STATEMENT

by

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at the

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Mr. Chairman,

The Philippine delegation congratulates you and the members of your Bureau on your well-deserved election. We commit our full support to the fruitful and meaningful completion of the tasks at hand for this 44th Session. The Philippines also aligns itself with the statement made by the Group of 77 and China.

We express appreciation and gratitude for the privilege of taking part in this important international discussion and forging of collective action towards addressing issues on fertility, reproductive health, and development.

Mr. Chairman,

As each nation in the world is busy laying down strategies to prevent and mitigate the threat and impact of natural disasters mainly brought about by the changing climate in the face of the most recent tragedies that gripped our neighboring countries, the Philippines is doubly challenged not only in protecting the life and well-being of its people from these unforeseen calamities but also in addressing the prevailing population and reproductive health issues and concerns among Filipino men and women.

After sixteen years of implementing the country’s commitment to the International Conference on Population and Development (ICPD) and twelve years of trying to realize the Millennium Development Goals (MDGs), the Philippines is still faced with serious challenges in improving the reproductive health conditions of Filipino men and women. Great effort is still needed to achieve the target of reducing maternal deaths (MDG 5), a goal which has a low probability of success among the MDGs in the Philippines given the current rate of progress. Giving birth is supposed to be a joyous moment in the life of woman and the family, but, everyday, eleven mothers are deprived of the chance to relish this moment as they die while giving birth living the child motherless. The Philippines targeted to reduce maternal deaths to 52 per 100,000 live births by 2015, however, as of 2006, the MMR in the country is still at a high 162 deaths per 100,000 live births. Most of these deaths could have been prevented given timely and adequate interventions.

Moreover, many perennial population issues such as high fertility among poor women and lack of access to reproductive health services especially family planning, continue to exacerbate the prevailing poverty conditions in the country and negatively affect development efforts in general. The country’s sound economic fundamentals have kept the macro-economic development afloat despite the interplay of internal and external factors. The domestic economy shot to its highest annual GDP growth of 7.3 percent in 2010 from 1.1 percent in 2009, surpassing the government’s target of 5.0 to 6.0 percent. Nonetheless, this macro-economic gain has not been inclusive and has yet to be felt by each household and individual, and as a result, a large segment of Filipinos continue to live in poverty. It has been estimated that the number of poor families increased from 3.67 million in 2006 to 3.86 million in 2009 (NSCB, 2009).

The nexus between poverty and reproductive health can be characterized as a vicious cycle. The poor socio-economic conditions of women and families limit their capacity to exercise and enjoy their reproductive rights. While their incapacity to exercise their reproductive rights, on the other hand, exacerbates their poor socio-economic conditions. Many poor Filiphero women are deprived of their right to achieve their desired number and spacing of children as they have low access to appropriate information and services that should be provided by the State as the main duty bearer. The total fertility rate (TFR) in the country is 3.3 children in 2006 (NDHS, 2008). However, the poorest women have as many as 5.2 children as compared to women in the highest quintile with only 1.9 children. Further,
Filipino women have one child more than what they would have wanted (3.3 children for the actual fertility rate versus 2.4 children for the desired fertility rate).

Many women continue to experience unwanted and unplanned pregnancies due to high unmet needs for family planning and poor socio-economic conditions. The contraceptive prevalence rate (CPR) in the country has stagnated at 50.7 percent in 2008, with only 34 percent using modern contraceptive methods. Among all women of reproductive age group, modern CPR is only 22 percent. The total unmet need for family planning increased from 17 (2003) to 22 percent (2009), 9 percent for spacing births and 13 percent for limiting births. Unmet need for family planning is particularly high among women who are poor, uneducated, indigenous and those in the rural and geographically isolated areas. Consequently, these women continue to suffer unwanted pregnancy and high fertility level. With large family size due mainly to their lack of capacities to realize their reproductive rights, the capacity of families to provide for the basic needs of their members is significantly limited.

The connection of development and reproductive health is also manifested in the disparity of economic conditions and reproductive health situations across regions. As seen in relevant data, highest fertility level and lowest contraceptive use prevail in poorer regions such as the Autonomous Region of Muslim Mindanao (ARMM) and Region IV-B (MIMAROPA). This situation also illustrates the pressing challenge to respond to the reproductive health needs of underserved claim holders including indigenous people, and those who are displaced from home due to political conflicts and devastating natural and man-made calamities.

Another emerging reproductive health concern is the rising incidence of STI and HIV/AIDS especially among the young. The Philippines is considerably a low-HIV-prevalence country with less than 0.1 percent of the adult population estimated to be HIV-positive, but beyond the numbers of recorded cases, however, the country’s concern is the exponential increase of new cases of HIV/AIDS infection being recorded in the country. The incidence of HIV/AIDS infection has increased tenfold in the last four years translating to four new cases everyday (in 2010) and, data from the Philippine HIV-AIDS Registry recorded 6,167 HIV cases as of January of this year. HIV is most prevalent among 20-29 years old (65%) and among males (93%) especially among most-at-risk-population (MARP). It is indeed a situation that needs concrete actions from all stakeholders in the country.

