



Saving Women's Lives:
**National Policy on the
Prevention and Management
of Abortion Complications**
(DOH AO No. 2016-0041)
Frequently Asked Questions



EnGenderRights, Inc.
Asserting Gender Equality



PHILIPPINE SAFE ABORTION ADVOCACY NETWORK

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December 2017

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Frequently Asked Questions

- 1. What is the Department of Health policy on management of post-abortion complications and prevention of threatened abortion?***

The Department of Health (DOH) policy on this matter is Administrative Order (AO) No. 2016-0041 entitled, "National Policy on the Prevention and Management of Abortion Complications" (PMAC AO). It supersedes the previous PMAC AO 45-B s. 2000.

- 2. When was the PMAC AO signed into law?***

The PMAC AO was signed into law on November 25, 2016 by then DOH Secretary Paulyñ Jean B. Rosell-Ubial.

- 3. What is the objective of the PMAC AO?***

The PMAC AO aims to save women's lives by improving provision of safe and quality post-abortion care in public and private hospitals and health facilities. It ensures humane, respectful, non-judgmental, compassionate post-

abortion care to women who suffer complications from induced and spontaneous abortion. It also ensures access of women to health services for threatened abortion. It addresses maternal mortality and morbidity due to complications from unsafe abortion as public health, medical ethics, and human rights issues.

4. *How does the policy increase access to quality post-abortion care?*

The policy allows wider service provision by allowing post-abortion care at various health facilities (including rural health units (RHUs), Maternity Care Package (MCP)-accredited private clinics, lying-in facilities, Level 1 up to Level 3 hospitals) and allowing various health providers to perform post-abortion care such as trained doctors, nurses, and midwives. The AO expressly states that, “no woman or girl shall be denied appropriate care and information on the ground that she is suspected to have induced an abortion.”

Women who suffer complications from induced and spontaneous abortion are often denied treatment or experience delay and harsh treatment by health professionals leading to high maternal mortality and morbidity.

5. *Why is it urgent to increase access to quality post-abortion care?*

The problem, in the past years and until now, is that certain medical health care providers deny life-saving post-abortion care to women and threaten women with criminal prosecution whether the women had induced or spontaneous abortion. Women who suffer complications from induced and spontaneous abortion are often denied treatment or experience delay and harsh treatment by health professionals leading to high maternal mortality and morbidity. There have also been documented cases where medical health care providers deny life-saving procedures even in cases of intrauterine fetal death where therapeutic abortion is needed to save the life of the woman.

Unsafe abortion is the third leading cause of maternal death and is a leading cause of hospitalizations. In 2012, about 1000 women died from unsafe abortion complications. With about 11 women hospitalized every hour and three women who die every day from unsafe abortion complications, the Philippines needs to step up its efforts to reduce maternal mortality and morbidity related to unsafe abortion to meet its Sustainable Development Goals commitment to decrease maternal mortality ratio to two-thirds of 2010 levels.

6. *What would be the end result of increased access to quality post-abortion care?*

When health professionals provide humane, non-judgmental, and compassionate post-abortion care, women will not delay going to hospitals and health facilities, thereby strengthening women's health-seeking behavior. Increased access to quality, appropriate, and timely post-abortion care will dramatically reduce maternal mortality and morbidity, hence, the full and immediate implementation of the PMAC AO is urgently needed to save women's lives and free women from debility arising from abortion complications.

7. *What basic rights are violated when a woman is denied access to quality post-abortion care?*

Denial of access to quality, appropriate, and timely post-abortion care discriminates women and violates their right to life, dignity, health, equality, equal protection of the law and their right against non-discrimination and torture.

8. *What is ethical post-abortion care?*

The ethical and proper way to manage abortion complications and other pregnancy complications is to: (a) provide humane, respectful, non-judgmental, compassionate care; (b) provide safe and quality post-abortion care that is appropriate, accessible, and timely; and (c) maintain confidentiality of the patient including NOT reporting the patient to law enforcement authorities.

