

# Advancing Reproductive Rights Using the Inquiry Procedure of the OP CEDAW and the UN Special Procedures: The Philippine Experience



**EnGendeRights, Inc.**  
*Asserting Women's Rights*

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## ABOUT THE AUTHORS

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After graduating from law school, she has dedicated her life in changing laws, policies, and practices that are discriminatory against women. Her work has brought her to urban poor communities and far-flung barrios in the Philippines at the same time she has raised women’s concerns to the international level especially the United Nations mechanisms. She spearheaded the submission of a collaborative Shadow Report to the August 2006 Review of the Committee on Elimination of Discrimination against Women (CEDAW Committee) on the Philippines and made an oral intervention in said CEDAW Committee Session in New York. She wrote the EnGendeRights submission to the First Universal Periodic Review in November 2007 and made the oral intervention in June 2008 in Geneva. She was a member of the IWRAP-AP delegation that advocated towards the adoption of the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (OP ICESCR) in December 2008. She spearheaded the submission of a Request for Inquiry under the Optional Protocol to Convention on All Forms of Discrimination against Women (OP CEDAW) in 2008.

She was an International Visiting Legal Fellow at the Center for Reproductive Rights from July 2002 through July 2003. Her previous consultancies include drafting the very first version of the Reproductive Health Care Bill which was filed as HB 4110 in December 2001 (under consultancy with PLCPD), facilitating discussions on gender equality and CEDAW for the justices of the Philippine courts and trainings

on sexual harassment for members of the committee on decorum and investigation of the Philippine judiciary (a project under the European Commission), and a comparative study of gender-based violence (GBV) and HIV/AIDS legislation in ASEAN member countries where she developed a model legislation addressing the link between GBV and HIV/AIDS (under consultancy with the Philippine Commission on Women).

She has won two Supreme Court en banc (by the full court) cases. In October 1997, she succeeded in the landmark case of *Pioneer Texturizing Corporation vs. National Labor Relations Commission and Lourdes de Jesus* (G.R. 118651) where the Supreme Court overturned its previous doctrine laid down in *Maranaw vs. NLRC* (238 SCRA 190). In the Pioneer case, she successfully argued that illegally dismissed employees should be automatically reinstated at work or in the payroll without need of a writ of execution. In April 2010, she and several other lawyers won their petition for certiorari with the Supreme Court granting the accreditation of a lesbian, gay, bisexual, transgender (LGBT) party-list organization in the case of *Ang Ladlad LGBT Party vs. Commission on Elections* (G.R. No. 190582).

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# LIST OF ACRONYMS

AIDS	- Acquired Immune Deficiency Syndrome
ARMM	- Autonomous Region of Muslim Mindanao
BEmOC	- Basic Emergency Obstetric Care
BPO	- Barangay Protection Order
CEDAW Committee	- Committee on Elimination of Discrimination against Women
CEDAW Convention	- Convention on the Elimination of All Forms of Discrimination against Women
CEmOC	- Comprehensive Emergency Obstetric Care
CRR	- Center for Reproductive Rights
EC	- emergency contraception to prevented unwanted/unintended pregnancies
ECPs	- emergency contraceptive pills to prevent unwanted/unintended pregnancies
EmOC	- emergency obstetric care
EO 003	- Executive Order 003 Series of 2000 issued on February 29, 2000
FGDs	- focus group discussions
HIV	- Human Immunodeficiency Virus
IUD	- intrauterine device
IV	- intravenous
IM	- intramuscular

IWRAW-AP	- International Women's Rights Action Watch, Asia-Pacific
LAM	- lactation amenorrhea method
LGBTI	- lesbian, gay, bisexual, transgender, intersex
LGU	- local government unit
NDHS	- National Demographic and Health Survey
NFP	- natural family planning method
NGOs	- non-governmental organizations
Ospital ng Maynila	- Manila Hospital
PEP	- post exposure prophylaxis to prevent HIV transmission
PPO	- Permanent Protection Order
RH	- reproductive health
RH Bill	- Reproductive Health Care Bill
RTIs	- reproductive tract infections
SRHR	- sexual and reproductive health and rights
STIs	- sexually transmitted infections
TPO	- Temporary Protection Order
UNFPA SWP	- United Nations Population Fund State of the World Population
UN	- United Nations
UNSRs	- United Nations Special Rapporteurs
US	- United States
VAW	- Violence against Women
WHO	- World Health Organization

## I. Reproductive Rights Violations under Manila EO 003

The Philippines is a State party to the international human rights instruments affirming women’s sexual and reproductive rights, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW Convention).<sup>1</sup> Yet, various forms of violations of sexual and reproductive rights happen at the ground level. In the City of Manila, Executive Order 003 Series of 2000 (EO 003) issued on February 29, 2000 by then Mayor Atienza,<sup>2</sup> effectively deprived women and families accurate and responsive family planning information and services.

EO 003 declared Manila City as a “pro-life city” and discouraged contraceptives but, in reality, banned access to information, services, and supplies on modern contraceptives such as condoms, pills, intrauterine devices, surgical sterilization, among others. It promoted only the so-called natural family planning method (“NFP”) in Manila-run public hospitals such as Ospital ng Maynila, Gat Andres Bonifacio Medical Center, Ospital ng Tondo, Ospital ng Sampaloc and in city and barangay health clinics.

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<sup>1</sup> The CEDAW Convention entered into force in the Philippines on September 4, 1981 while the Optional Protocol entered into force in the Philippines on February 12, 2004.

<sup>2</sup> On 29 February 2000, then Mayor Jose L. Atienza, Jr. unilaterally issued Executive Order 003, “Declaring Total Commitment and Support to the Responsible Parenthood Movement in the City of Manila and Enunciating Policy Declarations in Pursuit Thereof”, instructing the City Health Department to promote responsible parenthood and uphold natural family planning (“NFP”) not just as a method but as a way of self-awareness in promoting the culture of life while discouraging the use of artificial methods of contraception like condoms, pills, intrauterine devices, surgical sterilization, and others.

June and October 2008 saying that there were no funds from the Manila City government;

- to date, the Office of the Mayor of the City of Manila and the City Health Department of the City of Manila continue to deny Manila residents access to public information on, and access to, artificial contraceptives throughout Manila's local public health centers
- the Manila City Social Hygiene Clinic peer educators received an order late February 2010 from the head of their unit that they should not distribute condoms while doing outreach with out-of-school youth and people in prostitution. They were told to stop distributing condoms since it is campaign season for the position of Mayor and they might have problems with the City government. Specifically, during the interview with the peer educator in May 2010, he stated that they stopped distributing condoms starting March and until the interview was conducted late May 2010.

### **C. Impact on Poor Women**

The poor of Manila took the brunt of EO 003 by restricting their access to contraceptives. And they are still feeling the impact of such restrictive policy even now under Mayor Lim's term since the Office of the Mayor is not providing funding to buy free contraceptives for Manila residents.

As a consequence, some of the poor women in Manila ended up having as many as eight more children than they actually desired. While the national average would only show that women usually have one child more than they desired, the disparity between desired and actual number of children is greater for poor women. Poor women are further impacted by EO 003 because they do not have the money to pay for their own contraceptive supplies and counseling from private doctors, unlike wealthier women in Manila.

The EO has had a devastating effect on the lives of many poor women living in Manila. Without access to modern contraceptives including permanent surgical procedures, these women continue to get pregnant and give birth while facing grave threats to their ability

In the course of EnGendeRights' work, we were able to gather evidence of reproductive rights violations related to Manila EO 003 Series of 2000 which effectively bans modern contraceptives in Manila-run clinics and hospitals.

