reproductive health services in particular universal access to the full range of contraceptive information and services and the right to humane, compassionate, and non-judgmental post-abortion care.[[2]](#endnote-2) In 2016, the Philippine Commission on Human Rights (PCHR) conducted the first ever **national inquiry on reproductive health and rights** and, as will be further discussed below, found the state party accountable for reproductive rights violations especially those affecting marginalized and vulnerable groups.[[3]](#endnote-3) In 2015, the Committee on the Elimination of Discrimination against Women (CEDAW Committee), found the state party liable for grave and systematic violations of women’s and girls’ right to access to reproductive health information and services as a result of restrictive laws and policies.[[4]](#endnote-4) While the CEDAW Committee’s recommendations have not been fully implemented, the enactment of the RPRHA and the conduct of the PCHR inquiry are positive steps to address the inequality and discrimination women and girls face in exercising their reproductive rights.
3. Other positive developments since 2012 include actions from various government offices and agencies – including the Office of the Solicitor General, Department of Health (DoH), Commission on Population (PopCom), and Food and Drug Administration (FDA) – which defended the implementation of the RPRHA against a challenge by conservative religious and anti-choice groups before the Supreme Court.[[5]](#endnote-5) In 2017, the FDA also ensured women’s and girls’ access to modern contraceptives by certifying 51 contraceptive products as “non-abortifacients” and made them legally available.[[6]](#endnote-6) Furthermore, the state party included in its Ten-point Socio-Economic Agenda the strengthened implementation of the RPRHA “to enable especially poor couples to make informed choices on financial and family planning”[[7]](#endnote-7) and issued Executive Order 12 (E.O. 12)[[8]](#endnote-8) which aimed to “intensify and accelerate the implementation of critical actions necessary to attain and sustain ‘zero unmet need for modern family planning’ for all poor households by 2018, and all of Filipinos thereafter.”[[9]](#endnote-9) To support the implementation of E.O. 12, the DoH enacted an administrative order outlining priority strategies and population groups as well as specific guidelines for the state party and civil society groups to reduce the unmet need for modern family planning services.[[10]](#endnote-10) Finally, during the Nairobi Summit on the 25th anniversary of the International Conference on Population and Development on 25 in November 2019, the state party expressed its desire to “ensure that every pregnancy and every birth is wanted and every Filipino is able to contribute productively to national development” and reiterated its commitment to, among others, “fully implement [its] sexual and reproductive health and population-related policies” as well as “accelerate integrated efforts to reach and optimize demographic dividend through scaling up of maternal and infant health programs in the first one thousand days of life of the child, and accelerate demographic transition through redoubled implementation of our population and family planning program”.[[11]](#endnote-11)
4. However, as will be discussed, continuing legal restrictions and regressive steps on some of these positive developments negatively impact women’s and girls’ access to information and services on (1) **safe and legal abortion including post-abortion care**, and the (2) **full range of contraceptives including emergency contraceptives** which result in grave violations of the state party’s obligations to respect, protect, and fulfill the rights to life, liberty and security, equality and non-discrimination, privacy, to found a family, to be free from torture and ill-treatment, and to effective remedy for violations of rights under Articles 2, 3, 6, 7, 17, 23 of the ICCPR. The sections below examine these in detail by (a) reviewing **key recommendations issued by the Committee to the state party in 2012** and the **responses of the state party** to such recommendations as contained in its report submitted to the Committee in 2019, (b) providing **supplementary information on the current national situation**, and (c) sharing **relevant recommendations received by the state party from other UN and human rights bodies since 2012**. In its upcoming session, we urge the Committee to adopt and pose to the state party the **suggested list of issues and questions** enumerated below.
5. **On abortion and post-abortion care (Articles 2, 3, 6, 7, 17)**
6. In 2012, the Committee expressed concern on the country’s legal framework on abortion “which compels pregnant women to seek clandestine and harmful abortion services, and accounts for a significant number of maternal deaths.”[[12]](#endnote-12) It called on the state party to “review its legislation with a view to making provision for exceptions to the prohibition of abortion, such as protection of life or health of the mother, and pregnancy resulting from rape or incest, in order to prevent women from having to seek clandestine harmful abortions.”[[13]](#endnote-13) In its General Comment 36, the Committee expressed that the right to life means that states may not regulate voluntary termination of pregnancy if it violates the right to life or other human rights of a pregnant woman or girl and that states should address barriers, including criminal penalties, that deny women and girls access to abortion.[[14]](#endnote-14)
7. In its report, the state party noted that “the Revised Penal Code [RPC] (Article 11, paragraph 4) may justify abortion to protect the life and health of pregnant women” and that it has no knowledge of any “report of women having been prosecuted or taken to court because of the commission of abortion.”[[15]](#endnote-15) It also expressed that “religious and social recriminations do not form part of routine reporting by any government or quasi-government agency.”[[16]](#endnote-16) On addressing unsafe abortions, the state party reported that the “National Policy on the Prevention and Management of Abortion Complications [issued in] 2016 provides for the expansion of participating health facilities from government to both government and private hospitals and clinics, and of expanded roles of midwives, nurses and doctors” and that the policy “provides for the training on and monitoring of the Prevention and Management of Abortion and Its Complications (PMAC) as a regular component of the Safe Motherhood Program.”[[17]](#endnote-17) However, the state party failed to note that the 2016 post-abortion care policy has already been repealed in 2018 by a regressive policy.
8. ***Laws, policies, and decisions restricting women’s and girls’ access to abortion***

*Suggested question:*

What measures have been adopted to establish a mechanism to guarantee effective access to safe and legal abortion when necessary “to protect the life and health” of a pregnant woman? Please provide information on the steps taken by the state party to address the misconceptions on legal and justified abortions, raise awareness on the legality of an abortion to protect the life and health of pregnant women among key stakeholders including women and girls, health care providers, and law enforcement authorities, and to gather disaggregated data on the incidence of abortions and number of abortion-related complications and deaths and its causes.

