

Reproductive Health Commodity Security

Philippine Experience

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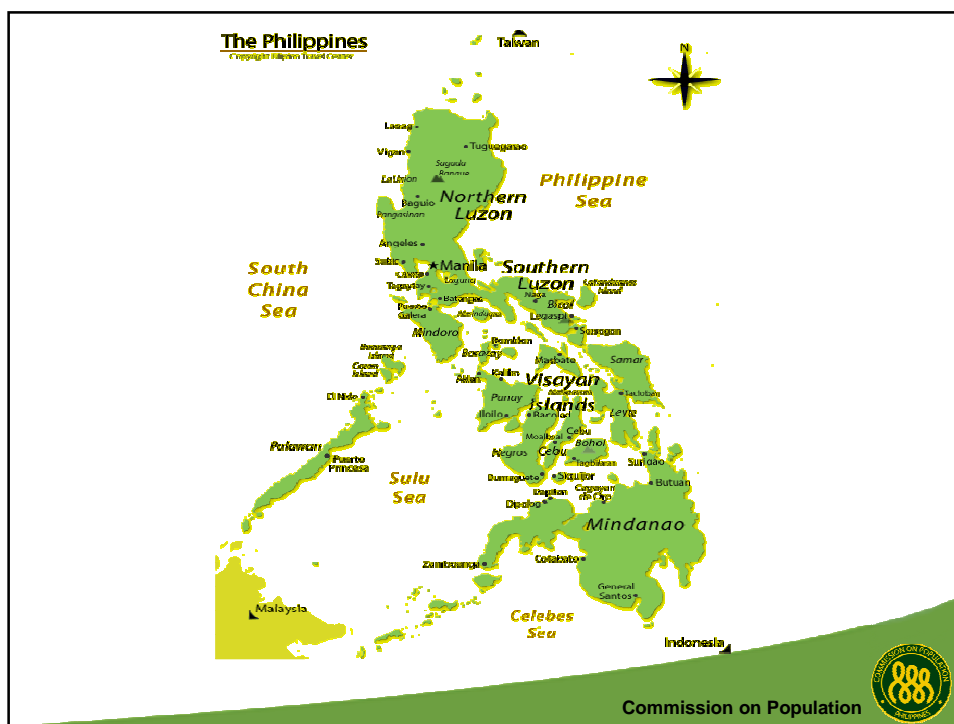


Outline of Presentation

- **Background**
- **Challenges to Contraceptive Security**
- **Early Government Response –
Contraceptive Interdependence Initiative**
- **Current Efforts – Contraceptive Self
Reliance Strategy**
- **Prospects**

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Philippines still lag behind ASEAN neighboring countries...

Indicators	Philippines	Thailand	Malaysia	Indonesia	Singapore
GDP in US\$ (nominal)	979	1,962	3,854	728	23,070
Population Growth Rate	2.36%	1.05%	2.6%	1.49%	2.8% (due to 9.3% PGR of non-residents)
Population (millions)	76.5	60.6	23.27	206.3	4
Poverty Incidence	39.5%	12.9%	8.1%	23.4% (ex East Timor)	-
Unemployment Rate	10.1%	2.4%	3.1%	6.1%	4.4%
TFR	3.5	2.1	3.1	2.5	1.6
CPR	49%	72%	55%	55%	74%
MMR	172	44	39	450	6
Under 5 Mortality Rare	40	33	11	51	6
IMR	29	28	8	41	3

Source : ASEAN-JAPAN (GDP & unemployment rate); ADB, 2000 (poverty incidence); Phil. NSO 2000, Thai NSO 2000, Malaysia & Singapore Dept of Stat 2000, BPS Statistics Indonesia 2000 (PGR & population)