**A. Violations that were recorded during the term of Mayor Atienza included:**

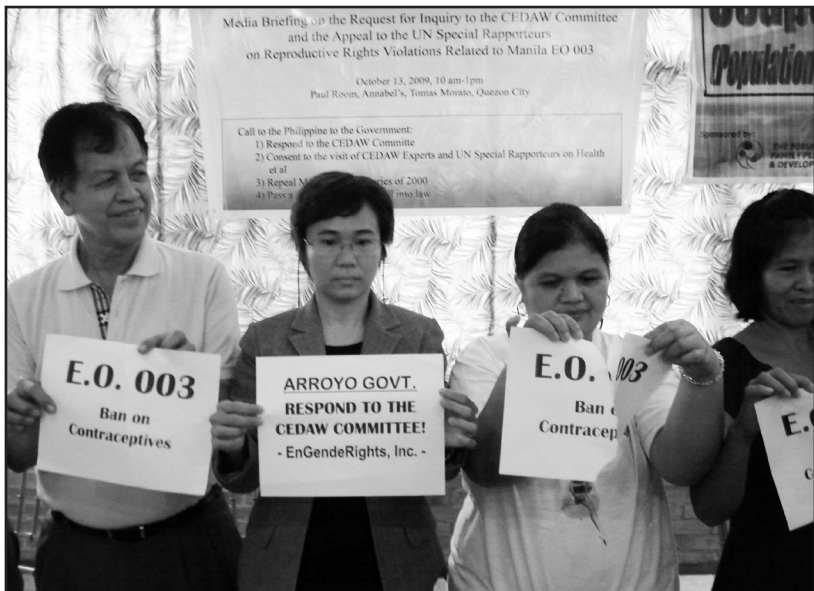
- no modern contraceptives were available in Manila-run hospitals and city and barangay health clinics; health clinic officials did not provide information and supplies on modern contraceptives for fear of being reprimanded;
- NGOs were threatened;
- many private clinics and NGOs stopped providing family planning services after they faced harassment and pressure from local government officials;
- government doctors were dismissed after providing referrals to NGOs that make contraceptives accessible to women;
- there were admonitions against renewal of permits to operate, censorship of family planning educational and informational kits, and summons to city hall;
- the Manila City government did not provide funds for information and access to modern contraceptives;
- Manila-run hospitals such as the Ospital ng Maynila and Ospital ng Tondo promoted only NFP;
- women who wanted to be ligated were prevented from undergoing the procedure in Manila-run hospitals because they were told that the city was "Pro-Life".

**B. Violations that were recorded during the term of Mayor Lim included:**

- the Mayor's Office did not provide funds for dissemination of information and distribution of supplies on modern contraceptives;
- the Mayor's Office declined to provide funds in the amount of about P5,000 to cover pain medication and anti-biotics for poor women from Vitas, Tondo, who wanted to be ligated in

to subsist and to their health and lives. Furthermore, poor families suffer substantial strain when they have more children than they can afford. Providing access to modern contraceptives prevents unwanted pregnancies, prevents the need for abortion and reduces maternal mortality and morbidity.

The practice of denying women access to modern family planning in Manila is against the Philippines' international treaty obligations, including the CEDAW Convention.



## II. The Philippine Request for Inquiry under OP CEDAW

The Philippine-based Task Force CEDAW Inquiry led by EnGendeRights and WomenLead,<sup>3</sup> CRR<sup>4</sup> and IWRAP-AP<sup>5</sup> submitted a Request for Inquiry to the CEDAW Committee to investigate reproductive rights violations and other treaty violations resulting from EO 003, i.e., the Initial Request for Inquiry submitted on June 4, 2008, the Second Supplemental Request for Inquiry submitted on October 27, 2008, the Third Supplemental Request for Inquiry submitted on April 23, 2009, and the Fourth Supplemental Request submitted on July 13, 2010.

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<sup>3</sup> The Philippine-based Task Force CEDAW Inquiry consists of twenty members: EnGendeRights (co-convenor; see <http://www.engenderights.org>), 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.

<sup>4</sup> The Center for Reproductive Rights (formerly the Center for Reproductive Law and Policy) is a nonprofit legal advocacy organization dedicated to promoting and defending women's reproductive rights worldwide. See <http://www.reproductiverights.org/about.html>.

<sup>5</sup> International Women's Rights Action Watch Asia Pacific (IWRAP Asia Pacific) is a nonprofit organization dedicated to promoting and protecting women's human rights through the use of CEDAW. See <http://www.iwraw-ap.org>.

The initial request for inquiry asserted that the EO violates Articles 2, 3, 5, 10, 11, 12, and 16, and that the state is responsible for such violations.<sup>6</sup> The subsequent requests, also sent by the Task Force CEDAW Inquiry, the Center and IWRAW-AP, highlight further violations by the Philippine government. In addition, the subsequent requests for inquiry discuss the controversial Reproductive Health Bill,<sup>7</sup> which present Manila Mayor Alfredo Lim does not support.<sup>8</sup>

The CEDAW Committee has asked the Philippine government and the UN Country Team to submit a response to the CEDAW Committee before the end of February 2009. The request of the CEDAW Committee to the government already means that they considered the information submitted to them as reliable and indicative of grave and/or systematic violations as provided under Rule 83 of the CEDAW Committee Rules.

The UN Country Team through the UN Gender Mainstreaming Committee confirmed that they submitted their confidential report to the CEDAW Committee during the first quarter of 2009 in response to the Committee's request for information.

Subsequently, the Philippine Department of Foreign Affairs submitted two responses to the CEDAW Committee: 1) the response from the Philippine Commission on Women confirming the importance of the conduct of the inquiry and consenting to the visit; and 2) the response from the Manila City Office alleging that the EO is no longer being implemented.

Once the CEDAW Committee sends a letter to the Philippine government regarding its intent to conduct an on-site visit, the actual visit can only happen with the consent of the Philippine government. It is imperative that the government consents to the visit to allow

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<sup>6</sup> CEDAW Request for Inquiry, filed June 2, 2008, at para. 3.

<sup>7</sup> The pending RH bill would require government hospitals to purchase contraceptive supplies and require reproductive health education in schools, as well as provide quality reproductive health services for women.

<sup>8</sup> Lim: No to RH bill, Philippine Star, December 3, 2008; see also RH Bill Rallies Stretch Across Nation, Catholic Bishops' Conference of the Philippine – News Service, available at <http://www.cbcpnews.com/?q=node/7973> (last visited on April 15, 2009) (Opposition reporting)



the CEDAW Committee to investigate on the reproductive rights violations in the country. Allowing such an investigation in the country is a step towards its compliance with its obligations under the CEDAW Convention to eliminate discrimination against women.

A visit to the Philippines will give more legitimacy to the process and will bring the much-needed media attention on reproductive rights violations in the Philippines. Without the consent of the Philippine government, the Committee could proceed with the inquiry based on the information provided to the Committee and possibly meeting with Filipino women affected by the contraception ban in Manila City outside of the Philippines.





### **III. The Philippine Request for Urgent Appeal to Six UN Special Rapporteurs**

On March 27, 2009, the Philippine-based Task Force CEDAW Inquiry together with CRR and IWRAW-AP submitted a request to six United Nations Special Rapporteurs (UNSRs) requesting for an Urgent Appeal to be transmitted to the Philippine government and seeking a fact-finding country visit to investigate reproductive rights violations related to EO 003. The goal in submitting the request was to draw the UNSRs attention to the grave violations perpetrated in Manila City by the Philippine government against women and their families.

The submission to the UNSRs was made to six UNSRS, namely, health, violence against women, education, human rights defenders, freedom of religion or belief, and the Independent Expert on extreme poverty. This submission to the UNSRs complements the Request for Inquiry that was submitted to the CEDAW Committee and it creates additional pressure to the CEDAW Committee to push through with the inquiry and to the Philippine government to consent to the visit of the CEDAW Committee experts and the UNSRs.

The submission to the UNSRs raised reproductive rights violations in Manila City arising out of then Mayor Atienza's issuance of EO 003 and the continued implementation of said EO under Mayor Lim. As alleged in the submission to the UNSRs, this EO has "in practice resulted in a ban on modern contraceptives from all the Manila-run public health facilities and a denial of information or referral on family planning services."

The UN Special Rapporteur on Health Anand Grover has expressed his intention of visiting the Philippines and urged more domestic NGOs to write to him about the impact of the EO and other reproductive rights violations in the Philippines.

On April 23, 2009, the Special Rapporteurs on the Right to Health and Violence against Women issued a joint allegation letter to the Philippine government bringing to its attention the “new information received concerning the implementation of [EO] 003.”<sup>9</sup> Citing the allegations in the urgent appeal, it stated that “the EO had resulted in a ban on modern contraceptives from all Manila public health facilities and denial of any information or referral services for family planning[, resulting] in unwanted pregnancies, unsafe abortion, maternal mortality and morbidity amongst women, especially in rural areas.”<sup>10</sup> In addition, the letter stated that “after its issuance, the Manila City government withdrew all supplies of modern contraceptives from city public health facilities and has denied women from receiving any referrals or information on family planning services [and] city public health facilities have promoted NFP as the only acceptable contraceptive method.”<sup>11</sup>

The Special Rapporteurs expressed regret that the reproductive health bill “that would require government hospitals to include contraceptives amongst the supplies they purchase and would make reproductive health education mandatory in schools [had] been pending for more than four years.”<sup>12</sup> Despite such allegation letter, the Philippine government had failed to reply to the Special Rapporteurs at the time the Special Rapporteur on the Right to Health finalized his annual report, documenting the communication to the government.<sup>13</sup>

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<sup>9</sup> See Human Rights Council, *Report of the Special Rapporteur on the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health – Addendum: Summary of Communications Sent and Replies Received from Governments and Other Actors*, (14th Sess.), para. 215, U.N. Doc. A/HRC/14/20/Add.1 (2010). [hereinafter 2010 *Report of the Special Rapporteur on the Right to Health – Communications*]

<sup>10</sup> *Id.*, at para. 216.