For physicians, this is in accordance with their Hippocratic Oath to “do no harm.” For all health care professionals and social workers, this is necessarily included in the ethical practice of their profession.

9. *What laws require quality post-abortion care and treatment of pregnancy-related complications?*

The following laws require provision of quality post-abortion care and treatment of pregnancy-related complications:

National Policy on the Prevention and Management of Abortion Complications (DOH PMAC AO No. 2016-0041)	Requires provision of humane, nonjudgmental, and compassionate post-abortion care
Magna Carta of Women (Republic Act [RA] 9710)	Requires management of pregnancy-related complications (e.g., childbirth and abortion-related complications)
Responsible Parenthood and Reproductive Health Law (RH Law or RA 10354)	Requires provision of humane, nonjudgmental, and compassionate post-abortion care

<p>Law Penalizing the Refusal of Hospitals and Medical Clinics to Administer Appropriate Initial Medical Treatment in Emergency or Serious Cases (RA 8344)</p>	<p>Imposes penalties on health care providers, officials, employees of hospitals or clinics for failing to stabilize patients needing emergency care such as women suffering abortion complications</p>
<p>Philippine Constitution</p>	<p>Ensures access to post-abortion care as part of the constitutional guarantees to right to health, right to equality, and equal protection of the law</p>

RH Law and its Implementing Rules and Regulations provisions on post-abortion care:

Under Section 3 of the RH Law on “Guiding Principles for Implementation”, it states that “the government shall ensure that all women needing care for post-abortive complications...shall be treated and counseled in a humane, nonjudgmental and compassionate manner in accordance with law and medical ethics.”

Under Section 3.01, Rule 3 of the Implementing Rules and Regulation (IRR) of RA 10354, it defines management of abortion complications as “an initial assessment confirming the presence of complications, medical evaluations, counseling of the patient regarding medical condition and treatment plan, prompt referral and transfer if the patient requires treatment beyond the capability of the facility, **stabilization of emergency conditions and treatment of any complications (both complications present before treatment and complications that occur during or after the treatment procedure), conduct of appropriate procedures**, health education, and counseling on family planning, responsible parenthood, and prevention of future abortions, among others.

Under Section 5.05, Rule 5 of the IRR of RA 10354 on “Reproductive Health Care Services at Hospitals within the Service Delivery Network”, it provides that hospitals within the service delivery network (SDN) shall provide non-judgmental approach to recognition and management of post-abortion complications.

Under Section 5.04, Rule 5 of the IRR of RA 10354 on “Reproductive Health Care Services at Other Primary Care Facilities”, it provides that primary care facilities such as RHUs, among others, shall provide

non-judgmental approach to recognizing, treating, and referring post-abortion cases.

Under the DOH “MNCHN [Maternal, Newborn, and Child Health and Nutrition] Strategy Manual of Operations”, prevention and management of abortion complications includes the removal of retained products of conception as part of interventions in Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC).

10. What was strengthened in the new PMAC?

The PMAC AO strengthened provision of comprehensive preventive and medical health care services on the following:

- a. Prevention of threatened abortion;
- b. Treatment of complications from spontaneous and induced abortion;
- c. Counseling;
- d. Family planning including contraceptive services;
- e. Linking PMAC services to other Reproductive Health Services including sexually transmitted infection (STI) evaluation and treatment, HIV counseling and testing, and cancer screening; and
- f. Integration of PMAC in the Service Delivery Network

11. What is the scope of the PMAC AO?

The PMAC AO applies to all heads of public and private health facilities, health care providers (doctors, nurses, midwives, and social workers) properly trained in post-abortion care, local government units, and other relevant and concerned stakeholders.

12. Who are allowed to perform manual vacuum aspiration and administer uterotonics?

Trained and certified doctors (OB- Gynecologists and general practitioners), nurses, and midwives are allowed to perform vacuum aspiration (VA), manual vacuum aspiration (MVA), and administer uterotonics.