Philippines: Background

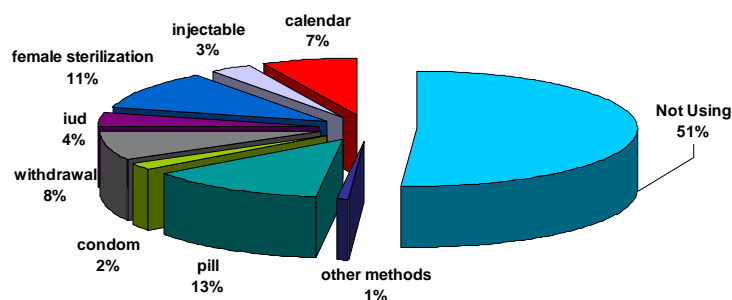
- Population of over 80 million will double in 30 years, at a growth rate of 2.36%
- 1 child gap between desired and actual fertility
- MMR – 172 deaths per 100,000 live births
- IMR – 29 deaths per 1,000 live births
- Incidence of abortion 320,000 – 400,000 annually
- High incidence of teenage pregnancy
 - 30% of all births are in the age group 15 to 19 yrs. old
 - 74% of illegitimate births for those aged 15 to 24 yrs. old

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Philippines: Background

Low Contraceptive Prevalence Rate at 49% Among Married Women



Source: 2003 NDHS

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Philippines: Unmet FP need at 17.3%

Characteristics		For Spacing	For Limiting	Total
Age	15-19	23.4	5.7	29.1
	20-24	19.3	5.6	25.0
	25-29	13.8	8.4	22.3
	30-34	8.0	11.3	19.3
	35-39	3.3	12.2	15.5
	40-44	1.2	11.8	13.0
	45-49	0.2	5.6	5.9
Residence	Urban	7.5	7.8	15.3
	Rural	8.5	11.2	19.7
Education	No education	9.0	17.7	26.7
	Elementary	6.8	13.3	20.2
	High School	8.5	8.2	16.7
	College or Higher	8.2	6.6	14.8

Source: 2003 NDHS

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Philippines: Unmet FP need at 17.3%

Unmet need for family planning is highest among the poor.....

	Wealth status					Total
	Low	Second	Middle	Fourth	High	
Unmet need for spacing	10.9	8.6	7.7	6.5	6.1	7.9
Unmet need for limiting	15.8	11	7.3	6.9	6.2	9.4
Total unmet need	26.7	19.6	15	13.4	12.3	17.3

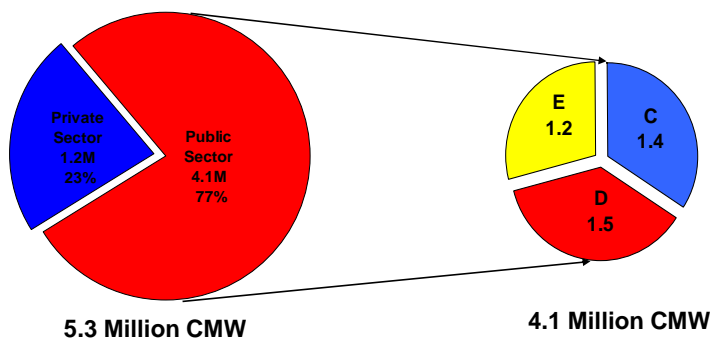
Source: NSO and ORC Macro, 2003 NDHS, 2003

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Philippines: Public sector FP clients By Income Groups

2.1million (C and D class) to pay for FP services, remaining 2 million to be subsidized by the public sector

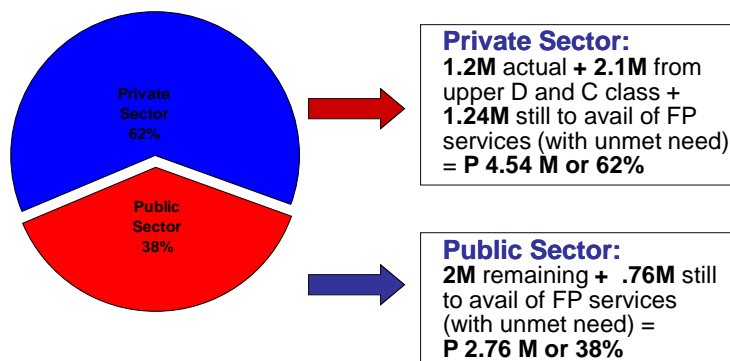


Source: 2002 Market Segmentation Study

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Philippines: Ideal Scenario



Source: POPCOM estimates

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Challenges To Achieving Contraceptive Security

1. Need to steady direction in FP/RH strategies and approaches
 - *Shifting program focus and direction*
 - *From unutilized to no-budget allocation*
 - *Resistance to FP/RH legislation*
2. Need to change “free contraceptive” mentality
 - *Current mindset of FP users*
 - *Apathy towards health-seeking behavior*
3. Need to improve FP/RH service delivery
 - *Donor dependency*
 - *Low participation of private sector*
 - *Unresponsive logistics management system*