<sup>11</sup> *Id.*, at para. 217.

<sup>12</sup> See *id.* at para. 219.

<sup>13</sup> See *id.* at para. 220.

## IV. Tools used for Evidence-Gathering

### A. Questionnaire

#### EnGendeRights, Inc. CEDAW Inquiry Project

Date: \_\_\_\_\_ Area: \_\_\_\_\_

1. Pangalan: \_\_\_\_\_ 2. Edad: \_\_\_\_\_
3. Tirahan: \_\_\_\_\_
4. Trabaho/Kabuhayan: \_\_\_\_\_
5. Pinakamataas na antas ng pag-aaral na naabot:  
\_\_\_\_\_ elementarya \_\_\_\_\_ hayskul \_\_\_\_\_ vocational \_\_\_\_\_ kolehiyo
6. Ilan ang planong anak? \_\_\_\_\_ 7. Ilan ang anak sa kasalukuyan: \_\_\_\_\_
8. Edad ng mga anak: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
9. Ilang taon ka nung una kang magbuntis? \_\_\_\_\_
10. Gumagamit ka ba ng kontraseptibo? \_\_\_\_\_ Oo. Anong klase? \_\_\_\_\_  
Saan ka kumukuha/bumibili? \_\_\_\_\_  
Paano mo nalaman ang tungkol sa paggamit ng kontraseptibo? \_\_\_\_\_ Hindi:  
Bakit hindi ka gumagamit? \_\_\_\_\_
11. May pagkakataon bang pinagbawalan kang gumamit ng kontraseptibo tulad ng pills, condoms, injectables, IUDs, ligation? \_\_\_\_\_ Oo. Sino ang nagbawal? \_\_\_\_\_  
Ano ang ipinagbawal? \_\_\_\_\_ Ano ang dahilan ng pagbabawal? \_\_\_\_\_  
Ilang beses ito nangyari? \_\_\_\_\_ Kailan ito nangyari? \_\_\_\_\_

May pagkakataon bang pinagkumpisal at di pinag-komunyon ng pari sa inyong lugar dahil gumagamit ka ng artipisyal na kontrseptibo?

\_\_\_\_\_ Oo. Kailan at saan ito nangyari? \_\_\_\_\_

12. May alam ka bang patakaran sa Lungsod ng Maynila na nagbabawal sa paggamit ng pills, IUD at pagpapa-ligate?  
\_\_\_\_\_ Oo. Saan/Kanino mo nalaman? \_\_\_\_\_ Kailan mo nalaman? \_\_\_\_\_  
Bakit daw ipinagbabawal? \_\_\_\_\_ Wala.
13. Nakakuha ka ba ng libreng pills, condom, etc. mula sa mga health clinic ng gobyerno sa inyong lugar?  
\_\_\_\_\_ Oo. Ano ang nakuhang libre? \_\_\_\_\_ Saan? \_\_\_\_\_ Kailan?
14. Nais mo bang makakuha ng libreng serbisyo tulad ng family planning counseling, ligation, IUD at libreng suplay ng pills, condoms, etc.  
\_\_\_\_\_ Oo. Anong klase ng serbisyo/suplay? \_\_\_\_\_  
\_\_\_\_\_ Hindi.
15. PARA SA MGA BARANGAY HEALTH WORKERS:  
Nakaranas ka ba ng pananakot o pagbabawal sa pagbibigay ng impormasyon/serbisyo ukol sa artipisyal na kontraseptibo?  
\_\_\_\_\_ Oo. Kailan at saan nangyari? \_\_\_\_\_  
Sino ang nanakot/nagbawal? \_\_\_\_\_

MARAMING SALAMAT PO SA INYONG PAGTUGON  
SA AMING MGA KATANUNGAN.

**B. Tabular Survey Form/FGD Form**

Name	Age	Address	Occupation	Planned No. of Children	No. of Children at present	State experience in denial of access to reproductive health information, supplies and services in Manila City in relation to Manila EO 003 (state if denied access to pills, condoms, spermicides, injectables, IUDs and litigation); State year and name of hospital/clinic/brgy/official that denied them access; State harassment that was experienced to stop them from providing reproductive health information, supplies and services	No. of Children after year 2000	No. of Children before year 2000	Estimated age at first pregnancy

### *C. Interview Questions*

#### **Interview Questions for Health Care Providers: Manila Policy**

1. Describe your organization and what you do.  
Pre-Atienza policy:
2. What family planning services did you provide in Manila prior to Feb. 2000 (implementation of the Atienza policy)?  
Implementation of the Atienza policy:
3. How has the policy affected your ability to provide family planning services in Manila? Have you seen a difference in your ability to provide such services under the policy?
4. Have you faced any harassment from government officials in regard to your provision of ANY type of family planning services (natural or artificial)?
5. Do you feel pressured to provide only natural family planning services?
6. What is your opinion of the effect of the policy on women's ability to procure family planning services? Have you seen a difference in the number of women who are unable to obtain FP services since the implementation of the policy?
7. As revealed by the cases you have encountered in your practice, what has been the physical and mental impact on women of not being able to practice family planning and of multiple and unplanned pregnancies experienced by them?  
Post Atienza:
8. What family planning services do you currently provide in Manila?  
Other:
9. Is there anything else you would like the CEDAW committee to know about the effects of the policy?
10. Are you willing to sign an affidavit/medical declaration of your account of the impact of the Manila policy?
11. If no, are you willing to have this account documented and included in the second submission of the Request for Inquiry to the CEDAW Committee?
12. Are you willing to have your name included in the second submission of the Request for Inquiry to the CEDAW Committee?
13. Are you willing to be interviewed by CEDAW Committee members should they visit the Philippines?

## ***D. FGD Guide Questions***

### **Guide Questions for FGD**

- ✱ Sino ang hindi gumagamit ng contraceptives?
  - Bakit hindi?
  - Ilan ang anak mo ngayon?
  
- ✱ Sino ang sinubukang gumamit ng contraceptives pero tumigil?
  
- ✱ Sino ang gumagamit ng contraceptives?
  - Anong klase ang ginagamit na contraceptives?
  
- ✱ Sa panahon ni Atienza, sino ang hindi binigyan/ipinagkait ang contraceptives magmula nang ipinatupad ang EO nung 2000?
  - Ni-refer ba kayo sa ibang center/clinic/hospital?
  - Sino ang hindi pa rin nakakuha ng contraceptives mula sa referral center? Bakit hindi?
  
- ✱ Paala: sa mga hindi binigyan/pinagkait ang contraceptives
  - hihilingin namin na mag-paiwan kayo mamaya para mapag-usapan ang interview ng media/CEDAW experts/picture taking/pagsampa ng kaso sa korte
  
- ✱ Sa panahon ni Atienza, sinong nakakakuha ng contraceptives mula nang ipinatupad ang EO 003 nung 2000?
  - Saan kayo nakakuha ng contraceptives?



- \* Sa panahon ni Atienza, sino ang hindi humingi sa government clinic/hospital dahil sa alam nilang bawal ang contraceptives?
  - Saan naman kayo nakakuha ng contraceptives?
  
- \* Sa panahon ni Lim, sino ang hindi nakakakuha ng pills/condoms/ IUD/injectables sa center, clinic, hospital?
  - Anong pangalan ng center, clinic, hospital na nagkait sa inyo ng contraceptives?
  - Kailan ito nang-yari?
  - Pang-ilang pagbubuntis mo na ito o ilan na ang anak mo nito?
  
- \* Sa panahon ni Lim, sino ang pinagbawalan magpa-ligate sa mga hospital na pinapatakbo ng Maynila (Ospital ng Maynila, Gat Andres Bonifacio, Ospital ng Tondo, Ospital ng Sampaloc)?
  - Anong pangalan ng hospital na nagkait sa inyo ng contraceptives?
  - Kailan ito nang-yari?
  - Pang-ilang pagbubuntis mo na ito o ilan na ang anak mo nito?
  
- \* Sa panahon ni Lim, sino ang nakakakuha ng contraceptives?
  - Saan kayo nakakakuha ng contraceptives?
  
- \* Sa panahon ni Lim, sino ang hindi sumubok humingi ng contraceptives?
  - Bakit hindi?