1. **The state party’s penal laws on abortion are based on an early 19th century colonial law which forces women and girls to continue unwanted pregnancies or seek harmful abortion.** Abortion remains criminalized under the RPC.[[18]](#endnote-18) The RPC imposes prison sentences up to 6 years for an individual found guilty of performing or providing assistance to an abortion with the consent of the woman, or on the woman herself having an abortion.[[19]](#endnote-19) The RPC was largely based on the Spanish Penal Code of 1870.[[20]](#endnote-20) The penal provisions on abortion can be further traced to the older Spanish Penal Codes of 1848 and 1822.[[21]](#endnote-21) Since the enactment of the RPC, the criminalization of abortion has been reinforced under other national laws.[[22]](#endnote-22)
2. The state party’s recent National Demographic and Health Survey continues to exclude relevant data on abortion. The **absence of official data conceals the grave impact of the penal laws on abortion on women’s rights** and essentially prevents the state party from developing appropriate laws, policies, and programs. So far, available data and estimates on the incidence of abortion in the country are based on independent studies which reported that 610,000 illegal and unsafe abortions took place in the country in 2012—an increase from 560,000 in 2008—with an estimated 100,000 women hospitalized for abortion complications in 2012.[[23]](#endnote-23) The penal laws on abortion disproportionately impact poor women who are often forced to resort to riskier methods of abortion.[[24]](#endnote-24)
3. Since 2012, the state party’s efforts in reviewing laws on abortion particularly on reforming the RPC were limited to **proposed or actual increases in penalties imposed upon individuals involved in causing, performing or undergoing an abortion**. For example, a bill seeking to amend the RPC was filed in 2016 before the Senate and proposed the imposition of a fine in addition to imprisonment for any provider found guilty of performing abortion,[[25]](#endnote-25) women consenting to an abortion or her parents, and any other individual acting as an accessory.[[26]](#endnote-26) The bill also proposed to include a new provision that explicitly penalizes any attempt to commit an abortion.[[27]](#endnote-27) In 2017, a law was enacted increasing the fine a hundredfold for pharmacists who dispense abortifacients without prescription—from a fine not exceeding 1,000 Philippine pesos (Php) (approximately USD 20)[[28]](#endnote-28) to a fine not exceeding 100,000 (approximately USD 2,000).[[29]](#endnote-29) In 2019, the country’s new customs declaration form explicitly included “abortion paraphernalia” in its list of prohibited items.[[30]](#endnote-30) Other laws and policies on reproductive health also continued to promote the “illegality” of abortion.[[31]](#endnote-31)
4. Since the Committee’s review, the Supreme Court (the Court) have issued **decisions which contribute to the legal uncertainty on when legal abortions may be allowed**. For example, while the Constitution does not expressly prohibit access to abortion and may be interpreted to allow abortion in certain circumstances, including at a minimum when the life or health of a woman or girl is at risk, the Court narrowly described the said policy in a 2014 decision as a “constitutional policy prohibiting abortion.”[[32]](#endnote-32) The Court’s interpretation and its emphasis on the “principle of no abortion” wholly ignores women’s fundamental rights enshrined in the Constitution.[[33]](#endnote-33) In a related case questioning the FDA’s re-evaluation and re-certification of 77 contraceptive products and devices, the Court called on the FDA to ensure that contraceptives “do not harm or destroy the life of the unborn from conception/fertilization.”[[34]](#endnote-34) The Court failed to respect and protect women’s lives when it ordered the FDA that, in evaluating and approving contraceptive products, “all reasonable doubts shall be resolved in favor of the protection and preservation of the right to life of the unborn from conception/fertilization.”[[35]](#endnote-35) In directing the FDA to comply with this rule, the Court adopted the argument advanced by religious and anti-choice groups to observe the “principle of prudence.”[[36]](#endnote-36)
5. These recent developments have compounded the harm and stigma on women and girls undergoing abortion and those who are assisting them notwithstanding the state party’s express acknowledgement that abortion when necessary “to protect the life and health” of a pregnant woman may be justified under the current penal laws. This **recognized exception has** **neither translated to improved access to safe and legal abortion nor reduced clandestine harmful abortions in the country**. The specific provision noted by the state party under the RPC refers to the justifying circumstance or defense of “causing damage when necessary to avoid a greater evil or injury” and imposes stringent requirements to be applicable to abortion.[[37]](#endnote-37) To successfully invoke such defense, the pregnant woman, healthcare provider, or any person assisting her bears the burden of proof. They must voluntarily admit committing abortion and then prove as a “question of fact” with clear and convincing evidence that the abortion was justified.[[38]](#endnote-38) Immediate conviction follows after failure to prove such fact and could result in imprisonment of up to 20 years.[[39]](#endnote-39) Since there is no known case upon which a court of law has properly adjudicated this defense, many health care providers continue to fear openly providing safe abortions services under any circumstances.[[40]](#endnote-40) Many still assume that they must turn away patients who seek an abortion, including in cases when the pregnancy poses a risk to the woman’s or girl’s life or health.[[41]](#endnote-41) A similar climate of fear of the law and punishment is seen among women and girls who seek abortion even when necessary to save their lives.[[42]](#endnote-42) Further, aside from its acknowledgment in its report to the Committee, **the state party has not taken any step to either address the misconceptions on legal and justified abortions or establish any mechanism to guarantee effective access to safe and legal abortion** when necessary “to protect the life and health” of a pregnant woman.
6. **Since the Committee’s 2012 review, the state party has been repeatedly urged by human rights bodies to amend its law on abortion.** In 2013, the CEDAW Committee called on the state party to “legalize abortion in cases of rape, incest, threats to the life and/or health of the mother, or serious malformation of the foetus”.[[43]](#endnote-43) In 2016, the Committee on Economic, Social, and Cultural Rights (ESCR Committee) also expressed concern on the criminalization of abortion which has led to “a growing number of unsafe abortions and very high maternal mortality rates including among adolescents.”[[44]](#endnote-44) The ESCR Committee recommended that the state party “take all measures necessary to reduce the incidence of unsafe abortion and maternal mortality including through amending its legislation on the prohibition of abortion to legalize abortion in certain circumstances.”[[45]](#endnote-45) Also in 2016, the Committee against Torture (CAT Committee) urged that state party to “review its legislation in order to allow for legal exceptions to the prohibition of abortions in specific circumstances such as when the pregnancy endangers the life or health of the woman, when it is the result of rape or incest and in cases of foetal impairment.”[[46]](#endnote-46) In 2017, during the third cycle of the Universal Periodic Review, the state party took note of therecommendation to “[t]ake immediate steps to permit abortion in cases where a woman’s or a girl’s life or physical or mental health is in danger, where the pregnancy is a result of rape or incest and in cases of fetal impairment, with a view to decriminalizing abortion in the near future.”[[47]](#endnote-47)
7. The state party’s Philippine Commission on Women (PCW) has also recommended “to [have]…exceptions to the general prohibition on abortion”[[48]](#endnote-48) and that “justified abortion in circumstances where ‘continuation of pregnancy endangers the life of the pregnant woman or seriously impairs her physical health’ should…be considered.”[[49]](#endnote-49) Finally, joining the calls for review and amendment of abortion laws, PCHR, the state party’s national human rights institution, have urged Congress to “review the provisions on abortion, taking into consideration the studies forwarded by [the Center for Reproductive Rights] and EngendeRights and other women’s organizations…[and to] note [the] CEDAW Committee[‘s] views on the matter.”[[50]](#endnote-50)
8. ***Arrests, prosecution, abuse, and ill-treatment of women consenting to an abortion and other persons assisting a woman in undertaking abortion***

*Suggested question:*

What steps have been taken to fully implement the state party’s laws and policies on post-abortion care and to establish accountability mechanisms to prevent and provide remedy and reparations for abuse and ill-treatment of women seeking medical care for abortion-related complications? Please provide information on the institutional safeguards and protocols put in place to ensure patient confidentiality in the context of post-abortion care as well as information on the public health infrastructure system in place including necessary financial, technical, and human resources dedicated to the provision of post-abortion care.