Mr. Chairman,

Clearly, the development status of men and women in the country affects the capacity of couples and individuals to exercise their right to decide the number and spacing of their children, and vice versa. Nevertheless, the country has yet to establish a comprehensive national policy on population and reproductive health. What the country has right now are different pieces of programs and projects that need to be strengthened and institutionalized to respond to the broad and interrelated issues of fertility, reproductive health, and development.

The country recognizes that reproductive rights are a vital component of human rights. This recognition is made manifest with the ratification of the country of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). However, the country also recognizes that there are still challenges that need to be addressed in order to capacitate claim holders especially women to enjoy their reproductive rights. As our bold move to respond to this challenge, we successfully enacted the Magna Carta of Women, which institutionalizes a comprehensive women's human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling and promoting the rights of
Filipino women, especially those in the marginalized sectors. This law which locally translates into policy the CEDAW, when fully implemented and monitored, is a vital legislative action that can provide for programs and mechanisms for the provision of opportunities for women and improved access to health care including maternal health, family planning, and other reproductive health services.

As a strategy to ensure the achievement of MDG 5, the Department of Health launched the Maternal, Newborn, Child Health and Nutrition (MNCHN) Program in 2007 with a vision of rapidly reducing maternal and neonatal deaths. This program aims to ensure that all pregnancies are wanted, planned and supported and that the mother-baby pair will receive quality continuum of care throughout their life cycle. The strategies of this program include the shift from home-based to facility-based delivery attended by skilled health professionals. This strategy also aims to establish strategically located health facilities that provide emergency obstetric and newborn care. As of now, the country is working on the establishment of 166 Comprehensive Emergency Obstetric and Newborn Care (EmONC) and 1197 Basic EmONC facilities. This program intervention is heightened under the current Administration with its Aquino Priority Health Agenda which is centered on meeting MDGs 4, 5 and 6.

To address the socio-economic factors affecting fertility and reproductive health, there are also efforts to integrate maternal health concerns in the poverty reduction strategy of the government. The Conditional Cash Transfer (CCT) Program entitled “Pantawid Pamilyang Pilipino Program” (4Ps), is a poverty reduction and social development strategy of the national government that provides conditional cash grants to extremely poor households to improve their health, nutrition and education particularly of children aged 0-14. It specifically aims to contribute to achieving the MDGs. One of its conditions is access to maternal and infant health package and to information on responsible parenthood which include family planning.

Moreover, the Commission on Population continues to promote responsible parenthood by conducting barangay classes among parents and couples in poorest communities to promote both natural and modern methods of family planning. As part of its education and communication strategy, the Commission on Population, in collaboration with the Department of Health, the Department of Social Welfare and Development, and the Local Government Units, implements the Pre-Marriage Counseling Program which mandates all applicants for marriage license to undergo responsible parenthood and family planning classes. The Commission also promotes a population and development integration approach to planning to specifically integrate population and reproductive health issues in development planning and other socio-economic related initiatives.

Mr. Chairman,

As mentioned earlier, the country is in need of a comprehensive and well-funded population and reproductive health program. As of now, the country is at a defining moment as it tries to legislate a national population policy. But we recognize that the road towards the enactment of this law is not that easy as it faces strong opposition from different conservative sectors, leaving the issue in a protracted public discourse at the expense of poor mothers’ dying while giving birth, and poor families that find it difficult to provide for the welfare of their family members.

We are optimistic, however, that the country has already attained a considerable degree of consciousness on the need to entrench a national population and reproductive health policy. Majority of the Filipino people have spoken and are demanding the passage of the Responsible Parenthood, Reproductive Health, and Population and Development Bill. More and more voices from the NGOs, civil society, communities, and grassroots are coming out to call upon the government and all concerned institutions to seriously pursue the much needed legislation. We, in any way, cannot ignore these sentiments.
The government remains steadfast in its commitment to the ICPD and to achieving the MDGs. The Aquino Administration has remained firm in its support for the policy of informed choice; freedom of couples and individuals to exercise their right to choose and decide on the number and spacing of children based on the demands of responsible parenthood and sustainable development; access to the family planning of their choice – either natural or modern; and the need for rationale balance between population and available resources. The government, however, while true to these principles, espouses a democratic process of development. We continue to reach out to various sectors including the Church, NGOs, and other stakeholders in pursuit of a consensual legislative action without compromising human rights.

Mr. Chairman,

We recognize that the country has still a long way to go to achieve the ICPD and MDGs. An urgent enactment of a stable legislative policy on population and reproductive health is a significant step that we are taking. We believe that such policy is the full translation of the country’s commitment to the ICPD and MDGs. This is the reason why we continue to consolidate all our efforts to respond to the reproductive health challenges that continue to derail our development efforts. We need all the support that we can solicit to bring us to a collective and responsive action.

As long as there are mothers dying while giving life and children left motherless, women who have unplanned and unwanted pregnancies, young people who are suffering the consequences of lack of information especially on matters pertaining to their sexuality, and as long as there are families that struggle to survive each day, the government, in partnership with NGOs and the civil society, will not waver in its duty to improve people’s lives.

Lastly, we continue to call upon more affluent nations, international donors and other partner countries to assist developing countries to improve the health and development conditions of their people through sustained financing and technical assistance.

Thank you Mr. Chairman.