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Early Government Response

Contraceptive Interdependence Initiative (CII)

Will address the following:

- Need to increase Contraceptive Prevalence Rate
- High unmet FP need particularly among the poor
- Declining contraceptive donation
- Donor dependency
- Minimal subsidy from the government
- Disinterest of private commercial sector in FP due to non-conducive environment for business viability

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Contraceptive Interdependence Initiative (CII)

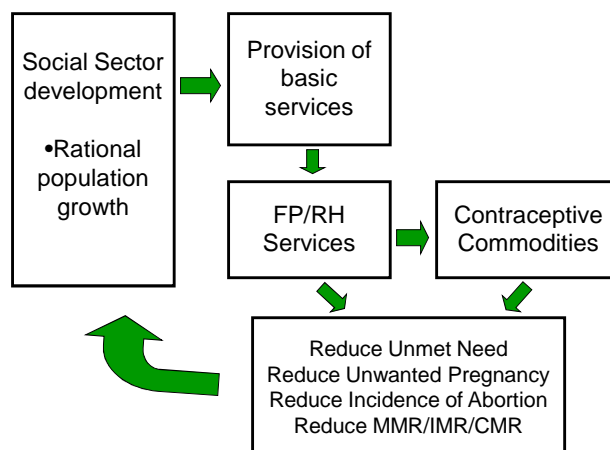
Objective

To foster the country's ability to sustain the provision of affordable quality family planning services and commodities within the context of an increasing population and increasing contraceptive use.

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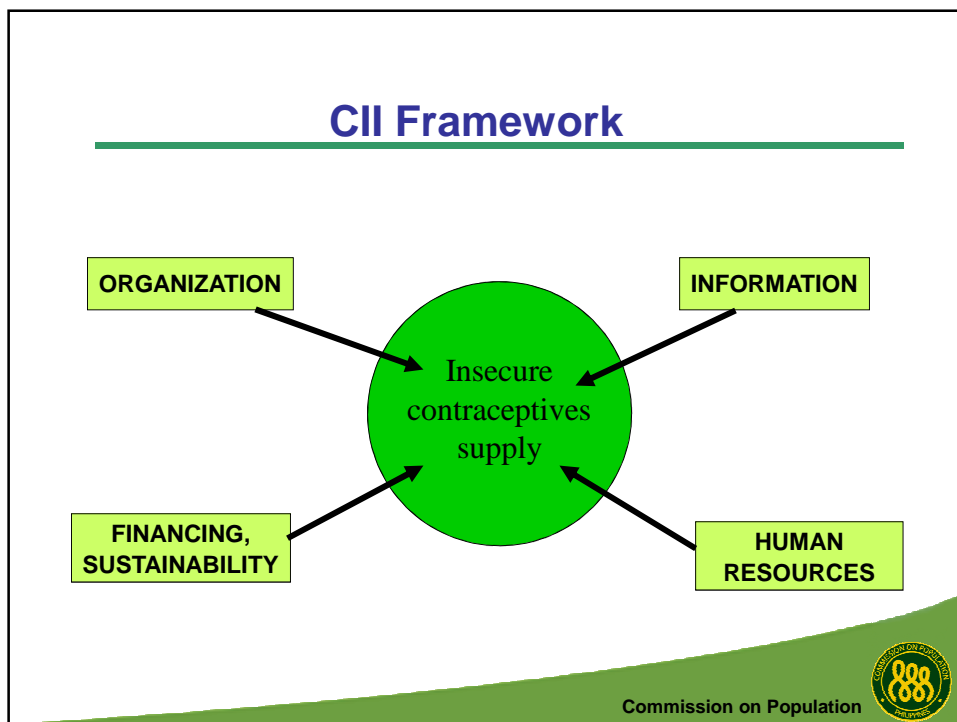
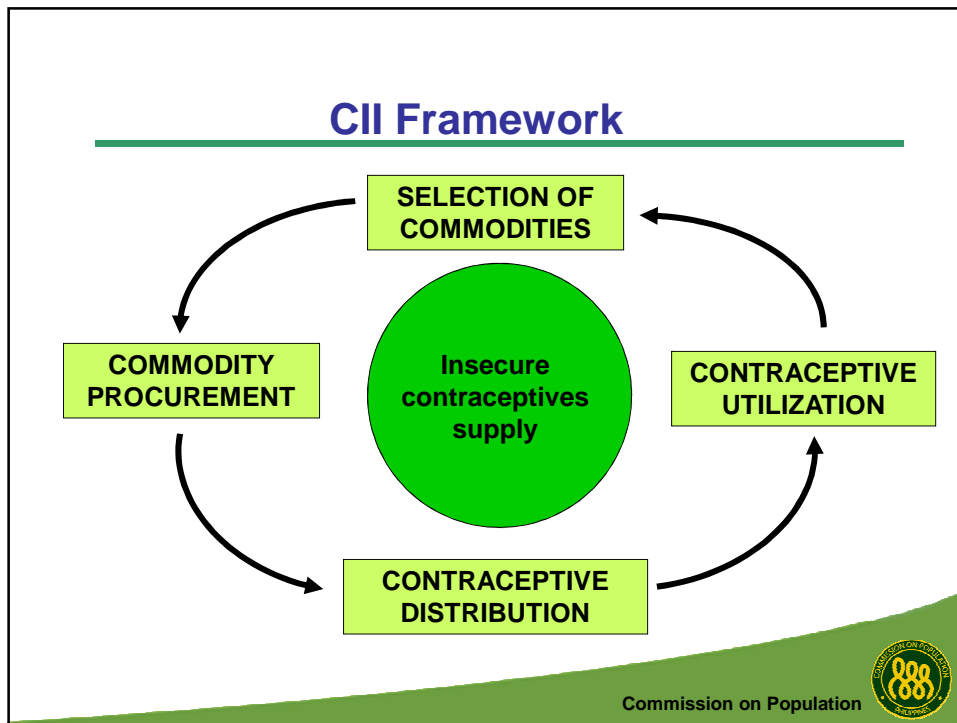