1. Contrary to the state party’s claim that “[t]o date, there is no report of women having been prosecuted or taken to court because of the commission of abortion”, **the penal laws on abortion have given rise to numerous reports of actual and threatened arrests and prosecutions, coerced interrogations, forced confessions, harassments, verbal and physical abuses, and delay or denial of medical treatment for abortion-related complications**.[[51]](#endnote-51) The continued legal restrictions on abortion has also had a chilling effect on women’s and girls’ access to post-abortion care. Abusive practices together with the criminal restrictions on abortion violate the prohibition of torture and ill-treatment as previously recognized by the Committee Against Torture[[52]](#endnote-52) and the Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment (SR on Torture) given the "tremendous and lasting physical and emotional suffering inflicted on the basis of gender".[[53]](#endnote-53) These violations of the right to be free from torture and ill-treatment was reaffirmed by the Committee, in its General Comment 36, when it expressed that “restrictions on the ability of women or girls to seek abortion must not, inter alia, jeopardize their lives, subject them to physical or mental pain or suffering which violates article 7…” and recommended that states “should…effectively protect the lives of women and girls against the mental and physical health risks associated with unsafe abortions.”[[54]](#endnote-54)
2. A 2019 study conducted by WomanHealth Philippines on the challenges to and barriers in the access to and provision of post-abortion care in four areas in the country confirmed that the stigma attached to abortion and its continuing criminalization impact women’s decision to access care for abortion-related complications as well as the actual delivery and quality of such services. It found that the lack of information and awareness on when and where post-abortion can be accessed, inadequate health infrastructure for post-abortion care, fear of possible arrests for committing an illegal abortion, negative treatment from healthcare providers, and the inadequate policy environment on post-abortion care, among others, constitute as lived barriers for women and girls to seek post-abortion care.[[55]](#endnote-55) The testimony of one woman from Davao City reflects the ongoing stigma, intimidation, and ill-treatment commonly experienced in the context of post-abortion care—

*“The doctor asked: ‘What really happened? And don’t lie!’ … ‘Truly, Doc, I had miscarriage because I had a massage.’ ‘You are lying, you had an abortion! You aborted the child.. ... She [doctor] was very mad. ‘Be thankful that you are still alive!’ she said to me. ‘Because someone already came in earlier claiming she had a miscarriage, just like your story, that she had a miscarriage and then fever and chills. But you’re both the same, you both used [misoprostol], this was seen in your findings. Don’t you know that this medicine does not dissolve? We can still see what medicine you had taken.’ She said these to me. ‘Be thankful that you are still alive! Because the one before you died, it was too late to save her.’ …I could not reply anymore. I fell silent because I was hurt…. I was stunned by the news that the woman before me had died. The doctor told me, ‘Don’t lie anymore, because the woman before you had died’. …. The doctor said, ‘Be thankful that we did not have you arrested by the police because abortion is forbidden!’ ‘Sorry, Doc, I said.’….”* (as translated from the original Bisaya language used during the study)

1. The state party reported to the Committee that a “National Policy on the Prevention and Management of Abortion Complications” (2016 PMAC policy) was adopted by the DoH in November 2016 which expanded the scope of participating health facilities from government and the roles of midwives, nurses and doctors.[[56]](#endnote-56) However, it failed to note **the 2016 PMAC policy was immediately repealed even before it was fully implemented.** In 2018, many of the progressive elements of the 2016 policy were deleted when the DoH issued the “National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications” (2018 PMAC policy) to “provide technical guidance…[on] the prevention of illegal and unsafe abortion and the provision of quality post-abortion care in all public and private health facilities.”[[57]](#endnote-57) The 2018 PMAC policy was one of the first policies signed by the new Health Secretary who was a known advocate for the use of “natural” family planning methods over modern contraceptives—a stance which is similar to that advocated by conservative religious and anti-reproductive rights groups in the country.[[58]](#endnote-58)
2. Aside from the positive elements the state party reported, the 2016 PMAC policy also contained a “penalty clause” outlining the different officials and bodies before whom a criminal, civil, and administrative anonymous complaint may be filed in case any provision of the policy is violated.[[59]](#endnote-59) The clause mandated the state party to provide any complainant “free legal assistance and… protection against retaliatory actions and suits.”[[60]](#endnote-60) For the first time, in law or policy, the state party has made a specific and express recognition of women’s and girls’ right to file an anonymous complaint in cases of violations of their right to post-abortion care and acknowledged its obligation to facilitate women’s and girls’ access to justice in this context. However, **this penalty clause was deleted in the 2018 PMAC policy which again left undefined the specific accountability mechanisms for violations of women’s and girls’ right to access post-abortion care**.
3. In the 2016 PMAC policy, the DoH emphasized the obligation of health care providers to ensure the privacy and confidentiality of women and girls seeking post-abortion care and clarified two major points (1) that there is “no law requiring service providers to report women and girls suffering abortion complications to the law enforcement authorities” and (2) that there is no civil, criminal, or administrative liability for those providing appropriate post-abortion care.[[61]](#endnote-61) The inclusion of these provisions was crucial to address the fear among women and girls of arrest and prosecution if they present themselves with abortion-related complications as well as the fear among health care providers that they can be held liable as accomplices or accessories to a crime should they provide necessary medical treatment.[[62]](#endnote-62) With these provisions in place, both patient and provider will no longer be deterred by their fear of the law and punishment from seeking and providing timely care. These provisions were similarly deleted from the 2018 PMAC policy. Further, unlike the 2016 PMAC policy which called for institutional safeguards and protocols to “ensure patient confidentiality, privacy, [and] protection of women’s human rights” in general,[[63]](#endnote-63) the 2018 PMAC policy focused only on ensuring “audio visual privacy” to protect the patient from “public scrutiny.”[[64]](#endnote-64) **In repealing the 2016 PMAC policy, the new policy failed to formally clarify existing misconceptions harming women and girls and failed to ensure that women’ and girls’ rights to privacy and confidentiality are protected when seeking post-abortion care.**
4. Further, with its repeal, the current legal framework on post-abortion care has become insufficient to provide adequate legal protection and redress to women who face abuse and ill-treatment when seeking life-saving medical care in violation of the state party’s obligation to provide accessible and effective remedies under article 2(3) of the ICCPR which should “take into account the special vulnerability of certain categories of person” either through judicial or administrative mechanisms.[[65]](#endnote-65) In June 2019, civil society groups called on the DoH to review the 2018 PMAC policy which prompted an internal review process.[[66]](#endnote-66) The ongoing review is an important opportunity to amend the regressive provisions of the policy and to ensure the state party’s compliance with its human rights obligations. However, it remains unclear how the DoH will address the gaps and weaknesses of the 2018 PMAC policy and when a new progressive policy will be enacted and fully implemented.
5. **On contraceptives including emergency contraceptives (Articles 2, 3, 6, 7, 17, 23)**
6. In 2012, the Committee expressed concern in relation to arts. 2, 3, 6 and 17 of the ICCPR on the enactment of a local executive order in Manila prohibiting the disbursement of public funds for the purchase of modern contraceptives and recommended for its lifting. [[67]](#endnote-67) It also called on the state party to “ensure that reproductive health services are accessible for all women and adolescents” and to “increase education and awareness-raising programmes, both formal (at schools and colleges) and informal (in the mass media), on the significance of using contraceptives and the right to reproductive health.”[[68]](#endnote-68)
7. In its report, the state party noted the RPRHA and the fact that PhP2.275 billion (US$ 45.5 million) has been allocated to implement it with more than 75% (PhP1.67 billion or US$ 33.4 million) of the allocation allotted for the procurement of family planning commodities.[[69]](#endnote-69) The state party deemed the Manila executive order as repealed because of the RPRHA and reported that the local government of Manila has committed to implement this law.[[70]](#endnote-70) Further, the state party reported that “education and family program awareness-raising programs…are integrated into the curriculum of basic high school and college education” and that a “mass media campaign is being conducted by the [DoH] to increase awareness on the significance of using contraceptives and the right to reproductive health.[[71]](#endnote-71)
8. ***Laws, policies, and decisions restricting women’s and girls’ access to modern contraceptives***