## **E. FGD presentation: Brief background on EO 003 Series of 2000 and Discussion on Reproductive Rights**

### **1) Background on Atienza Policy**

- Atienza's term: 1996 to May 2007;
- who knows about the Atienza policy?  
(Exec. Order No. 003 Series of 2000; Feb. 2000)
- background on Atienza policy?
  - o "discourages" contraceptives;  
actual ban on modern contraceptives
  - o Natural Family Planning only in Manila-run hospitals such as
    - Ospital ng Maynila
    - Gat Andres Bonifacio Medical Center
    - Ospital ng Tondo
    - Ospital ng Sampaloc

### **2) Questions on Number of Children and Early or Late Pregnancies**

- Who has 0 children?
- Who has 1-3 children?
- Who has 4 or more children?
- Who had children at age 18 or below?
- Who had children at age 35 or older?

### **3) High Risk Pregnancies**

- too young (less than 18 years old or 18 years old below)
  - (sexuality education: delaying sexual debut; dangers of early sex and childbearing)
  - According to the WHO, when girls marry and have children, their health can be adversely affected and their education is impeded; their economic autonomy is restricted. (Comment No. 36, Art. 16 (2))
  - This not only affects women personally but also limits the development of their skills and independence and reduces access to employment, thereby detrimentally affecting their families and communities. (Comment No. 37, Art. 16 (2))
- too late (older than 35 years old); dangerous pregnancies
- too frequent pregnancies and child birth

- (have 4 or more pregnancies or more than 4 pregnancies);
- have closely spaced pregnancies (women need at least 2 years (even 3-5 years) to completely recover their health from the physical stress of burden of pregnancy);
- concurrently ill (they have existing diseases or disorders like iron deficiency anemia.
  - Note: Even faced with these risks, about 2.6 million of these women are expected to become pregnant each year.

#### 4) Mga Katanungan Ukol sa RH

- Sino ang may first sexual encounter na hindi gumamit ng modern contraceptive methods?
- Sino ang hindi nagpa-prenatal check up noong buntis?
- Sino ang nanganak ng walang skilled birth attendant?
- Sino ang hindi nag-breastfeed?
- Sino ang nagpa-pap smear?
  - Para saan ba itong pap smear?
- Sino ang nagpakasal dahil buntis?
- Sino ang pinilit ang anak na magpakasal dahil buntis?
  - Right vs forced marriage
  - Right to same-sex marriage
- Sino ang magsasabi na mula ng nagkaroon sila ng anak ay malaki ang ipinagbago ng kanilang buhay?
- Sino ang ayaw nang magbuntis?

#### 5) Pamamahala ng Sariling Pertilidad

- Kung sexually active, gumamit ng modern contraceptives [pills, condom, injectables, IUD]
- Kung biktima ng rape, hindi gumamit ng modern contraceptives o nabutas ang condom
  - gumamit ng emergency contraceptive (pills hanggang 5 araw o IUD hanggang 7 araw)

- Kung naabot na ang tamang bilang ng anak or ayaw ng mag-anak, gumamit ng permanent method:
  - Babae = ligation
  - Lalake = no scalpel vasectomy

## 6) Unintended pregnancies/Unmet need

- about half of all pregnancies in the Philippines are unintended (approximately 1.43 million pregnancies)\*  
\*Singh S et al., Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences, New York: Guttmacher Institute, 2006
- Filipino women on average have one child more than they want (DOH AO No. 50-A s. 2001)
  - In Tondo, many women have 8-10 children more than they desired
  - National average of actual fertility is 3-4; In Tondo, it's common to have 6 to 10 children

## 7) Indicators - Philippine Maternal Mortality Ratio (UNFPA State of the World Population 2008)

- Maternal mortality ratio:
  - 230 women die/100,000 live births
  - 11 women dying per day while giving birth
  - No woman should die to pregnancy and childbirth
  - These are preventable deaths
  - While we have government officials during the GMA administration who said that there is nothing wrong with spending 2 million pesos for three dinners in the US
- the maternal mortality ratio has remained constant for the three years from 2005-2007
  - 200 maternal deaths for every 100,000 live births
  - Source: UNFPA SWP 2005, 2006, 2007

## **8) Indicators - Philippine Maternal Mortality Ratio Comparison with other Countries (UNFPA State of the World Population 2008)**

- Maternal mortality ratio:
  - 230 women die/100,000 live births compared with:
  - 11 in US (with modern method contraceptive prevalence rate of 68%)
  - 7 in Canada
  - 4 in Spain (with modern method contraceptive prevalence rate of 62%)
  - 3 in Italy
  - 6 in Japan
  - 14 in South Korea
  - 14 in Singapore (with modern method contraceptive prevalence rate of 53%)
  - Across Europe, with the exception of Albania, Romania, and Estonia, the maternal mortality ratio is below 15.

## **9) Indicators - Contraceptive Prevalence Rate; Births per 1,000 Women aged 15-19; Infant Mortality per 1,000 lives (UNFPA State of the World Population 2008)**

- 51% contraceptive prevalence rate for married women between the ages of 15-49; with only 36% using modern methods;
- 47 births per 1,000 women aged 15-19
- 23 infants dying for every 1,000 live births

## **10) Impact of Unsafe and Illegal Abortion**

- almost 500,000 women induce abortion
- almost 80,000 suffer complications
- about 800 women die every year or 2 women die every day

- No exceptions:
  - rape
  - fetal impairment
  - danger to health and life

### **11) Reproductive Health for all**

- But for the:
  - less-educated
  - poor
  - adolescents
  - rural
  - indigenous women
  - women from the Autonomous Region of Muslim Mindanao (ARMM)
  - access to reproductive health information and services is very much wanting
- common to have
  - frequent childbirths
  - closely-spaced pregnancies
  - deaths related to pregnancy and childbirth

### **12) Misconceptions about Fertility Management**

- Misperceptions about health concerns and side effects
  - Some thought undergoing ligation would increase their libido [differentiate with risky sexual behavior]
  - Many did not know:
    - ligation procedure only takes about 15-20 minutes
    - ligation only requires them not to carry heavy objects for three days
  - Use of traditional methods with high failure rates (withdrawal, NFP)
  - Unacceptably high failure rates of pills and LAM, suggesting incorrect usage
  - Spousal/partner refusal
    - In June 2008, more than 20 husbands and male partners

threatened to leave their wives and female partners if they went through with availing of our free ligation services

- Sexism/patriarchy
- lack of information dissemination on ligation and even vasectomy had much to do about the resistance as well

### **13) Safe Pregnancy and Childbirth; Reproductive Health of Women**

- Access to modern contraceptive methods
- Access to pre-natal care
- Access to emergency obstetric care
- Access to skilled birth attendants
- Prevention/Treatment of RTIs/STDs, HIV/AIDs; cancer
- Prevention/Prosecution of Rape/DV
  - i-report ang pambubugbog, rape
  - Humingi ng tulong (BPO, TPO/PPO; ipa walang bisa ang kasal)

### **14) Reproductive Rights**

- Sexual and reproductive rights are fundamental to human rights.
- Providing access to information and services on sexual and reproductive rights is one way towards achieving women's equality and empowerment.

### **15) Changes Needed**

- To make significant changes on sexual and reproductive health and rights
- change discriminatory laws, policies, and practices
  - speedy passage of laws and ordinances SRHR
  - we need laws and policies that are not dependent on who sits as chief executive in the national and local levels

- we need good governance
  - where government officials are not concerned with winning the next elections
  - respect the right to informed choice of the citizens
  - maintain a clear separation of church and state
- we need:
  - we need to uphold internationally recognized medical standards and international human rights standards.
  - SRHR should not just be an election issue
  - There must be real programs with corresponding budget

#### **16) UN Inquiry/Visits**

- Submission on violations on reproductive rights
- Inquiry and visit (interviews)

#### **17) Manila City Findings**

- Nena: 21-year old woman with six children
- Josefa: dropped out of school because of the demands of early childbearing
- Maria: 30-year old woman with 10 children
- Many Nenas, Josefas and Marias who started childbearing at the age of 14-18 and had multiple consecutive pregnancies and childbirths afterwards
- Until now, funds for modern contraceptive methods are still being denied to the poor of Manila
- LGU-run hospitals such as Ospital ng Maynila still only promotes NFP

#### **18) 2 principles of reproductive rights**

- Right to reproductive health care
  - right to access to information, supplies, services