13. Why do we need nurses and midwives to be trained and certified to perform VA and MVA?

Training and certifying nurses and midwives will help address the dearth of Philippine health providers trained and certified to provide post-abortion care. The AO on PMAC adopts the 2015 WHO guideline on health worker roles in providing safe abortion care by allowing trained nurses and midwives to perform post-abortion care through VA, MVA or uterotonics.¹ The said guideline recommends prioritizing VA and MVA training for nurses and midwives who are already trained to perform IUD insertion.

14. How should nurses and midwives view the provisions of the PMAC AO vis-à-vis the Nursing Act and Midwifery Act?

Being a newer law, the PMAC AO amended the provisions of the Nursing Act (RA 9173) and Philippine Midwifery Act of 1992 (“Midwifery Act” or RA 7392), hence, they are now allowed to perform VA and MVA.

a. What other examples of functions of nurses and midwives are allowed even if these are not expressly provided in the Nursing Act and Midwifery Act?

Nurses and midwives were tasked functions apart from those identified in the Nursing Act and Midwifery Act such as the DOH 2010 AO on Life Saving Drugs signed by then DOH Secretary Esperanza Cabral allowing nurses and midwives to use oxytocin as initial management of post-partum hemorrhage to prevent maternal mortality. This function allowing nurses and midwives to use oxytocin as initial management of post-partum hemorrhage was adopted in the RH Law itself thereby expanding the functions of midwives under the Midwifery Act allowing use of oxytocic drug “after delivery of placenta.”²

15. Why is MVA encouraged under the PMAC AO?

MVA is quicker, less intrusive, less painful, and has a lower complication rate than sharp curettage (D&C), hence, all efforts must be exerted to replace D&C with MVA.³ Pain

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can be managed using analgesics and/or anesthesia.

16. Is the use of MVA covered and reimbursed by PhilHealth?

Yes, the reimbursement for MVA is PhP11,000. Curettage, whether completion/fractional, is also reimbursed at the rate of PhP11,000 (i.e., professional fee at PhP 4,400 and hospital charge at 6,600).

17. Who are allowed to perform sharp curettage under the PMAC AO?

Only trained and certified doctors are allowed to perform sharp curettage.

18. What kinds of abortions complications are treated and what procedures and drugs are allowed at different levels of care?

Uncomplicated first trimester incomplete and non-induced abortion are allowed in the following facilities:

RHUs, MCP-accredited private clinics, lying-in facilities (including BEmONC and non-BEmONC facilities)	Non-septic	Uterotonics, VA and MVA
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Level 1 Hospitals	Non-septic and septic	Uterotonics, VA and MVA
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First trimester induced abortion, complicated spontaneous abortion, and second trimester abortion whether induced or spontaneous

Levels 2 and 3 Hospitals	Uterine evacuation of retained products of conception whether by VA, MVA, sharp or suction curettage, uterotonics or other drugs depending on the age of gestation (AOG)
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Blood transfusion capability

19. What are the roles of Barangay Health Workers and Community Health Teams?

Barangay Health Workers (BHWs) and Community Health Teams (CHTs) shall be trained to recognize signs and symptoms of abortion and abortion complications and promptly refer the women suffering abortion complications to facilities where treatment is available.

20. Who, among the health care providers, should undergo training on quality post-abortion care?

Doctors, nurses, midwives, counselors, and support staff should undergo training on quality post-abortion care.

21. Should doctors, nurses, and midwives fear revocation of their licenses for performing post-abortion care?

No, doctors, nurses, and midwives should not fear revocation or suspension of their licenses as they are merely performing post-abortion care in compliance with existing Philippine laws.⁴

Furthermore, even the Midwifery Act allows non-medical persons to perform emergency care such as, for instance, emergency care for women suffering abortion complications. The Medical Act of 1959 (RA 2382) also exempts non-medical persons from liability for providing free service in emergency cases or in places where the services of a duly registered physician, nurse or midwife are not available.⁵

22. *What protection do PMAC providers providing quality post-abortion care have under the PMAC AO?*

PMAC providers who provide humane, nonjudgmental, and compassionate post-abortion care shall not be liable for criminal, civil, and administrative complaints.