*Suggested question:*

What steps have been taken to reduce the number of unintended pregnancies and maternal deaths and to provide access to the full range of contraceptive information and services including dedicated emergency contraceptives to all women and girls? Please provide information on steps taken to ensure women’s and girls’ reproductive autonomy including by removing third-party authorizations i.e. parental or spousal consent requirements for married women and minors, and prohibiting refusals of care based on religion or beliefs by hospitals and other institutions. Please also provide information on the mechanisms set up to ensure that refusals of care based on religion or beliefs by individual health care providers and public officials do not violate women’s and girls’ reproductive health and rights.

1. While the state party has claimed that the Manila executive order has been repealed by the RPRHA, the **lack of official and express repeal effectively condones the enactment by other local government units of similar orders restricting women’s access to modern contraceptives**. For example, the local chief executive of Sorsogon City enacted Executive Order No. 3 (E.O. 03) in early 2015 after the RPRHA was already in place and despite being in direct violation of such law.[[72]](#endnote-72) Similar to an earlier Manila executive order, Sorsogon City’s E.O. 03 declared the city as “pro-life” and resulted in the withdrawal of modern contraceptives in local health facilities.[[73]](#endnote-73) During its national inquiry on reproductive health and rights in 2016,the PCHR found “active religious resistance” to modern contraceptives among women due to lack of proper contraceptive information and was able to document the harmful impact of E.O. 03 including the resulting unwanted pregnancies, “outright refusal to implement” the RPRHA, stigmatization of both clients and providers of modern contraceptives, “financial and psychological burden” on marginalized women, and misinformation about modern contraceptives.[[74]](#endnote-74)
2. In a positive step in 2014, the Supreme Court of the Philippines (the Court) in the case of *Imbong v Ochoa*, which challenged the constitutionality of the law*,*[[75]](#endnote-75)upheld the constitutionality of the RPRHA and the state party’s mandate to provide universal access to contraceptive information and services particularly to marginalized women,[[76]](#endnote-76) age and development appropriate reproductive health education for adolescents in all schools,[[77]](#endnote-77) a nationwide multimedia-campaign to raise public awareness on reproductive health,[[78]](#endnote-78) as well as the mandate for LGUs to assist in the implementation of the law.[[79]](#endnote-79)
3. However, in the same *Imbong* decision, the **Court declared unconstitutional several fundamental provisions of the RPRHA protecting women's access to contraception**. With the Court’s decision, the provisions of the RPRHA has been interpreted to mean that (1) providers may, without penalty, refuse to provide elective reproductive health procedures; (2) all minors including those who have already experienced pregnancy must secure parental consent to access modern contraceptives; (3) a married individual must secure spousal consent to undergo elective reproductive health services such as ligation or no scalpel vasectomy; (4) institutional and individual “conscientious objectors” are allowed; (5) private health facilities, non-maternity specialty hospitals and hospitals run by a religious groups do not have the obligation to refer women seeking modern contraceptives to alternative health care providers; and (6) public officers may, without penalty, refuse to implement the RPRHA.[[80]](#endnote-80)
4. The PCHR, in its inquiry, found that the *Imbong* decision has prevented the full implementation of the RPRHA and has been “used by some government health facilities and health service providers in seeking parental consent for minors and in refusing tubal ligation for married women without the consent of their husbands.”[[81]](#endnote-81) These consent requirements are contrary to numerous recommendations by UN human rights bodies which have recognized third-party authorizations including parental and spousal consent as forms of discrimination against women and barriers to women’s access to reproductive health services.[[82]](#endnote-82)
5. Finally, related to the *Imbong* decision, the PCHR recommended that the state party “include in its review of the [RPRHA] the problem posed by the [Court’s] decision particularly on the scope of ‘conscientious objector’ and the absence of accountability of public officials refusing to implement the [RPRHA].”[[83]](#endnote-83) This recommendation is similar to those issued by UN human rights bodies when they called on states to implement a timely, systematic mechanism for referrals to an alternative health care provider and ensure that conscientious objection is a personal and not institutional practice.[[84]](#endnote-84)
6. The **continuing lack of access to dedicated emergency contraceptives** not only poses a threat to women’s and girls’ lives and well-being in general but also discriminates against thousands of women in the country, including victims of sexual violence who are exposed to possible risks of serious traumatic stress and mental suffering from pregnancies resulting from rape. This is worrying particularly given the incidence of sexual violence in the Philippines, where an analysis of police records in 2016 found that a woman is raped every hour.[[85]](#endnote-85) However, since 2012, the state party has not taken any step to re-list a dedicated emergency contraceptive or repeal the provision under the RPRHA which expressly prohibits national hospitals from purchasing or acquiring emergency contraceptives.[[86]](#endnote-86) This is despite the recommendation under the 2014 Family Planning Manual of the DoH for the use of the levonorgestrel-only pill to prevent pregnancies in instances of unprotected sex.[[87]](#endnote-87) Women and girls in the Philippines have no access to the levonorgestrel-only pill, an internationally recognized form of emergency contraception which the WHO has recognized as an essential drug.[[88]](#endnote-88) While the drug Postinor—a levonorgestrel-only pill—was previously approved in 1999 by the state party for victims of sexual violence, it was de-listed from the Philippine registry of drugs by the FDA in 2001.[[89]](#endnote-89) UN human rights bodies have recognized that restrictions on free distribution of emergency contraception may violate a number of rights, including the rights to health, non-discrimination, gender equality, and freedom from ill-treatment.[[90]](#endnote-90) They have previously urged the Philippines to reintroduce emergency contraceptives to prevent early and unplanned pregnancies and in cases of sexual violence.[[91]](#endnote-91) Even the PCHR found that the lack of access to emergency contraceptives is a barrier to the implementation of the RPRHA and it “fail[s] to protect women and girls who are victims of sexual violence [as well as] limit the autonomy of women and girls over their bodies….”[[92]](#endnote-92)
7. These discriminatory provisions and local laws and policies have contributed to the suffering of a **large proportion of women of reproductive age who face unmet need for family planning, experience unintended pregnancies, and die from pregnancy-related complications**.[[93]](#endnote-93) The key findings of the state party’s 2017 National Demographic and Health Survey (NDHS) reported that the contraceptive prevalence rate among currently married women has stagnated between 2013 (55%)[[94]](#endnote-94) and 2017 (54%)[[95]](#endnote-95) and unmet need for family planning only minimally decreased from 18% (2013)[[96]](#endnote-96) to 17% (2017).[[97]](#endnote-97) Compared to currently married women, unmarried and sexually active women have a substantially higher unmet need for family planning (49% versus 17%).[[98]](#endnote-98) Further, the high unmet need for contraceptives among adolescents compared to other age groups (28% versus 13%-18%)[[99]](#endnote-99) has resulted in an increasing rate of adolescent pregnancies in the country, exposing many young girls to preventable pregnancy-related risks and harms particularly among those that belong to the lowest wealth quintile and educational background.[[100]](#endnote-100) In a 2017 report, the state party noted that the maternal mortality ratio in 2015 (MMR) is 204 per 100,000 live births[[101]](#endnote-101) which failed to meet the MMR target under the Millennium Development Goals (52 per 100,000 live births by 2015)[[102]](#endnote-102) and is far from the target under the Sustainable Development Goals (70 per 100,000 live births by 2030).[[103]](#endnote-103) As admitted by the state party, leading causes of maternal deaths are “preventable and can be averted by quality obstetrics care.”[[104]](#endnote-104) Despite these negative findings, the availability of certain contraceptive methods are further limited. In December 2019, an almost **Php200 million (approximately USD 4 million) budget for implants allocated for 2020 has been scrapped** based on false claims that they cause abortion and despite being cleared by the FDA as “non-abortifacient”.[[105]](#endnote-105)
8. Since 2012, the state party has been **urged by UN human rights bodies to improve access to reproductive health information and services, particularly contraceptives**. For example, the CEDAW Committee found that because only women can experience pregnancy and they have distinct health concerns, the lack of access to reproductive health services in the Philippines reinforces “stereotyped images of women’s primary role as child bearers and child rearers”[[106]](#endnote-106) and disproportionately affects their health and lives, making it an issue of substantive equality.[[107]](#endnote-107) The CEDAW Committee noted that unplanned and unwanted pregnancies, unsafe abortions, unnecessary and preventable deaths, and women’s growing exposure to HIV and other sexually transmissible infections are direct consequences of the state party’s failure to provide the full range of sexual and reproductive health services.[[108]](#endnote-108) The Committee on Economic, Social, and Cultural Rights (ESCR Committee) also expressed its concern at the “high level of unwanted pregnancies and at the limited access to reproductive health information and services, including contraceptives, particularly among adolescents and women in rural areas, despite the [RPRHA].”[[109]](#endnote-109) It further noted that the limited access to reproductive health information and services have been made worse by judicial orders, local executive orders such as those in Manila City and Sorsogon City, and the lack of access to emergency contraceptives.[[110]](#endnote-110) The CAT Committee also expressed it concerns on the “inadequate access to sexual and reproductive health services, including misinformation about modern methods of contraception…[and urged the state party] to “[p]rovide universal access to a full range of the safest and most technologically advanced methods of contraception, ensure rights-based counselling and information on reproductive health services to all women and adolescents and restore access to emergency contraceptives for victims of sexual violence”.[[111]](#endnote-111) In 2017, the state party received and accepted recommendations from different states calling for universal access to reproductive health services including by ensuring the implementation of the RPRHA and increasing access to modern contraceptives.[[112]](#endnote-112) Finally, worth nothing is the **state party’s continued deference to religious ideologies over women’s well-being** as recognized by the CEDAW Committee in its 2015 report on the results of its special inquiry. The CEDAW Committee recommended that the state party’s laws and policies must instead “give priority to the protection of women’s health rights, in particular their sexual and reproductive health rights, over any religious postulates that may lead to de facto or de jure discrimination against women and negatively impact their access to sexual and reproductive health services, commodities and information.[[113]](#endnote-113)