- Right to reproductive self-determination
  - right to informed choice

### 19) Safe Motherhood; Basic Emergency Obstetric Care and Comprehensive Emergency Obstetric Care

Basic Emergency Obstetric Care (BEmOC) Functions	Comprehensive Emergency Obstetric Care (CEmOC Functions)
Performed in a health center without the need for an operating theater	Requires an operating theater and is usually performed in district hospitals
<ul style="list-style-type: none"> <li>■ IV/IM antibiotics</li> <li>■ IV/IM oxytocics</li> <li>■ IV/IM anticonvulsants</li> <li>■ Manual removal of placenta</li> <li>■ Assisted vaginal delivery</li> <li>■ Removal of retained products</li> </ul>	All six Basic EmOC functions plus: <ul style="list-style-type: none"> <li>■ Caesarean section</li> <li>■ Blood transfusion</li> </ul>

- for every 500,000 people = there must be at least 4 facilities offering Basic EmOC
- for every 500,000 people = there must be at least 1 facility offering Comprehensive EmOC (appropriately distributed)

Source: UNFPA

### 20) Human Rights Key to RH

- Right vs. sexual violence (rape; marital rape)
  - Right to say no to sex; right vs. VAW
  - Right vs. pregnancy resulting from rape
  - Right vs. reproductive tract infections (RTIs)/STIs/HIV/AIDS resulting from rape
- Right to medical interventions in rape:
  - Anti-biotics for RTIs

- Emergency contraception (EC) to prevent pregnancy
- Post exposure prophylaxis (PEPs) to prevent HIV transmission
- Right to terminate pregnancies for rape victims; access to safe and legal abortion
- Right to marry
  - with consent; not arranged
  - Equality in marriage
  - Right to divorce
  - Rights vs. polygamous marriages

Questions: Is sex equal to love? Is sex equal to marriage?

- Right to enjoyable sex life
  - Right to a satisfying sex life
  - Freedom to choose when to have sex
  - Freedom to choose who to have sex with including same sex
- Right vs. criminalization of prostitution
  - Right to education and skills training
  - Many victims of rape, dysfunctional families
- Right to sexual orientation and gender identity
  - Right to same-sex marriage of LGBTIs

## 21) RH Bill

- Elements of Reproductive Health Care
  - Maternal, infant and child health and nutrition
  - Family planning information and services
  - Prevention of abortion and management of post-abortion complications

- Adolescent and youth health
- Prevention and management of RTIs
- HIV/AIDS and other STIs
- Elimination of violence against women
- Education and counseling on sexuality and sexual and reproductive health
- Treatment of breast and reproductive tract cancers and other gynecological conditions
- Male involvement and participation in reproductive health
- Prevention and treatment of infertility and sexual dysfunction
- + LGBTI health
- + Health of elderly

## **22) Adolescent/Young Adult Reproductive Health**

- Non-discrimination of pregnant adolescents and their continued education;
- Adolescent discussions:
  - Importance of finishing their education and having a career;
  - Abusive relationships and violence against women;
  - Sexual orientation/identity issues; non-discrimination of LGBTIs

## **23) Right to Sexuality Education of Adolescents**

2006 CEDAW Committee Concluding Comments on the Philippines

CEDAW Committee expressed concern on the following:

- lack of sex education, especially in rural areas
- high rate of teenage pregnancies

- which present a significant obstacle to girls' educational opportunities and economic empowerment

CEDAW Committee recommendation:

- to “provide sex education, targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases.”

#### 24) Access to Emergency Contraception

- Use Emergency Contraceptive Pills (ECPs) and IUDs as EC for the following reasons:
  - failed contraceptives
  - unprotected sex
  - rape
- Period
  - ECPs = up to 5 days
  - IUDs up to 7 days
- Increased Access to EC and other modern contraceptives
  - reduce the number of unwanted pregnancies
  - reduce the need for abortion

#### 25) Emergency Contraceptive Methods

Regimen for Emergency Contraceptive Pills

- Specifically dedicated ECPs
  - progestin; estrogen free; e.g. levonorgestrel
  - 1 pill (1.5 mg)/2 pills (750 micrograms each); can be taken within 5 days but more effective if taken sooner
- Oral Contraceptive Pill (estrogen-progestin)
  - 2 pills + 2 pills after 12 hours = High-Dose Pills
    - Femenal, Nordiol, Olygnon, Ovidon, Ovral

- 4 pills + 4 pills after 12 hours = Low-Dose Pills
  - Lo-Gentrol, Microgynon 30, Nordette, Rigevidon 21+7, Trust, Lady

#### IUDs as Emergency Contraception

- IUDs
  - can be inserted within 5 days (WHO 1998) or up to 7 days (PATH, 2004)

#### 26) Access to Safe and Legal Abortion

- Context:
- Filipino women do not have access to safe and legal abortion
- despite statistics in 2000\* showing
  - 473,000 women who induced abortions
  - 79,000 women hospitalized for complications
  - 800 women who died due to complications (or 2 women die every day)
  - 12% of maternal deaths are due to unsafe abortion
  - 9 in 10 women are married/consensual union
  - more than half have at least 3 children
  - Two-thirds are poor
  - Nearly 90% are Catholic
  - One-third of unintended pregnancies end in abortion
  - 27 out of every 1,000 women induce abortion
  - 18 induced abortions per 100 pregnancies

\*Singh S et al., Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences, New York: Guttmacher Institute, 2006

## **27) Discriminatory Philippine Law on Abortion**

- Context:
- Philippine law on abortion is one of the most restrictive in the world
  - penalizing women who undergo abortion
  - without express exceptions on life, health, rape or fetal impairment

## **28) 2006 CEDAW Committee Concluding Comments on Abortion**

- CEDAW Committee recommended to the Philippines:
  - to review the laws relating to abortion with a view to removing punitive provisions imposed on women who have abortions
  - provide access to quality services for the management of complications arising from unsafe abortions and to reduce women's maternal mortality rates

## **29) Predominantly Catholic Countries Allowing Abortion**

- Spain –permits abortion without restrictions up to 14 weeks and gives 16- and 17-year olds the right to have abortions without parental consent
- Belgium, France & Italy – permit abortion upon a woman's request
- Hungary's constitution protects life from conception but permits abortion up to 12 weeks of gestation
- Mexico City legalized abortion in the first trimester without restriction (April 24, 2007)
- Portugal –allows abortion up to 10 weeks of pregnancy but with a mandatory three-day "reflection period"
- Poland – allows abortion on various grounds: to protect a woman's life and physical health; rape, incest; fetal impairment
- Colombia – now permits abortion
  - where the woman's life or health is in danger
  - the pregnancy is the result of rape

- when the fetus has malformation incompatible with life outside the uterus

### **30) Rethinking the Punitive Provisions Imposed on Women Who Induce Abortions**

- the law criminalizing abortion
  - does not decrease the number of abortions;
- it only makes it dangerous for women who undergo clandestine and unsafe abortion

### **31) CEDAW Committee's Concluding Comments on Six of the Main Areas of Concern Stated in the EnGendeRights Collaborative Shadow Report**

- access to the full range contraceptive methods (including emergency contraception)
- access to safe and legal abortion
- sexuality education for adolescents
- skills and education for women in prostitution
- legalization of divorce
- repeal of discriminatory Muslim Code provisions
- Note: no mention on lesbian rights but check out Aug. 2007 constructive dialogue

### **32) Summary**

- pag-uugnayan, pakikipagtulungan
- solution:
  - a) Manila City gov't;
  - b) National gov't;
  - c) civil society
- repeal EO; pass RH bill into law
- UN inquiry





**Reproductive Rights Activists  
Demand Government Response  
to the CEDAW Committee and  
Consent to the Visit of  
CEDAW Experts**

*(drafted by members and volunteers of  
Task Force CEDAW Inquiry)*

October 13, 2009, Manila -- When Sylvia Pabustan went to a Manila City health clinic seeking family planning services, she was told that the clinic could not give her family planning supplies because “If someone from Manila City Hall found out, [the clinic] would be reprimanded.” When Ms. Pabustan, whose name has been changed for confidentiality, went to a private clinic, she was told the same thing. Another woman, Alia Banyana, whose name has also been changed, reported that when she went to Ospital ng Maynila, she was told that they would not provide tubal ligation because they are “Pro-Life.” Ms. Pabustan and Ms. Banyanas’ stories were only a few of the many collected by EnGendeRights, WomenLEAD, and KAKAMMPI and SAMAKANA-Gabriela during community visits in Manila in 2008 and 2009.

Why are women such as Ms. Pabustan and Ms. Banyana being denied access to basic reproductive health services? According to Attorney Clara Rita Padilla, Executive Director of EnGendeRights, Inc., the blame falls on Mayor Atienza’s EO 003 Series of 2000 (“EO”). The EO promotes the use of natural family planning (NFP) and “discourag[es] the use of artificial methods of contraception, like condoms, pills, intrauterine devices, surgical sterilization.”