Putting CII in the National Agenda



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CII Stakeholders

- **Government**
 - *National*
 - *Local*
- **Non-Government Organizations**
- **Civil Society/Community Based Organizations**
- **Private Commercial Sector**
- **Donor Agencies**

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Current Government Efforts

Contraceptive Self-Reliance Strategy (CSR)

- **Phase-down of donated contraceptive supplies provides an opportunity for the country to assume responsibility for assuring availability of contraceptive supplies for current and future users.**
- **Government response: formulation and implementation of a Contraceptive Self-Reliance (CSR) strategy.**

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What is CSR strategy?

The CSR strategy is a set of measures to assure that supplies for family planning services will continue to be made available for increasing numbers of current and potential users to eventually eliminate unmet need for family planning.

In making these supplies and services available, all sectors have roles to play and each share in the responsibility of the outcome.

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Key points of the CSR strategy and DOH AO 158

- Eliminating unmet need for FP remains the goal
- Phase-down of contraceptive donation should stimulate positive response
- Desired domestic response has three parts:
 - Assure no disruption of contraceptive supplies especially among the poor during phase-down of donations
 - Develop complementary means of financing
 - Expand private sources of supplies

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Country-level schedule of phase-out

Pills	Year	Donated Quantity	Consumption	% Poor Users' Needs Met
	2004	10.5 M cycles	93%	More than 100%
2005	6.6 M cycles	59%	More than 100%	
2006	2.6 M cycles	23%	44%	
2007	0.69 M cycles	6%	11%	
2008	0	0	0	

Injectables	Year	Donated Quantity	Consumption	% Poor Users' Needs Met
	2004	Full support	100%	More than 100%
2005	1.2 M	82%	More than 100%	
2006	0.84 M	59%	More than 75%	
2007	0.33 M	23%	28%	
2008	0.067 M	5%	7%	

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Batches as a result of commodity phase out

- Batch 1 (accelerated pace): cities and provinces with the lowest poverty incidence
- Batch 2 (longer phase-out period): LGUs with higher rates of poverty incidence
- Last Batch (longest phase-out period): LGUs with the highest rates of poverty incidence

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LGU as focal point in the local CSR response