Considering the existing barriers and restrictions on access to abortion, post-abortion care, and contraceptives within the state party as discussed above, we hope that this information is useful to the Committee as it prepares to review the state party’s compliance with the provisions of the ICCPR.

If you have any questions or would like further information, please do not hesitate to contact Jihan Jacob of the Center for Reproductive Rights at jjacob@reprorights.org.

Respectfully submitted,

Catholics for Reproductive Health

Center for Reproductive Rights

EnGendeRights, Inc.

Filipino Freethinkers

Philippine Safe Abortion Network

WomanHealth Philippines

Women’s Global Network for Reproductive Rights

1. International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (*entered into force* Mar. 23, 1976) [hereinafter ICCPR]. [↑](#endnote-ref-1)
2. An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health, Rep. Act No. 10354 (2012) (Phil.), secs. 3 (e), 3 (j), 3(h), 4 (q)(3) [hereinafter RPRHA]. [↑](#endnote-ref-2)
3. Philippine Commission on Human Rights and United Nations Population Fund (UNFPA), Let Our Voices Be Heard: Report Of The Commission on Human Rights Philippines’ National Inquiry on Reproductive Health and Rights 29 (2016) [hereinafter Let Our Voices Be Heard]. [↑](#endnote-ref-3)
4. *See* Committee on the Elimination of Discrimination against Women, *Summary of the inquiry concerning the Philippines under Article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women*, U.N. Doc. CEDAW/C/OP.8/PHL/1 (2015) [hereinafter CEDAW Committee, *Inquiry Report*]. *See also* Center for Reproductive Rights, Accountability for Discrimination Against Women in the Philippines: Key Findings and Recommendations from the CEDAW Committee's Special Inquiry on Reproductive Rights (2015). [↑](#endnote-ref-4)
5. Alliance for The Family Foundation Philippines, Inc. and Atty. Maria Concepcion S. Noche, and Others., v. Dr. Janette L. Garin, Secretary Designate of the Department of Health, and Others, G.R. No. 217872, April 26, 2017 [hereinafter ALFI v. DOH]. [↑](#endnote-ref-5)
6. FDA Advisory No. 2017-302: Results of the Food and Drug Administration’s re-evaluation of contraceptive products for recertification (November 2017), *available at* https://bit.ly/2LKy7sd. [↑](#endnote-ref-6)
7. Republic of the Philippines, Department of Health, President Duterte Administration 10 Point Socioeconomic Agenda (2016), *available at* https://bit.ly/2JE2Bv5. [↑](#endnote-ref-7)
8. Exec. Order No. 12: Attaining and sustaining “zero unmet need for modern family planning” through the strict implementation of the Responsible Parenthood and Reproductive Health Act, providing funds therefore, and for other purposes (January 2017), *available at* https://bit.ly/2l75All. [↑](#endnote-ref-8)
9. *Id.,* at sec. 3. [↑](#endnote-ref-9)
10. Admin. Order No. 2017-0005: Guidelines in achieving desired family size through accelerated and sustained reduction in unmet need for modern family planning methods (March 2017), *available at* https://bit.ly/2HIAXeL; *See also* Republic of the Philippines, Department of Health, Initial Progress Report on Executive Order No. 12 Implementation (July 2017), *available at* https://bit.ly/2MlEvao. [↑](#endnote-ref-10)
11. Philippine Statement of Commitment during the Nairobi Summit on ICPD 25 on November 13, 2019, as delivered by Ernesto M. Pernia, PhD, Secretary of Socioeconomic Planning, National Economic and Development Authority (NEDA), Philippines. [↑](#endnote-ref-11)
12. Human Rights Committee, *Concluding Observations: Philippines*, para. 13, U.N. Doc. CCPR/C/PHL/CO/4 (2012). [↑](#endnote-ref-12)
13. *Id*. [↑](#endnote-ref-13)
14. Human Rights Committee, *General Comment No. 36 on article 6 of the International Covenant on Civil*