23. *Can health care providers refuse to provide post-abortion care by citing conscientious objection and lack of third party authorization?*

No, conscientious objections and the requirement of third party authorization from a spouse, partner or parent do not apply to PMAC cases since such cases fall under emergency cases under RA 8344 thereby making it unlawful to refuse to provide PMAC services on the basis of conscientious objections or lack of third party authorization. In family planning provision, however, the conscientious objector may refer the patient to other accessible service providers.

a. *How do you factor in freedom of religion and belief in the provision of quality post-abortion care?*

Freedom to believe is absolute, however, freedom to act on one's belief is not absolute. Hence, regardless of a person's religious or personal beliefs on abortion, a health care provider cannot deny access to quality post-abortion care. Even the Supreme Court decision upholding the constitutionality of the

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RH Law ruled that medical care should be provided in emergency cases (e.g., pregnancy-related complications which the World Health Organization (WHO) defines as including childbirth and abortion-related complications).

b. Is abortion a moral issue?

In the words of former Secretary of Health Dr. Alberto Romualdez, Jr., "Abortion is NOT a moral issue, it is a medical issue." It is also clear that laws upholding quality post-abortion care uphold medical standards, public health, and secular standards over religious morality.

24. Can health care providers be made liable for refusing to provide quality, appropriate, and timely post-abortion care?

Yes, refusing to provide quality, appropriate, and timely post-abortion care is unethical and makes them criminally, civilly, and administratively liable for non-compliance of the PMAC AO, RH Law, Magna Carta of Women, RA 8344, professional ethics codes, among other related laws and policies.

Under the Medical Act, refusal of a physician to attend a patient in danger of death is sufficient ground for revocation or suspension of registration certificate if the physician refused even when there was no risk to the physician's life.

Under the Medical Act, refusal of a physician to attend a patient in danger of death is sufficient ground for revocation or suspension of registration certificate if the physician refused even when there was no risk to the physician's life.

25. *Where can complaints be filed for violation of the PMAC AO?*

Criminal, civil, and administrative complaints for violation of the PMAC AO may be filed with the Reproductive Health Officer (RHO) of the hospital, hospital director or head of the health facility, local government administrator, DOH Women, Men and Children's Health Development Divisions (WMCHDDs), the Civil Service Commission, Philippine Medical Association, and Professional Regulations Commission. Anonymous complaints naming the institution, medical provider, date, and time of the incident are allowed.

26. *Can the complainants avail of free legal services?*

Relevant government offices shall provide free legal assistance to the complainant and provide protection against retaliatory actions and suits.

27. *Are health professionals, social workers, barangay health workers, and other service providers mandated by Philippine law to report women who seek post-abortion care to the police?*

No, health professionals, social workers, barangay health workers, and other service providers are NOT mandated by law to report women dealing with threatened abortion, spontaneous and induced abortion, and suffering from abortion complications to law enforcement authorities.

There is no law requiring service providers to report women and girls suffering abortion complications to law enforcement authorities.

There is no law requiring service providers to report women and girls suffering abortion complications to law enforcement authorities. Presidential Decree 169 only requires medical practitioners who treated serious or less serious physical injuries under Articles 263 and 265 of the Revised Penal Code (RPC) to report injury, diagnosis, and treatment to law enforcement authorities. Articles 263 and 265 of the RPC refer to a person's injuries resulting from an assault committed by another person.

28. Are there emergency hotlines that women can call?

PMAC shall be included in existing emergency hotlines to provide information on PMAC services. The DOH Knowledge Management Information Technology Services (KMITS) shall provide technical assistance in the development and maintenance of said hotline and media platform for reporting and monitoring of PMAC services.

29. Which DOH unit oversees the implementation of this policy?

The DOH WMCHDDs takes the lead in overseeing the implementation of this policy, conducting regular assessment, monitoring, and evaluation. The DOH Regional Offices are tasked to monitor the implementation of PMAC services in the DOH retained hospitals and the LGUs and shall coordinate with private hospitals and facilities.