- Develop contraceptive distribution guidelines to cover their catchment cities, municipalities, and devolved health facilities
- Conduct campaigns to inform their catchment areas of LGU's contraceptive distribution guidelines
- Provide resources for the delivery of contraceptives
- Undertake measures to guarantee local availability of contraceptives to include any or all of the following:
 - Allocated budget to procure contraceptives for free distribution
 - Made available contraceptives for sale at cost recovery basis or at margins above cost
 - Allowed consigned supplies from social marketing sources or commercial sources to be made available to clients in LGU outlets

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Criteria for Rating LGU's Extent of Effort in Assuring Safe Motherhood, including provision of free RH services to poor clients

- **Public health professionals responsible for managing maternal care and family planning services**
- **Project/estimate local requirements**
- **Plan and organize activities to educate and counsel clients about responsible parenthood, family planning and safe motherhood**
- **Budget and utilize local funding for RH commodities and IEC materials**
- **Eligible clients can accessed services of their choice**

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Steps in computing grant allocations

1. Review the regional allocation based on estimated number of poor women of reproductive age (WRA) per region
2. Calculate maximum provincial allocation
 - Equal shares
 - Big and small shares
 - Proportional share
3. Determine the province's performance rating
4. Compute actual provincial allocation

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UNFPA initiative with the Local Government

Focused areas in the context of Social Development Approach to Health (SDAH)

- Institution building
- Capacity building
- Advocacy
- Policy engagement and systems improvement

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UNFPA initiative with the Local Government

“Kung Maliit ang Pamilya, Kayang-Kaya “

1. Served as a vehicle for an information and education campaign on the CSR to generate local support
2. Complemented the Department of Health’s campaign on family planning and other programs
3. Encouraged LGUs to plan for a more sustainable approach to address the population issue especially with the phase out of free contraceptive donations
4. Identified the unmet needs on FP in each target LGU
5. Established appropriate FP services in each target LGU

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Philippine Population Management Program- Directional Plan (PPMP-DP) 2005-2010

Major Program Components and Strategies

1) Reproductive Health (Philippine Context) and Family Planning

- Accessibility, availability and equity in the provision of RH information and services
 - RHU and Community-based RH service delivery
 - Itinerant Teams
 - Contraceptive Self Reliance (CSR)
 - LGUs
 - Private Sector
 - PhilHealth
- Promotion of Responsible Parenting, Birth Spacing, Breastfeeding and Natural Family Planning

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Philippine Population Management Program- Directional Plan (PPMP-DP) 2005-2010

Major Program Components and Strategies

2) Adolescent Health and Youth Development Program

- Age-specific IEC messages on RH and responsible sexuality; at home; in-school; out-of-school; workplace and other settings
- Teen centers, counseling on the air
- Conduct training on fertility awareness and responsible sexuality
- Conduct parent education on adolescent sexual and reproductive health

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Philippine Population Management Program- Directional Plan (PPMP-DP) 2005-2010

Major Program Components and Strategies

3) Population and Development Integration

- National and Local Development Plans
- Comprehensive Land Use Plan (CLUP)
- Environmental Impact Assessment (EIA)
- Migration Information Centers
- Studies on Urbanization and Migration
- Integrate NFP core messages on the training program and communication plans of different sectors (*e.g. health, education, youth and social welfare*)

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Philippine Population Management Program- Directional Plan (PPMP-DP) 2005-2010

Major Program Components and Strategies

4) Resource Mobilization and Networking

- ❖ Grand Alliance Building with Different Stakeholders (Other GOs, Civil Society/NGOs, Academe, Media, Private Sector, Youth, Religious, and Other Professional Groups)
- ❖ Generation, programming, tracking and allocation of financial resources (PPMP Expenditure, Local Investment Plan, LGUs)

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Philippines: Prospects

a. Legislations

- National (pending Reproductive Health bill in Congress)
- Local (passage of RH Codes in some provinces and cities)

b. Executive Issuances

- National (issuances of the Department of Health on RH, FP, etc.)
- Local (issuances of executive orders in support of CSR)

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Vision

Well-planned, healthy and happy families, responsible individuals, empowered communities, guided by the Divine Providence, living harmoniously and equitably in a sustainable environment.

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**Population and Development Week
November 23-29, 2008**

***Theme: "Sa Tamang Agwat ng Panganganak,
Pamilya ay Aangat"***

<http://www.popcom.gov.ph>

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