*and Political Rights, on the right to life*, para. 8, U.N. Doc. CCPR/C/GC/36 (2018)[hereinafter Human

Rights Committee, *Gen. Comment No. 36*]. [↑](#endnote-ref-14)
15. Human Rights Committee, *Fifth periodic report submitted by the Philippines under article 40 of the Convention to the Human Rights Committee due in 2016*, para. 34, U.N. Doc. CCPR/C/PHL/5, received by the Committee on 31 May 2019. [↑](#endnote-ref-15)
16. *Id*. [↑](#endnote-ref-16)
17. *Id*.. [↑](#endnote-ref-17)
18. Phil. Revised Penal Code (Act No. 3815), arts. 256-259 (1930) [hereinafter Rev. Penal Code]. [↑](#endnote-ref-18)
19. *Id.* [↑](#endnote-ref-19)
20. Codigò Penal, arts. 425-428 (Spain) (1870) available at https://bit.ly/38K9VlO [↑](#endnote-ref-20)
21. Codigò Penal, arts. 376, 639-640 (Spain) (1822) available at https://bit.ly/2RXVGE0; Codigò Penal, arts. 337-340 (Spain) (1848) available at https://bit.ly/2tnyfKe [↑](#endnote-ref-21)
22. *See e.g.* The Magna Carta of Women, Rep. Act No. 9710, sec. 17(7) (2009), RPRHA, *supra* note 2 at sec. 3(j). Rep. Act No. 10951: An Act Adjusting the Amount or the Value of Property and Damage on Which a Penalty is Based and the Fines Imposed Under the Revised Penal Code, Amending for the Purpose Act No. 3815, Otherwise Known as “The Revised Penal Code” as Amended (August 2017), *available at* https://bit.ly/2K9eudh. [↑](#endnote-ref-22)
23. Lawrence B. Finer and Rubina Hussain, *Unintended Pregnancy and Unsafe Abortion in the Philippines: Context and Consequences,* Guttmacher Institute (2013). [↑](#endnote-ref-23)
24. *See* Center for Reproductive Rights, *Realizing a Healthy, Equal, and Thriving Philippines: The Role of Abortion Law Reform in Achieving the Nation’s Development Goals* 8 (2018) [hereinafter Legislative brief on Abortion in the Philippines]. [↑](#endnote-ref-24)
25. Senate Bill No. 1227: An Act to ordain and institute a new Criminal Code of the Philippines, repealing for that purpose Act No. 3815 otherwise known as the Revised Penal Code, and other related law, and for other purposes, introduced by Senator Leila de Lima, sec. 53 in relation to sec. 25 (October 2016), *available at* https://bit.ly/2l3FDCS (The bill proposed to impose a penalty for individual performing abortion without violence and with consent of woman ranging from more than one year to six years and fine equivalent to 10 to 20 times [in multiples of five] the average daily income or fine only of 50 to 100 times [in multiples of ten] the average daily income or 5 to 10 times the value of the property, whichever is higher). [↑](#endnote-ref-25)
26. *Id.* (The bill proposed to impose a penalty of imprisonment ranging from more than 10 days to one year and fine equivalent to one to 10 times the average daily income or fine only of 10 to 50 times [in multiples of ten] the average daily income or 1 to 5 times the value of the property, whichever is higher or community service). [↑](#endnote-ref-26)
27. *Id.* [↑](#endnote-ref-27)
28. Rev. Penal Code, *supra* note 18*,* art. 259. [↑](#endnote-ref-28)
29. Rep. Act No. 10951: An Act Adjusting the Amount or the Value of Property and Damage on Which a Penalty is Based and the Fines Imposed Under the Revised Penal Code, Amending for the Purpose Act No. 3815, Otherwise Known as “The Revised Penal Code” as Amended (August 2017), *available at* https://bit.ly/2K9eudh. [↑](#endnote-ref-29)
30. BoD to review new baggage declaration form to avoid confusion, BUSINESSWORLD (July 14, 2019), https://www.bworldonline.com/boc-to-review-new-baggage-declaration-form-to-avoid-confusion/; Evelyn

Macairan, BoC *clarifies questions on treason, abortion*, THE PHILIPPINE STAR (July 9, 2019)

<https://www.philstar.com/headlines/2019/07/09/1933217/boc-clarifies-questions-treason-abortion>. *See also* An Act Modernizing the Customs and Tariff Administration, Rep. Act No. 10863, secs. 118, 1401 (June 10, 2016). (Under the new Customs Code, “[g]oods, instruments, drugs and substances designed, intended or adapted for producing unlawful abortion, or any printed matter which advertises, describes or gives direct or indirect information where, how or by whom unlawful abortion is committed” cannot be imported or exported. Any person found guilty of unlawful importation or exportation of “abortion paraphernalia” may be imprisoned for up to six months and ordered to pay a fine of up to Php75,000.) [↑](#endnote-ref-30)
31. *See e.g.,* An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health, Rep. Act No. 10354, sec. 3(j) (2012), available at https://bit.ly/2HGiwfw [hereinafter RPRHA]; National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications, 1 (2018), available at https://bit.ly/2jeVC09. [↑](#endnote-ref-31)
32. James M. Imbong and Lovely-Ann C. Imbong v. Hon. Paquito N. Ochoa, Jr. and Others, G.R. Nos. 204819, 204934, 204957, 204988, 205003, 205043, 205138, 205478, 205491, 205720, 206355, 207111, 207172 and 207563, (S.C., Apr. 8, 2014) (Phil.)