30. What is the reporting requirement under the AO?

PMAC shall be included in the Annual RH Law Accomplishment Report and PMAC data, being part of the Safe Motherhood indicators, shall form part of the quarterly reporting mechanism under the RH Law required to be submitted by DOH, DOH regional offices, DOH and local government hospitals, and other health facilities. The national repository of annual PMAC data shall be at the DOH WMCHDDs. The number of PMAC providers trained per year shall be included in the report.

31. Which agencies and organizations can you contact regarding trainings and trainers on MVA?

You may try to contact the DOH WMCHDDs and Health Human Resource Development Bureau (HHRDB) and DOH Regional Offices for possible trainings and/or trainers

and any of the following organizations and hospitals: EngenderHealth, Ipas, obstetrics and gynecology departments of hospitals (e.g., Baguio General Hospital, Davao Regional and Medical Center, and Fabella Hospital), Population Services Pilipinas Inc. (PSPI)/ Marie Stopes International, and Philippine Society for Responsible Parenthood, Inc. (PSRP).

Ensuring quality PMAC care requires quality training, ongoing supervision, quality assurance, monitoring, and evaluation. The PMAC training may be a stand-alone training or integrated into the BEmONC or CEmONC training.

32. Are there suppliers of FDA-registered MVA cannula here in the Philippines?

Yes, you may try to source them through DKT Philippines and BF Merren Pharmaceuticals.

Ensuring quality PMAC care requires quality training, ongoing supervision, quality assurance, monitoring, and evaluation. The PMAC training may be a stand-alone training or integrated into the BEmONC or CEmONC training.

33. *What is the provision in the policy regarding prevention of threatened/spontaneous abortion?*

Prevention of threatened abortion involves: (a) prenatal care of at least four (4) prenatal care visits; (b) facility based delivery; (c) patient education on the dangers, causes, and proper management of vaginal bleeding during pregnancy; and (d) referral of a high-risk pregnancy to the appropriate health care facility.

34. *What is required for CEmONC and tertiary care facilities?*

CEmONC and tertiary care facilities providing PMAC services shall endeavor to establish a team with a designated Post-Abortion Care (PAC) Officer of the day who will supervise the service providers assigned for PMAC services. The PAC Officer post will be rotated among the members of the team.

35. *How does the policy strengthen family planning and access to contraceptive services?*

For the post-abortion cases, immediate initiation of family planning services shall be provided based on individual assessment. A period of six months is advised before the next pregnancy for optimal outcome. Proper referral and follow-up shall also be practiced.

36. *What sparked the revision of the old PMAC AO?*

EnGendeRights and the Center for Reproductive Rights (CRR) met with key government officials to discuss the release of the Committee on the Elimination of Discrimination against Women (CEDAW Committee)⁶ report on the inquiry on reproductive rights violations in the Philippines⁷ and proposed the revision of the 2000 PMAC AO, among others. They met with Dr. Esperanza Cabral, Chairperson of the DOH National Implementing Team (NIT) for the RH Law, and with then DOH Assistant Secretary Ubial in October 2015.

Afterwards, they presented at the NIT meeting in October 2015 on the situation of post-abortion care in the Philippines and their plans to revise the PMAC AO. After said presentation, the NIT decided to create a PMAC Technical Working Group (TWG).

Philippine Safe Abortion Advocacy Network (PINSAN) members EnGendeRights, CRR, and PSPI became members of the TWG, among other representatives from non-government organizations, DOH, and other government agencies, actively participating in the drafting and editing of the AO. Atty. Clara Rita Padilla of EnGendeRights drafted the first version of the revised PMAC policy which underwent several rounds of editing by members of the DOH TWG, the NIT, and the different units of DOH.

