October 30, 2015

CEDAW Secretariat
Office of the High Commissioner for Human Rights
Palais Wilson -52, rue des Pâquis
CH-1201 Geneva, Switzerland

Re: Supplementary information on the Philippines, scheduled for review by the Committee on the Elimination of Discrimination against Women during its Pre-Sessional Working Group

This letter supplements the combined seventh and eighth periodic reports (state party report)[1] of the Republic of the Philippines (State party) in connection with the review of the Philippines' progress during the Committee on the Elimination of Discrimination against Women's (the Committee) Pre-Sessional Working Group on Nov. 23-27, 2015. The Center for Reproductive Rights (the Center), EnGendeRights, International Women's Rights Action Watch Asia Pacific (IWRAW-AP), Women's Global Network for Reproductive Rights, WomanHealth Philippines Inc., and Population Services Pilipinas Inc. hope to further the work of the Committee by providing information concerning reproductive rights in the Philippines as protected by the Convention on the Elimination of All Forms of Discrimination against Women (the Convention).[2] In 2008, the Center, IWRAW-AP, and the Philippine-based Task Force CEDAW Inquiry with EnGendeRights as co-convenor requested a Special Inquiry into the Philippines under Article 8 of the Optional Protocol to the Convention,[3] which was taken up by the Committee in 2012.[4] This letter focuses on developments since the Committee conducted its inquiry in 2012, and in particular, provides updated information concerning the status of implementation of the Committee's recommendations.

In its 2006 Concluding Comments to the Philippines (2006 Concluding Comments)[5] the Committee expressed concerns about the "inadequate recognition and protection of the reproductive health and rights of women," referring to, *inter alia*, high maternal mortality rates (in particular resulting from induced abortions) and the difficulties of obtaining contraception.[6] The Committee urged the state party to enhance women's access to sexual and reproductive health services by: taking measures to make a comprehensive range of contraceptives more widely available and without any restriction; reviewing the laws relating to abortion, including removal of punitive provisions imposed on women who undergo abortion; and providing access to post-abortion care.[7]

The state party should be commended for enacting two ground-breaking laws that recognize women's rights: the Magna Carta of Women (MCW) in 2009, as the translation of the Convention into the country's legal system, and the Responsible Parenthood and Reproductive Health Act (RPRHA) in 2012.[8] Although abortion remains criminalized with no clear exceptions, the MCW and RPRHA guarantee women's rights to reproductive health services, and in particular, universal access to the full range of contraceptives[9] and recognize women's right to post-abortion care.[10]

Notwithstanding these developments, women in the Philippines still face significant inequality and discrimination in accessing reproductive health information and services. Following the inquiry in 2012, the Committee found that the implementation of Executive Order 003 (EO 003)[11] and Executive Order 030 (EO 030)[12] in the City of Manila amounted to grave and systematic violations of Article 12, read alone and in conjunction with Article 2(c), (d), and (f), with Article (5) and with Article 10(h), and Article 16(1)(e) of the Convention,[13] i.e. in relation to access to contraceptive services,[14] abortion,[15] post-abortion care,[16] and effective legal remedies for violations of women's basic human rights.[17] Since only women can experience pregnancy and they have distinct health concerns, the Committee also observed that the lack of access to reproductive health services reinforces "stereotyped images of women's primary role as child bearers and child rearers"[18] and disproportionately affects women's health and lives, making access to reproductive health services an issue of substantive equality.[19] As per the procedural rules established under Article 8 of the Optional Protocol to the Convention, the state party was informed of the Committee's inquiry findings prior to the publication of an official summary (Inquiry Report), yet the state party has provided no official response.

Ongoing legal, policy, and implementation barriers reflect the continued failure of the state party to prioritize the elimination of discrimination against women and address grave and systematic violations of women's rights. The undersigned organizations would like to draw the Committee's attention to four interrelated areas of concern regarding women's reproductive rights in the Philippines: (1) the lack of access to contraceptive information and services, (2) continued criminalization of abortion, (3) lack of access to quality post-abortion care, and (4) absence of effective judicial remedies. The letter concludes with suggested questions and issues to be raised in the Committee's List of Issues. This letter reflects testimonies and analysis published by the Center in its reports, *Imposing Misery: The Impact of Manila's Contraception Ban on Women and Families* and *Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban* (submitted previously to the Committee during prior periodic reviews and in support of the inquiry request), and a fact sheet on the Committee's Inquiry Report, *Accountability for Discrimination Against Women in the Philippines: Key Findings and Recommendations from the CEDAW Committee's Special Inquiry on Reproductive Rights* (available at http://tinyurl.com/PhilippineCEDAWinquiry).[20]

I. Access to Contraceptive Information and Services (Arts. 2(c), (d), (f), 5, 10(h), 12, 16)

As recognised by the Committee, women in the Philippines face multiple barriers to accessing the full range of modern contraception, which often contributes to potentially life-threatening consequences.[21] In finding violations of the rights under Article 12, read in conjunction with Article 10(h), which requires states parties to provide access to health-related education without discrimination, the Committee noted that unplanned and unwanted pregnancies, unsafe abortions, unnecessary and preventable deaths, and women's growing exposure to HIV and other sexually transmitted infections are direct consequences of the state party's failure to provide the full range of sexual and reproductive health services.[22]