The EO has resulted in a ban on modern contraceptives from all the Manila-run public health facilities and a denial of information or referral on the full range of contraceptive methods.

According to Atty. Padilla, this policy of promoting NFP alone has cost many poor women in Manila significantly, “As a consequence, some of them ended up having as many as eight more children than they actually desired. While the national average would only show that women usually have one child more than they desired, the disparity between desired and actual number of children is greater for poor women.” In addition, according to Atty. Padilla, poor women are further impacted by EO 003 because they “do not have the money to pay for their own contraceptive supplies and counseling from private doctors,” unlike wealthier women in Manila.

The EO has had a devastating effect on the lives of many poor women living in Manila. Without access to contraceptives, these women continue to get pregnant and give birth while facing grave threats to their health and ability to subsist. Furthermore, poor families suffer substantial strain when they have more children than they can afford. Some families have five children or more while making only a very small amount of income.<sup>1</sup> Providing access to modern contraceptives prevents unwanted pregnancies, prevents the need for abortion and reduces maternal mortality and morbidity.

The practice of denying women access to modern family planning in Manila, in addition to harming women such as Ms. Pabustan and Ms. Banyana, is against international law and the Philippines’ international treaty obligations, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).<sup>2</sup>

The Philippine-based Task Force CEDAW Inquiry led by EnGendeRights and WomenLead,<sup>3</sup> the Center for Reproductive Rights<sup>4</sup> and International Women’s Rights Action Watch, Asia-Pacific (IWRAP-AP),<sup>5</sup> have submitted a total of three official requests for inquiry for consideration of the Committee on the Elimination of Discrimination against Women (CEDAW Committee) to investigate discrimination and other treaty violations resulting from the EO.

The initial request for inquiry, dated June 2, 2008, asserted that the EO violates Articles 2, 3, 5, 10, 11, 12, and 16, and that the state is

responsible for such violations.<sup>6</sup> The subsequent requests, also sent by the Task Force CEDAW Inquiry, dated October 27, 2008, and April 22, 2009, highlight further violations by the Philippine government. In addition, the subsequent requests for inquiry discuss the controversial Reproductive Health Bill,<sup>7</sup> which present Manila Mayor Alfredo Lim does not support.<sup>8</sup>

The delay in the passage of the RH bill into law perpetuates the prevalence of restrictive policies such as the EO. Ben de Leon, President of The Forum for Family Planning and Development, stated that “This is a clear example of why we need a comprehensive reproductive health care bill passed into law in this Congress. With a Reproductive Health Care Law, government hospitals and clinics are required to provide the full range of contraceptive methods, require reproductive health education in schools, among others.”

Attorney Padilla, co-convenor of the Task Force CEDAW Inquiry, said, “The goal of the Task Force is to draw attention to the grave and systematic violations of reproductive rights of Manila residents. The inquiry is a very important procedure that allows the CEDAW experts the opportunity to visit the Philippines to investigate violations committed against women’s reproductive rights. This request for inquiry is only the second that has been submitted to the CEDAW Committee. This is historical! The impact of such a visit will not only be in the Philippines but in other countries as well where there are similar violations of women’s rights.”

Attorney Claire AP Luczon, Executive Director of WomenLEAD and also a co-convenor of the Task Force CEDAW Inquiry, stated: “By being a state party to the CEDAW, the Philippine government has committed to respect, protect and promote the human rights of women to reproductive health, including their human right to family planning information and services. Our government, thus, cannot declare one thing before the international community, and do another in contravention of its declarations in the domestic sphere. Through the inquiry procedure, our government will be called to account for the violations of the commitments it has made under CEDAW and other international human rights instruments. Hopefully, this international pressure will put a stop to the ongoing violations to women’s reproductive rights all over the country.”

At the heart of Mayor Atienza's policy is religious fundamentalism. These types of religiously fundamental policies are encouraged by Gloria Macapagal Arroyo's (GMA) natural-family-planning-only stance.

Ben de Leon added, "Under GMA's administration, the Population Commission only promotes NFP. Such policy is unacceptable. Research shows that the majority of Filipinos seek access to modern contraceptives through the government. The EO and GMA's support for NFP to the exclusion of other methods of contraception are examples of bad policy. We all know that NFP has a high failure rate."

While the Philippines is a constitutionally secular state, it is impermissible for national and local policy to be founded on religious beliefs and the government's imposition of its own moral values. Task Force CEDAW Inquiry emphasized, "Religious fundamentalism has interfered with politics and governance violating the constitutional guarantee of separation of church and state, as well as the non-establishment of a state religion."

Ben de Leon continued, "Both former Mayor Atienza, and current Mayor Lim have been made aware of the pervasive and devastating effects the EO is having on poor women, yet neither has made any move to address the situation."

Atty. Padilla stressed, "Since the law has been prevailing for almost a decade now and it has not been overturned by the Mayor, the President, Congress and the judiciary, we decided to go to the United Nations CEDAW Committee as a last resort. We simply cannot let the women continue to suffer violations."

Should the CEDAW Committee decide to conduct an inquiry, it will further investigate the CEDAW violations. The investigation would include a visit to the Philippines by designated members of the Committee. But such visit by the CEDAW Committee can only be done with the consent of the Philippine government. The Committee would then issue its findings regarding the alleged discrimination against women and recommendations for the courses of action the Philippine government should take to alleviate such discrimination.<sup>9</sup>

There has only been one other inquiry conducted since the entry into force of the Optional Protocol in December 2000. The committee issued its concluding comments on the systematic rape and murder of women in and around Ciudad Juarez in Mexico 2005.<sup>10</sup> Atty. Padilla added, "With this inquiry request, we hope that the Philippine government will be pressured to comply with its international treaty obligations. It is time to put an end to the blatant discrimination against women and alleviate the dire situation that women of Manila face as a result of EO 003."

Over a year has passed since the request for inquiry was submitted to the CEDAW Committee and the EO has not been overturned. As an update, the Philippine government was asked to submit a response to the CEDAW Committee before the end of February 2000 but almost eight months has passed and the Philippine government through DFA sill has not issued its official response. The request of the CEDAW Committee to the government already means that they considered the information submitted to them as reliable and indicative of grave and/or systematic violations as provided under Rule 83 of the CEDAW Committee Rules. The government also has not expressed its consent to the visit of the CEDAW Committee.

As cited in the 2006 CEDAW Concluding Comments on the Philippines, the nation must "strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives more widely available and without any restriction", as well as "give priority attention to the situation of adolescents and that it provide sex education, targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases."

Because of the large numbers of women being denied access to reproductive health services in Manila, in spite of the nation's duties under CEDAW to ensure the elimination of discrimination against women, an inquiry into reproductive health violations under CEDAW is urgently needed.

For the sake of poor women in Manila, an inquiry by the CEDAW Committee is needed to provide recourse for women affected by the EO.

- 1 See Center for Reproductive Rights (CRR), Linangan ng Kababaihan, Inc. (LIKHAAN), and Reproductive Health, Rights and Ethics Center for Studies and Training (REPROCEN), *Imposing Misery: The Impact of Manila's Contraception Ban on Women and Families*, 2007, at 17 and 21 (providing testimonies of women suffering from the imposition of the EO).
- 2 The CEDAW Convention entered into force in the Philippines on September 4, 1981 while the Optional Protocol entered into force in the Philippines on February 12, 2004.
- 3 The Philippine-based Task Force CEDAW Inquiry consists of twenty members: EnGendeRights (co-convenor; see <http://www.engenderights.org>), 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.
- 4 The Center for Reproductive Rights (formerly the Center for Reproductive Law and Policy) is a nonprofit legal advocacy organization dedicated to promoting and defending women's reproductive rights worldwide. See <http://www.reproductiverights.org/about.html>.
- 5 International Women's Rights Action Watch Asia Pacific (IWRAP Asia Pacific) is a nonprofit organization dedicated to promoting and protecting women's human rights through the use of CEDAW. See <http://www.iwraw-ap.org>.
- 6 CEDAW Request for Inquiry, filed June 2, 2008, at para. 3.
- 7 The pending RH bill would require government hospitals to purchase contraceptive supplies and require reproductive health education in schools, as well as provide quality reproductive health services for women.
- 8 Lim: No to RH bill, *Philippine Star*, December 3, 2008; see also RH Bill Rallies Stretch Across Nation, Catholic Bishops' Conference of the Philippine - News Service, available at <http://www.cbcnews.com/?q=node/7973> (last visited on April 15, 2009) (Opposition reporting)
- 9 Rules of Procedure to the Optional Protocol, available at <http://www.un.org/womenwatch/daw/cedaw/rules/part3/part3E.html>.
- 10 Report on Mexico Issued by the Committee on the Elimination of Discrimination Against Women under Article 8 of the Optional Protocol to the Convention, and Reply from the Government of Mexico, Jan. 27, 2005, available at <http://www.un.org/womenwatch/daw/cedaw/cedaw32/CEDAW-C-2005-OP.8-MEXICO-E.pdf>.