[hereinafter Imbong v. Ochoa]. [↑](#endnote-ref-32)
33. *See e.g.* The Constitution of The Philippines, 1987, art. II, secs. 1, 5, 9, 11, 14, 15, art. XIII, secs. 1, 11, 12, 14. [↑](#endnote-ref-33)
34. Alliance for The Family Foundation Philippines, Inc. and Atty. Maria Concepcion S. Noche, and Others., v. Dr. Janette L. Garin, Secretary Designate of the Department of Health, and Others, G.R. No. 217872, April 26, 2017 [hereinafter ALFI v. DOH]. [↑](#endnote-ref-34)
35. *Id.* [↑](#endnote-ref-35)
36. *Id.* (The petitioners in this case cited the principle of prudence that “should there be the slightest iota of doubt regarding questions of life and respect for human life, one must try to be on the safe side” and interpreted it to be “applicable in matters affecting and related to the right to life of the unborn”). [↑](#endnote-ref-36)
37. Phil. Revised Penal Code (Act No. 3815), art. 11 (4) (1930) [hereinafter Rev. Penal Code]. The following requisites must be present: (a) the evil sought to be avoided actually exists; (b) the injury feared be greater than that done to avoid it; and (c) there is no other practical and less harmful means of preventing it. *See* Forsaken Lives, Center for Reproductive Rights, *Forsaken Lives: the Harmful Impact of the Philippine Criminal Abortion Ban,* 78(2010), *available at* https://bit.ly/2LiYMyv. *See also* People v. Punzalan, G.R. No. 199892, Dec. 10, 2012; Ty v. Philippines, G.R. No. 149275, Sept. 27, 2004, 230-233 (In similar cases involving such defense, the Philippine Supreme Court held that the act causing damage may be justified only if it is taken as a “last resort and with the least possible prejudice to another.” Also, the greater injury feared should not have been brought about by the negligence or imprudence or the willful inaction of the actor i.e. in cases of abortion, the woman, her parents, or any person providing assistance including doctors and pharmacists. [↑](#endnote-ref-37)
38. *See e.g.* Velasquez and Velasquez v. Philippines, G.R. No. 195021, March 15, 2017,available at . (“An accused who pleads a justifying circumstance under Article 11 of the Revised Penal Code admits to the commission of acts, which would otherwise engender criminal liability. However, he asserts that he is justified in committing the acts. In the process of proving a justifying circumstance, the accused risks admitting the imputed acts, which may justify the existence of an offense were it not for the exculpating facts. Conviction follows if the evidence for the accused fails to prove the existence of justifying circumstances.”). *See also* e.g. People v. Punzalan, G.R. No. 199892, Dec. 10, 2012. [↑](#endnote-ref-38)
39. Phil. Revised Penal Code (Act No. 3815), arts. 256-259 (1930) [hereinafter Rev. Penal Code]. [↑](#endnote-ref-39)
40. *See* Center for Reproductive Rights, *Realizing a Healthy, Equal, and Thriving Philippines: The Role of Abortion Law Reform in Achieving the Nation’s Development Goals* (2018) [hereinafter Legislative brief on Abortion in the Philippines]. [↑](#endnote-ref-40)
41. *Id.* [↑](#endnote-ref-41)
42. *See* Center For Reproductive Rights, Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban pp 38-41, 42-57 (2010) [hereinafter Forsaken Lives]; *See also* Center for Reproductive Rights, *Realizing a Healthy, Equal, and Thriving Philippines: The Role of Abortion Law Reform in Achieving the Nation’s Development Goals* (2018) [hereinafter Legislative brief on Abortion in the Philippines]. [↑](#endnote-ref-42)
43. CEDAW Committee, *Summary of the inquiry concerning the Philippines under Article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women*, para. 51, U.N. Doc. CEDAW/C/OP.8/PHL/1 (2015) [hereinafter CEDAW Committee, *Inquiry Report*]. [↑](#endnote-ref-43)
44. Committee on Economic, Social and Cultural Rights, *Concluding Observations: Philippines*, para. 51, U.N. Doc. ESCR/C.12/PHL/CO/5-6 (2016). [↑](#endnote-ref-44)
45. *Id*. [↑](#endnote-ref-45)
46. Committee Against Torture, *Concluding Observations: Philippines*, paras. 39-40, U.N. Doc. CAT/C/PHL/CO/3 (2016). [↑](#endnote-ref-46)
47. Human Rights Council, *Report of the Working Group on the Universal Periodic Review: Philippines* (36th Sess., 2017), para. 133, U.N. Doc.

A/HRC/36/12 (2017) [hereinafter Report of the Working Group on the UPR: Philippines]. [↑](#endnote-ref-47)
48. Office of the President, Philippine Commission on Women, *Letter from Ms. Emmeline Verzosa, Executive Director of PCW, to*

*Mr. Geronimo Sy, Assistant Secretary of the Department of Justice* (July 22, 2014), *available at* https://bit.ly/2Jzykli. [↑](#endnote-ref-48)
49. *Id.* [↑](#endnote-ref-49)
50. Let Our Voices Be Heard, *supra* note 3 at 29. [↑](#endnote-ref-50)
51. Center For Reproductive Rights, Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban pp 52-57 (2010) [hereinafter Forsaken Lives]; *see also*, Center For Reproductive Rights, Documentation Report: Focus Group Discussion On Post-Abortion Care (2014) (on file with the Center for Reproductive Rights) [hereinafter Focus Group Discussion On Postabortion Care]; Center For Reproductive Rights, Criminalization of Abortion in the Philippines: Its Harmful Impact on Women’s Health and Human Rights (2017), available at <https://bit.ly/2wP7mL3>. *See also* *Arrested for abortion*, TEMPO (July 31, 2013), http://www.tempo.com.ph/2013/07/31/arrested-for-abortion/; Ed Mahilum, *92-year-old abortionist arrested*, Manila Bulletin (Oct. 1, 2013), http://www.mb.com.ph/92-year-old-abortionist-arrested/; Aie Balagtas *See*, *Woman nabbed for abortion*, The Philippine Star (July 12, 2015), <http://www.philstar.com/metro/2015/07/12/1475986/woman-nabbed-abortion>; Pete Laude, *Student dies from abortion; midwife, aide arrested*, The Philippine Star (Apr. 1, 2012), http://www.philstar.com/metro/792774/student-dies-abortion-midwife-aide-arrested; Rey Galupo, *Man arrested for forcing girlfriend to undergo abortion*, The Philippine Star (Sept. 22, 2014), <http://www.philstar.com/metro/2014/09/22/1371700/man-arrested-forcing-girlfriend-undergo-abortion>; *4 pinaghihinalaang abortionist arestado sa Maynila*, ABS-CBN News (June 18, 2018) https://bit.ly/2SXMBZQ; Angel Movido, *Babae, arestado sa pagbebenta ng mga gamot na umano’y pampalaglag*, ABS-CBN News (Mar. 30, 2018) https://bit.ly/2PPZ1Es. [↑](#endnote-ref-51)
52. *See, e.g.*, CATCommittee, *Concluding Observations: Paraguay*, para. 22, U.N. Doc. CAT/C/PRY/CO/4-6 (2011); CAT Committee, *Concluding Observations:* *Peru*, para. 15, U.N. Doc. CAT/C/PER/CO/5-6 (2013); CAT Committee, *Concluding Observations: Philippines*, paras. 39-40, U.N. Doc. CAT/C/PHL/CO/3 (2016). [↑](#endnote-ref-52)
53. Center For Reproductive Rights, Reproductive Rights Violations As Torture Or Illtreatment: Cat Committee Jurisprudence On Violations Of Reproductive Rights, para. 42 (2016), available at <https://bit.ly/2nC8MXj> [hereinafter Reproductive Rights Violations As Torture Or Ill-Treatment]; Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, para. 47, U.N. Doc. A/HRC/22/53 (Feb. 1, 2013) (by Juan E. Mendez) [hereinafter Report of the Special Rapporteur] [↑](#endnote-ref-53)
54. Human Rights Committee, *General Comment No. 36 (2018) on article 6 of the International Covenant on Civil*