37. *Relevant Issues:*

a. *Is therapeutic abortion allowed under Philippine law?*

In law, practice, and policy, therapeutic abortions are allowed in the Philippines to save the life of the woman or for medical necessity. In the 1961 Supreme Court case of *Geluz v. CA*,⁸ the Supreme Court held that abortion is allowed for medical necessity. Even Fr. Joaquin Bernas, a constitutionalist and a priest, has opined that abortion is allowed under the 1987 Constitution to save the life of the woman. Philippine medico-legal experts recognize the right to therapeutic abortion to preserve the life of the woman and to preserve her health.⁹

There are many cases where therapeutic abortion can be allowed to save the life of a woman or to prevent disability. Pregnant women with conditions such as dwarfism, hypertensive disorders, tuberculosis, diabetes, bronchial asthma, goiter, HIV, malaria, severe anemia, malnutrition, and pregnant women who are less than 18 or greater than 35

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years of age, have a fourth or more children, are battered by their husbands or partners, and have spinal problems or have spinal metal plates may die from complications from pregnancy and childbirth and may need access to therapeutic abortion to save their lives and prevent life-long disability.

b. What are the reasons why women undergo abortion? Women induce abortion due to various reasons, as follows:

- Economic
 - inability to afford the cost of raising a child or an additional child -75% of the women
 - too soon (having enough children or their pregnancy came too soon after their last birth) - more than half of the women
- Age/Too young - 46% were women younger than 25
- Health risks - nearly one-third of the women
- Rape - 13% of the women
- Pregnancy not supported by Partner/Family - one-third of the women¹⁰

A Filipino woman or girl is raped every 58 minutes. Thirteen percent (13%) of women who had an abortion were rape victim-survivors.

c. *What is the incidence of rape in the Philippines?*

A Filipino woman or girl is raped every 58 minutes.¹¹ Some women and girl-children who became pregnant resulting from rape were forced to resort to clandestine and unsafe abortions to end their unwanted pregnancies while others have tried to commit suicide. Thirteen percent (13%) of women who had an abortion were rape victim-survivors.¹²

d. *What is the profile of women who undergo unsafe abortion methods?*

Most of the women who are hospitalized and die from complications from unsafe abortion are poor,¹³ Roman Catholics, married,¹⁴ with at least three children,¹⁵ and have at least a high school education.¹⁶ Poor women comprise two-thirds of those who induce abortion,¹⁷ using riskier abortion methods, thus disproportionately experiencing severe complications¹⁸—clearly showing that lack of access to safe abortion is a social justice issue.

Poor women comprise two-thirds of those who induce abortion, using riskier abortion methods, thus disproportionately experiencing severe complications.

38. What are recommendations for the effective implementation of the policy?

- a. Actively conduct trainings to:
 - i. eliminate abortion stigma and religious and personal prejudices against abortion;
 - ii. ensure provision of quality post-abortion care and counseling;
- b. Create or enhance hospital and health facility policies on quality post-abortion care including institutional safeguards and protocols that ensure patient confidentiality, privacy, and protection of women's human rights;
- c. Ensure that PMAC is part of the curricula for medical, nursing, and midwifery schools;
- d. Ensure that use of VA, MVA, uterotonics, and other drugs are part of the training of obstetrics and gynecology residents from their first day of residency;
- e. Ensure that PMAC is required in the obstetrics and gynecology certification;
- f. Actively prevent, investigate, and prosecute rape and sexual harassment cases to end impunity;
- g. Increase access to:
 - i. effective sexuality education; and
 - ii. contraceptive information, supplies, and services to raise modern contraceptive prevalence rates, with health care providers including BHWs doing door-to-door campaigns, among others