# **Reproductive Rights Activists Appeal to Six United Nations Special Rapporteurs Regarding Reproductive Rights Violations in Manila**

*(drafted by members and volunteers of Task Force CEDAW Inquiry)*

October 13, 2009, Manila — On March 27, 2009, the Philippine-based Task Force CEDAW Inquiry led by EnGendeRights and WomenLead,<sup>1</sup> the Center for Reproductive Rights<sup>2</sup> and International Women’s Rights Action Watch, Asia-Pacific (IWRAP),<sup>3</sup> submitted a request to six United Nations Special Rapporteurs (UNSRs) requesting for an Urgent Appeal to be transmitted to the Philippine government and seeking a fact-finding country visit to investigate reproductive rights violations related to Manila City Executive Order 003 (“EO 003”).<sup>4</sup> The goal in submitting the request was to draw the UNSRs attention to the grave violations perpetrated in Manila City by the Philippine government against women and their families.

The request for an Urgent Appeal was submitted to six UN Special Rapporteurs, namely, health, violence against women, education, human rights defenders, freedom of religion or belief, and the Independent Expert on extreme poverty.

The submission to the UNSRs raised reproductive rights violations in Manila City arising out of then Mayor Atienza’s issuance of EO 003 and the continued implementation of said EO under Mayor Lim. As alleged in the submission to the UNSRs, this EO has “in practice resulted in a ban on modern contraceptives from all the Manila-run public health facilities and a denial of information or referral on family planning services.” Because women of low socioeconomic status cannot afford family planning services from private clinics, the EO has impermissibly prohibited access to modern family planning methods for such women. The request to the UNSRs elaborated, “Testimonies provided by doctors indicate that they frequently witness pregnancy complications and maternal mortality and morbidity as a result of women’s limited access to reproductive health care.”

The EO has had dire consequences for poor women in Manila, in part because nearly half of all Filipino women have an unmet need for contraception.<sup>5</sup> The submission alleged violations to women's human rights, including the rights to life, health, self determination and bodily integrity, education, adequate standard of living, freedom from violence, freedom of religion and belief, and the right to promote and protect human rights. The request to the UNSRs highlighted the pervasive effects of the EO such as "unwanted pregnancies, complications arising from lack of access to safe and legal abortion, maternal mortality and morbidity, lack of education and employment opportunities, hunger and poverty for women and their families."

The UNSRs, which fall within the Office of the United Nations High Commissioner for Human Rights, operate under special procedures that allow them to review human rights violations.<sup>6</sup> Typically, the UNSRs receive complaints of human rights violations and issue urgent appeals to the governments to address the violations; in addition, UNSRs perform country visits to examine the national human rights situation.

The submission to the UNSRs requested an Urgent Appeal to be transmitted to the Philippine government to repeal the EO, enact the Reproductive Health bill, and provide full access to reproductive health information and services, as well as a country visit to the Philippines, to look into the effects of the EO on women's human rights. Atty. Clara Rita Padilla, Executive Director of EnGendeRights and co-convenor of the Task Force CEDAW Inquiry, said, "Allowing a visit by the Special Rapporteurs is a step towards the Philippines compliance with the international human rights standards."

For country visits by UNSRs, the host country agrees to a visit or better yet issues a standing invitation to the United Nations Human Rights Council (UNHRC). This standing invitation is an open invitation that allows the UNSRs to conduct investigations and visits to the country. The host country is expected to allow the UNSRs freedom of movement within the country; freedom of inquiry; contacts with government authorities; contacts with NGOs and the media; confidential contact with witnesses of human rights abuses; full access to all relevant documentary material; and, assurances that individuals who have been in contact with the UNSRs will not be harassed or punished.<sup>7</sup>



The UNSRs will review the submission, and will decide whether to issue an Urgent Appeal and conduct a country visit. Should the UNSRs request to visit the Philippines, the government must allow them, to ensure Philippine compliance with international human rights standards.<sup>8</sup> Thus far, UNSRs have issued reports on human rights in the Philippines regarding the human rights of migrants, internally displaced persons, rights of indigenous people, and extrajudicial killings.<sup>9</sup>

The UNHRC urged the Philippine government to issue a standing invitation during the 2008 UNHRC First Universal Periodic Review on the Philippines. At present, the Philippine government has not complied.

According to Atty. Padilla, “A visit by the UNSRs is extremely important in ensuring reproductive rights for all Filipino women, and would be a major step in holding the Philippine government accountable for their reproductive rights violations.”

- <sup>1</sup> The Philippine-based Task Force CEDAW Inquiry consists of twenty members: EnGenderRights (co-convenor; see <http://www.engenderights.org>), 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.
- <sup>2</sup> The Center for Reproductive Rights (formerly the Center for Reproductive Law and Policy) is a nonprofit legal advocacy organization dedicated to promoting and defending women’s reproductive rights worldwide. See <http://www.reproductiverights.org/about.html>.
- <sup>3</sup> International Women’s Rights Action Watch Asia Pacific (IWRAP Asia Pacific) is a nonprofit organization dedicated to promoting and protecting women’s human rights through the use of CEDAW. See <http://www.iwraw-ap.org>.

- 4 Executive Order No. 003: Declaring Total Commitment and Support to the Responsible Parenthood Movement in the City of Manila and Enunciating Policy Declarations in Pursuit Thereof, Feb. 29, 2000.
- 5 Although the National Demographic and Health Survey (NDHS) calculates that only 17% of women in the Philippines have unmet need, the Alan Guttmacher Institute calculates that the true number is 45%, when women using traditional methods are included. S. Singh et al, ALAN GUTTMACHER INSTITUTE (AGI), Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences 26 (2006) [hereinafter AGI, Unintended Pregnancy in the Philippines]; National Demographic and Health Survey (2003), Summary, available at [http://www.census.gov.ph/hhld/ndhs\\_2003.html#summary](http://www.census.gov.ph/hhld/ndhs_2003.html#summary). [hereinafter NHDS 2003]
- 6 <http://www2.ohchr.org/english/bodies/chr/special/>
- 7 <http://www2.ohchr.org/english/bodies/chr/special/visits.htm>
- 8 First Universal Periodic Review of the Philippines, Human Rights Council, 8th Session.
- 9 <http://www2.ohchr.org/english/bodies/chr/special/countryvisitsn>



## **Reproductive Rights Advocates Call on Candidates to Uphold Reproductive Rights--Consent to the Visit of CEDAW Experts and UN Special Rapporteurs and Immediately Pass the RH bill in the Next Congress**

*(drafted by members and volunteers of Task Force CEDAW Inquiry)*

**Q**uezon City, February 18, 2009 – We call on the candidates for the national, congressional, and local elections to uphold reproductive rights and make reproductive health part of their program of action providing the necessary budget for RH information and supplies. We urge the current and the future government officials to consent to the visits of the UN CEDAW experts<sup>1</sup> and the UN Special Rapporteurs<sup>2</sup> on their investigation of reproductive rights violations in the Philippines. We urge the future members of the 15th Congress to the pass the Reproductive Health Care Bill (RH bill) into law immediately.

We urge electorates to vote for candidates who are supporting the passage of the RH bill into Law. It has been over eight years since the first RH bill has been filed in Congress. The failure to pass the RH bill has been detrimental to the health and lives of Filipinos especially women and children.

According to the recently-launched 2008 National Demographic and Health Survey (NDHS 2008), one in three births is either unwanted or mistimed; over half of married women age 15-49 do not want another child; 82 percent of married women want either to space their births or to limit childbearing altogether. The total unmet need for family planning<sup>3</sup> is 22 percent with highest unmet need for women age 15-19, lowest quintile of wealth, rural women and women in ARMM while the contraceptive prevalence rate among currently married women who use modern methods is a mere 34 percent. Twenty-six percent of women age 15-24 have already begun child-bearing.

The NDHS 2008 also cites health concerns and fear of side effects as the two foremost reasons why women do not use contraceptives while only three percent do not use contraceptives because of religious belief. Only 44 percent of births occur in health facilities and only 62% of births are assisted by a health professional.<sup>4</sup> The under-five mortality rate for children born less than two years after a previous birth is 54 deaths per 1,000 live births, compared with 25 deaths per 1,000 for children born after an interval of four or more years showing the importance of birth spacing for the health of the children and that of the mother. The infant mortality rate from 2004-2008 is 25 deaths per 1,000 live births and the under-five mortality rate is 34 deaths per 1,000 live births<sup>5</sup> showing the impact of unintended pregnancies and lack of access to reproductive health information and supplies.