*and Political Rights, on the right to life* , U.N. Doc. CCPR/C/GC/36 (2018), para. 8 [hereinafter Human

Rights Committee, *Gen. Comment No. 36*]. [↑](#endnote-ref-54)
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56. Human Rights Committee, *Fifth periodic report submitted by the Philippines under article 40 of the Convention to the Human Rights Committee due in 2016*, para. 35, U.N. Doc. CCPR/C/PHL/5, received by the Committee on 31 May 2019. [↑](#endnote-ref-56)
57. National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications, Admin. Ord. No: 0003 (February 2018) [hereinafter 2018 PMAC]. [↑](#endnote-ref-57)
58. Aya Tantiangco, *New Health Security Duque ‘not read’ to discuss RH Law implementation – POPCOM*, GMA News Online (Nov. 2, 2017) *available at* https://bit.ly/2rMHL8Q. [↑](#endnote-ref-58)
59. National Policy on Prevention and Management of Abortion Complications, Admin. Ord. No. 004, pp. 6-7 (November 2016) [hereinafter 2016 PMAC]. [↑](#endnote-ref-59)
60. *Id.* [↑](#endnote-ref-60)
61. *Id.*, p. 4. [↑](#endnote-ref-61)
62. Center for Reproductive Rights, Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban, 65-67 (2010); *see also,* Center for Reproductive Rights, Documentation Report: Focus Group Discussion on Post-abortion care (2014) [on file with the Center for Reproductive Rights]. [↑](#endnote-ref-62)
63. 2016 PMAC, *supra* note 59, p. 3. [↑](#endnote-ref-63)
64. 2018 PMAC, *supra* note 57, p. 2. [↑](#endnote-ref-64)
65. Human Rights Committee, *Gen. Comment No. 31: The Nature of the General Legal Obligation Imposed on States Parties to the Covenant*, para. 15, U.N. Doc. CCPR/C/21/Rev.1/Add. 1326 (2004). [↑](#endnote-ref-65)
66. Letter in re: Call for review of and proposed recommendations on Administrative Order No. 2018-003 otherwise known as “National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Post-Abortion Complications” addressed to DoH dated June 17, 2019 [on file with the Center for Reproductive Rights]. [↑](#endnote-ref-66)
67. Human Rights Committee, *Concluding Observations: Philippines*, U.N. Doc. CCPR/C/PHL/CO/4, para. 13 (2012). [↑](#endnote-ref-67)
68. *Id*. [↑](#endnote-ref-68)
69. Human Rights Committee, *Fifth periodic report submitted by the Philippines under article 40 of the Convention to the Human Rights Committee due in 2016*, para. 36, U.N. Doc. CCPR/C/PHL/5, , received by the Committee on 31 May 2019. [↑](#endnote-ref-69)
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71. *Id*. at para 38. [↑](#endnote-ref-71)
72. Philippine Commission on Human Rights and United Nations Populations Fund (UNFPA), Let Our Voices Be Heard: Report of the Commission on Human Rights Philippines’ National Inquiry on Reproductive Health and Rights 9, 29, 30, 32 (2016) [hereinafter Let Our Voices Be Heard]; Letter from Ms. Emmeline Verzosa, Executive Director of Philippine Commission on Women (PCW), to Ms. Sally Lee, Sorsogon City Mayor (Sept. 23, 2015) (on file with the Center for Reproductive Rights) (in the letter, PCW highlighted the Committee’s inquiry report in calling the attention of the mayor. Recalling the Committee’s findings of violations under Manila’s EO 003, the PCW recommended the reinstatement of the full range of reproductive health services in Sorsogon City); Letter from Ms. Arlene Alangco, office-in-charge of CHR Regional Office (RO) to Ms. Emilia Monicimpo, Regional Director of DoH (Bicol region) (Aug. 13, 2015) (*on file with the Center for Reproductive Rights*) (the CHR RO attached a copy of the Human Rights Advisory CHR (IV) 2012-006 on the Reproductive Health Bill to “enlighten” the mayor on the matter); Letter from Ms. Emilia Monicimpo, Regional Director of DoH (Bicol region), to Ms. Sally Lee, Sorsogon City mayor (Oct. 27, 2015) (on file with the Center for Reproductive Rights) (in response to the return of family planning supplies by the City Health Office, the DoH RO urged the mayor to “reconsider the earlier decision and return the reproductive health supplies to the different health facilities under [her] jurisdiction.”). [↑](#endnote-ref-72)
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74. Let Our Voices Be Heard*,* *supra* note 5 at 9 & 16. [↑](#endnote-ref-74)
75. James M. Imbong and Lovely-Ann C. Imbong v Hon. Paquito N. Ochoa, Jr., et al., G.R. No. 204819 (S.C., Apr. 8, 2014) (Phil.), *available at* <http://www.lawphil.net/judjuris/juri2014/apr2014/gr_204819_2014.html> [hereinafter Imbong v Ochoa]*.* [↑](#endnote-ref-75)
76. RPRHA, *supra* note 2, sec. 3(e). [↑](#endnote-ref-76)
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84. *See e.g.* ESCR Committee, *General Comment No. 24 on State obligations under the International Covenant on Economic, Social and Cultural Rights in the context of business activities*, para. 21, U.N. Doc. CESCR/C.12/GC/24 (2017) [hereinafter ESCR Committee*: General Comment No. 24*]; ESCR Committee, *Concluding Observations: Poland*, paras. 46-7, U.N. Doc. E/C.12/POL/CO/6 (2016); CEDAW Committee, Concluding Observations: Poland, para. 36-7, U.N. Doc. CEDAW/C/POL/CO/7-8 (2014); Slovakia, para. 30-31, U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015); Human Rights Committee, Concluding Observations: Columbia, paras. 20-21, U.N. Doc. CCPR/C/COL/CO/7 (2016); CEDAW, Concluding Observations: Hungary, paras. 30-31, U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013). See also Human Rights Committee, General Comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life , U.N. Doc. CCPR/C/GC/36 (2018), para. 8 [hereinafter Human Rights Committee, *Gen. Comment No. 36*]. [↑](#endnote-ref-84)
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