- 1 WHO, Health worker roles in providing safe abortion care and post-abortion contraception, 2015.
- 2 Oxytocin, among others, can be used to actively manage the third stage of labor to prevent and treat post-partum hemorrhage due to uterine atony or failure of the uterus to contract.
- 3 WHO, Safe abortion: technical and policy guidance for health systems, Second edition, 2012.
- 4 Sec. 25. Revocation and Suspension of Certificates. – The Board shall have the power to revoke or suspend the validity of a certificate of registration of a midwife for any of the causes mentioned in the preceding section, or for unprofessional conduct, malpractice, incompetence or serious ignorance or negligence, assisting or performing abortion in the practice of midwifery or for making use of fraud, deceit or false statements to obtain a certificate of registration.
- 5 Section 10. Acts constituting practice of medicine; Section 11. Exemptions. The preceding section shall not be construed to affect x x x (e) any person who renders any service gratuitously in cases of emergency, or in places where the services of a duly registered physician, nurse or midwife are not available.
- 6 The committee tasked to monitor a state's compliance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW Convention).
- 7 CEDAW Committee Summary of the inquiry concerning the Philippines under article 8 of the Optional Protocol to the CEDAW Convention, April 22, 2015 (CEDAW/C/OP.8/PHL/1), *available at* http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/PHL/CEDAW_C_OP-8_PHL_1_7679_E.pdf; The joint submission requesting the CEDAW Committee for an inquiry relating to systematic and grave violations resulting from the implementation of Executive Order No. 003 was submitted on June 2, 2008 by the Philippine-based Task Force CEDAW Inquiry (Task Force), CRR, and the International Women's Rights Action Network Asia-Pacific (IWRAP). The Task Force consists of 20 member NGOs (EnGendeRights (co-convenor), WomenLEAD (co-convenor); Alternative Law Groups (ALG); Democratic Socialist Women of the Philippines (DSWP); Family Planning Organization of the Philippines (FPOP); Health Action Information Network (HAIN); Health & Development Initiatives Institute, Inc. (HDII); Institute for Social Studies and Action, Philippines (ISSA); Kapisanan ng mga Kamag-anak ng Migranteng Manggagawang Pilipino, Inc (KAKAMMPI); MAKALAYA; Philippine Legislators' Committee on Population and Development (PLCPD); Philippine NGO Council on Population, Health and Welfare,

Inc., (PNGOC); Population Services Pilipinas, Inc. (PSPI); Sentro ng Alternatibong Lingap Panlegal/Alternative Legal Assistance Center (SALIGAN-ALAC); Save the Children USA-Philippines Country Office; The Forum for Family Planning and Development, Inc.; Woman Health Philippines; Women's Crisis Center; Women's Legal Bureau (WLB); Women's Media Circle Foundation, Inc.

- 8 2 SCRA 801 [1961].
- 9 Pedro Solis in his book on Legal Medicine stated that therapeutic abortions include to preserve the life of the woman and to preserve her health. Solis cites a U.S. case where the married woman was found to be unstable and a psychiatrist recommended abortion (citing Camp and Purchase, Practical Forensic Medicine, p.32, 1957).
- 10 2004 national survey cited in Susheela Singh, et al., Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences, New York: Guttmacher Institute, 2006 available at <http://www.guttmacher.org/pubs/2006/08/08/PhilippinesUPIA.pdf> [Singh S et al, 2006]; Guttmacher, Induced Abortions in the Philippines, In Brief, 2013; Florence M. Tadiar, Abortion as a Public Health Issue, powerpoint presentation, August 2016 [Florence M. Tadiar, powerpoint, 2016].
- 11 A total of 9,056 women and girls reported they were raped in 2015 with 2078 women, 6,978 children, Statistics from the Women and Children Protection Center (WCPC), PNP, 2015.
- 12 Singh S et al., 2006.
- 13 NDHS 2013 cites the total of lowest and second to the lowest wealth quintile as composing 21.2% of urban and 57.4% of Philippine households.
- 14 According to the NDHS 2013, three out of five women aged 15 to 49 are married or living together with a man.
- 15 United Nations Population Fund (UNFPA) State of the World Population Report, 2015 cites the total fertility rate from 2010-2015 as 3; Actual total fertility rate is 3 children, NDHS 2013.
- 16 Singh S et al, 2006; Two-thirds of those who induce abortion are poor; Guttmacher, Unsafe Abortion, Fact Sheet, 2013; NDHS 2013 cites 48.7 of urban women aged 15-49 had some high school education and completed high school education and cites 49.3 of rural women aged 15-49 had some high school education and completed high school education.
- 17 Singh S et al., 2006.
- 18 Guttmacher, Unsafe Abortion, Fact Sheet, 2013.