Nationwide, almost half of all pregnancies are unintended.<sup>6</sup> Based on the UNFPA State of the World Population (SWP) in 2008, the maternal mortality ratio was 230 maternal deaths for every 100,000 live births.<sup>7</sup> This translated to 11 women dying per day while giving birth. Not a single death should happen due to pregnancy and childbirth. These are preventable deaths. Deaths that could have been prevented by proper information and access to services while we have aspiring government officials and current government officials who do not support the passage of the RH bill and even restrict access to modern contraceptives such as in the case of Manila City.

The Catholic Bishops Conference of the Philippines (CBCP) has identified in its guidelines for voters that they should not vote for candidates who support the RH bill. The above findings on the negative impact of the non-passage of the RH bill and the restriction of access to modern contraceptives show that the CBCP is not responsive to the needs of the Filipinos—Catholics included. “The CBCP’s stance on the RH bill is detrimental to women’s reproductive rights. CBCP is completely disregarding the needs of Filipinos and this is detrimental to the lives and well-being of Filipinos especially the poor,” said Attorney Clara Rita A. Padilla, Executive Director of EnGendeRights.

“The 2008 national and Manila City surveys of the Social Weather Stations both confirm that majority of Filipinos want the RH bill passed into law, 71% and 86%, respectively. Politically, it is popular

for legislators to support the RH bill. With these statistics, a clear support for the RH bill increases the possibility of winning a seat in the coming 2010 elections. More and more voters are keeping tabs," added Benjamin de Leon, President of The Forum for Family Planning and Development.

"As can be seen in the survey, the residents of Manila want the RH bill passed into law. The poor of Manila took the brunt of former Mayor Atienza's policy under EO 003 (Series of 2000) by restricting their access to contraceptives. And they are still feeling the impact of such restrictive policy even now under Mayor Lim's term since the Office of the Mayor is not providing funds to buy free contraceptives for Manila residents. The impact of such a policy is especially felt by poor women who cannot even afford to buy a 25 peso kilo of rice for their families," stressed Benjamin de Leon.

Ramon San Pascual, Executive Director of Philippine Legislators' Committee on Population and Development (PLCPD), stressed that, "The impact of the lack of reproductive health information and access to health care services is grave especially to poor women who do not have money to pay for their own contraceptive supplies and for counseling from private doctors."

"If we have a comprehensive reproductive health care law, we will not have these restrictive policies in place. We will have more women having access to sexuality education and reproductive health information and services," says Ramon San Pascual.

It is the obligation of the Philippine government as cited in the 2006 Committee on the Elimination of Discrimination against Women (CEDAW Committee) Concluding Comments on the Philippines to "strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives more widely available and without any restriction"; "give priority attention to the situation of adolescents and that it provide sex education, targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases."

“Our representatives in government and aspiring government officials must realize that our very own Constitution states that, ‘Sovereignty resides in the people and all government authority emanates from them.’ Government officials must be reminded that they are mere representatives of the Filipino people and that their obligation is to the Filipino people and not to the Catholic Church and its bishops who are against the passage of the RH bill into law. Government officials must respect plurality in our society. They must uphold access to reproductive health information and health care services and give primary importance to a person’s right to reproductive self-determination. Fundamentalist public officials who restrict access to information and health care services do not deserve any place in governance,” Atty. Padilla added.

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For a copy of the SWS survey, see [www.sws.org.ph](http://www.sws.org.ph).



- <sup>1</sup> The Philippine-based Task Force CEDAW Inquiry led by EnGenderRights and WomenLead, the Center for Reproductive Rights and International Women’s Rights Action Watch, Asia-Pacific (IWRAP-AP), have submitted a total of three official requests for inquiry for consideration of the Committee on the Elimination of Discrimination against Women (CEDAW Committee) to investigate discrimination and other treaty violations resulting from the EO.

The initial request for inquiry, dated June 2, 2008, asserted that the EO violates Articles 2, 3, 5, 10, 11, 12, and 16, and that the state is responsible for such violations. The subsequent requests, also sent by the Task Force CEDAW Inquiry, dated October 27, 2008, and April 22, 2009, highlight further violations by the Philippine government. In addition, the subsequent requests for inquiry discuss the controversial Reproductive Health Bill, which present Manila Mayor Alfredo Lim does not support.

The Philippine-based Task Force CEDAW Inquiry consists of twenty members: EnGenderRights (co-convenor; see <http://www.engenderights.org>), 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.

- <sup>2</sup> On March 27, 2009, the Philippine-based Task Force CEDAW Inquiry led by EnGenderRights and WomenLead, the Center for Reproductive Rights and International Women’s Rights Action Watch, Asia-Pacific (IWRAP-AP), submitted a request to six United Nations Special Rapporteurs (UNSRs) requesting for an Urgent Appeal to be transmitted to the Philippine government and seeking a fact-finding country visit to investigate reproductive rights violations related to Manila City Executive Order 003 (“EO 003”). The goal in submitting the request was to draw the UNSRs attention to the grave violations perpetrated in Manila City by the Philippine government against women and their families.

The request for an Urgent Appeal was submitted to six UN Special Rapporteurs, namely, health, violence against women, education, human rights defenders, freedom of religion or belief, and the Independent Expert on extreme poverty.

- <sup>3</sup> Unmet need for family planning is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning.

- 4 UNFPA says that for every 500,000 people there should be at least 4 facilities offering Basic Emergency Obstetric Care (BEmOC) and for every 500,000 people there should be at least 1 facility offering Comprehensive Emergency Obstetric Care (CEmOC) which should be appropriately distributed.
- 5 Infant mortality is the probability of dying before the first birthday while under-five mortality is the probability of dying between birth and fifth birthday.
- 6 Singh S et al., *Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences*, New York: Guttmacher Institute, 2006.
- 7 If you compare the Philippine maternal mortality ratio with other countries, you would see the effects of access to reproductive health information and services. The 2008 maternal mortality ratio in other countries are, as follows: 11 in US (with modern method contraceptive prevalence rate of 68%), 7 in Canada, 4 in Spain (with modern method contraceptive prevalence rate of 62%), 3 in Italy, 6 in Japan, 14 in South Korea, 14 in Singapore (with modern method contraceptive prevalence rate of 53%). Across Europe, with the exception of Albania, Romania, and Estonia, the maternal mortality ratio is below 15.





# About EnGendeRights

EnGendeRights has done groundbreaking work in raising Filipino women's concerns to the international level especially the United Nations mechanisms. EnGendeRights spearheaded the drafting of a collaborative Shadow Report that was submitted to the Committee on the Elimination of Discrimination against Women (CEDAW Committee) during its 36th Session in August 2006, New York. This submission was done in collaboration with the Center for Reproductive Rights (CRR), Reproductive Rights Resource Group, Philippines (3RG-Phils.), and Health Development and Initiatives Institute (HDII). EnGendeRights, through its executive director Clara Rita Padilla, orally presented highlights of the Shadow Report during the CEDAW-NGO dialogue and actively lobbied with the CEDAW experts leading to the successful adoption of strong sexual and reproductive health and rights language in the CEDAW Committee's Concluding Comments on six of the areas of concern stated in their Shadow Report (i.e., access to the full range contraceptive methods including emergency contraception, access to safe and legal abortion, sexuality education for adolescents, skills and education for women in prostitution, legalization of divorce and repeal of discriminatory Muslim Code provisions). These recommendations are very useful in legislative, judicial, and executive advocacy towards eliminating discriminatory laws, policies, and practices on women.

In its continued work on sexual and reproductive rights and raising awareness on the mechanisms under CEDAW, EnGendeRights also spearheaded the submission of a collaborative Request for Inquiry under the Optional Protocol to CEDAW. The submissions were made in 2008 and 2009 requesting the CEDAW experts to visit the Philippines to investigate the grave and systematic reproductive rights violations resulting from the ban on contraceptives under EO 003 implemented in Manila City since 2000. These submissions were done in collaboration with the Task Force CEDAW Inquiry, CRR and the International Women's Rights Action Watch, Asia Pacific (IWRAP-AP). EnGendeRights also collaborated in the submission of a joint request for an urgent appeal to the UN Special Rapporteurs on Health, Education, VAW, Freedom of Religion or Belief, and Human Rights Defenders and the Independent Expert on Extreme Poverty on the reproductive rights violations related to Manila EO 003. This was submitted in March 2009 and was done also in collaboration with the Task Force CEDAW Inquiry, CRR and IWRAP-AP.