EnGendeRights and PINSAN have conducted briefings on the PMAC AO for the following:

- Manila Central University (MCU) medical staff
- Benguet State University nurses, members of the Philippine Nursing Association and MCNAP Baguio, and obstetrics and gynecology doctors of Baguio General Hospital
- Gabriela Silang Provincial Hospital medical staff
- Philippine General Hospital medical staff
- Quezon City General Hospital staff
- UP College of Social Work and Community Development students and teachers
- Quezon City Police Department (station commanders, investigators, Women and Children's Protection Desk officers)
- Ilocos Regional and Training and Medical Center, district hospitals, Lorma Medical Center, and Lorma Colleges, among other institutions in La Union

Realizations and learnings of participants after attending the briefings:

- “ Many abortions are still unsafe... primarily because of social stigma and discrimination. Treat all patients regardless of your personal morals and belief. ”
- “ Proper care and treatment should be given to abortion patients. ”
- “ There is no law requiring service providers to report [to the police women suffering abortion complications]. ”

About EnGendeRights

EnGendeRights has a long track record in championing the rights to equality and non-discrimination of women and lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons through its domestic and international legal and policy work, research, publication, training, and impact litigation. EnGendeRights has actively advocated for the adoption of laws, policies, and even international conventions and regional human rights mechanisms upholding the rights of women and rights based on sexual orientation, gender identity, and expression (SOGIE). EnGendeRights has done groundbreaking work in raising Filipino women's and SOGIE concerns using United Nations mechanisms through shadow reports and the request for inquiry on reproductive rights violations in the Philippines submitted to the CEDAW Committee working closely with various domestic and international organizations.

EnGendeRights uses a rights-based approach to strongly advocate for access to the full range of contraceptive methods including emergency contraceptives, access to safe and legal abortion, sexuality education, legalization of divorce, repeal of discriminatory laws and policies against women and LGBTI persons, and the passage of laws and policies upholding SOGIE rights including anti-discrimination laws and ordinances, gender identity recognition, and marriage equality. EnGendeRights has various trailblazing publications available at www.enderights.com.

About PINSAN

The Philippine Safe Abortion Advocacy Network (PINSAN) is a network of human rights advocates including representatives from women’s/human rights organizations, lawyers, and youth networks openly working on the issue of unsafe abortion as a public health issue using feminist and human rights standards.

PINSAN works towards a coherent and coordinated strategy to address the impact of unsafe abortion in the Philippines by ending abortion stigma, promoting appropriate post-abortion care according to WHO guidelines, widening recognition of the legality of therapeutic abortion in the country and removing legal and policy restrictions on abortion including through decriminalization of abortion .



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PHILIPPINE SAFE ABORTION ADVOCACY NETWORK

December 2017

See related publications available at engenderights.com and pinsan.ph:

Policy Brief – Padilla, Clara Rita. **Policy Brief: Access to Safe and Legal Abortion and Post-Abortion Care Can Save Filipino Women’s Lives.** EnGendeRights, December 2016.

Fact Sheets series entitled, **“Safe and Legal Abortion Saves Women’s Lives”**:

Fact Sheet 1 – Padilla, Clara Rita. **Fact Sheet: Safe and Legal Abortion Saves Women’s Lives: Public Health Concerns and Social Costs of Lack of Access to Safe and Legal Abortion and Post-Abortion Care.** EnGendeRights, December 2016.

Fact Sheet 2 – Padilla, Clara Rita. **Fact Sheet: Safe and Legal Abortion Saves Women’s Lives: Liberalizing Abortion Laws Will Save Women’s Lives: Asian, Predominantly Catholic Countries, and Former Spanish colonies Allowing safe and Legal Abortion; The Philippine Constitution Allows Access to Safe and Legal Abortion.** EnGendeRights, December, 2016.

Fact Sheet 3 – Padilla, Clara Rita. **Fact Sheet: Safe and Legal Abortion Saves Women’s Lives: Constitutional Guarantees, Comparative Law, International and Regional Human Rights Standards Support the Right to Safe and Legal Abortion.** EnGendeRights, December 2016.



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