The state party's 2013 National Demographic and Health Survey, which was released after the Committee's inquiry visit, indicates that three in every ten pregnancies are unplanned or mistimed.[23] The actual fertility rate is 27% higher than wanted fertility.[24] Furthermore, the past decade shows only a slight improvement in the contraceptive prevalence rate and in its 2014 progress report on the Millennium Development Goals, the state party was not on track to meet Target 5 on improving maternal health.[25] The unmet need for family planning has stagnated and even increased marginally among currently married women from 17% in 2003[26] to 18% in 2013.[27] As acknowledged in the state party report,[28] teenage pregnancies are also increasing,

more than doubling in the period 2002 to 2013.[29] In particular, the number of adolescents who have begun childbearing in the National Capital Region, where the City of Manila is located, has also increased from 18% in 2008 to 24% in 2013.[30] As pointed out by the Committee, the worst affected section of the population is women of limited or no financial means who are being driven further into poverty as a result of being deprived of the opportunity to control the number and spacing of children.[31]

Prior to the inquiry, the Committee had expressed concern about women's restricted access to contraceptive information and services. In its 2006 Concluding Comments, the Committee called on the state party "[to make] a comprehensive range of contraceptives more widely available and without any restriction and by increasing knowledge and awareness about family planning."[32] The Committee urged the state party to "give priority attention to the situation of adolescents and [to] provide sex education, targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases." [33]

a. Local laws and policies effectively banning modern contraceptives

As noted in the introduction, the Committee has found that local laws such as EO 003 and EO 030 in the City of Manila effectively created a "ban on modern methods of contraception in all public health facilities run by the Manila local government" [34] amounting to "grave and systematic" violations of the Convention.[35] The Committee called on the state party to ensure that EO 003 and EO 030 are "officially revoked" [36] and to "address the unmet need for contraception, especially in the City of Manila." [37] As the Committee has pointed out, decentralization should not be permitted to allow violations of women's rights [38] and has recommended that effective oversight mechanisms be established to ensure the accountability of local government units (LGUs).[39]

Since the Committee's inquiry, the City of Manila, and the state party more generally, have not addressed these clear violations.[40] The legal status of EO 003 and EO 030 has not been clarified and the Philippine courts have refused to revoke the orders thus undermining the Committee's recommendations. In 2014, after significant delays and procedural irregularities, the Regional Trial Court of Manila dismissed *Osil v Office of the Mayor of the City of Manila* (*Osil* case), a lawsuit brought by residents of Manila seeking to overturn EO 003[41] (please see p. 8 for more information on this case in the context of lack of access to judicial remedies).

The state party's continued lack of oversight of LGUs is especially problematic because, as indicated in the state party report,[42] at least 30 LGUs in the Philippines have already adopted reproductive health measures, some of which are also restrictive of and incompatible with women's reproductive rights. Most notably, since the inquiry visit and despite the protections of the RPRHA, Sorsogon City enacted an executive order declaring the city as pro-life[43] and similar to the EOs in Manila, this measure has resulted in a *de facto* ban of modern methods of contraception in all public health centers.[44] Indeed, there is still no publicly available information on the creation of a monitoring system by the state party to ensure that local laws and policies do not violate national laws and international human rights standards.

b. Actions undermining the guarantees in the MCW and RPRHA

The Committee's Inquiry Report notes the government's "serious lapse" in implementation of the legal framework for reproductive health established by the MCW,[45] and calls on the state party to "fully enforce the MCW and its Implementing Rules and Regulations,"[46] to "ensure immediate implementation of the [RPRHA]"[47] and to complete, without delay, the review of the remaining discriminatory laws in the field of reproductive health.[48]

The aim of the MCW and the RPRHA is to provide legal grounding for women's rights, including their rights to health and to access contraceptive information and services.[49] However, the laws' full implementation has been undermined by a number of developments since the Committee's inquiry visit. As admitted in the state party report, "the issuance of landmark policies like the RPRH law…have yet to be translated into improved delivery of services and ultimately, better health outcomes, especially for the poor."[50]

i. Judicial orders and other factors preventing full implementation of the RPRHA

In its Inquiry Report, the Committee expressed concern that judicial actions questioning the legality of the RPRHA could lead to "partial, or even total, repeal, in contravention of the state party's obligations … under article 12 [of the Convention]."[51] After the Committee's visit, the Supreme Court of the Philippines (the Court) suspended the law's implementation by issuing an order in the case of *Imbong v Ochoa*, which challenged the constitutionality of the law.[52] In its decision, the Court upheld the constitutionality of the state party's mandate to provide universal access to contraceptive information and services particularly to marginalized women,[53] age and development appropriate reproductive health education for adolescents in all schools,[54] and a nationwide multimedia-campaign to raise public awareness on reproductive health,[55] as well as the mandate for LGUs to assist in the implementation of the law.[56]

In the same decision, the Court declared unconstitutional several key provisions of the RPRHA protecting women's access to contraception. Under the decision, providers may, without penalty, refuse to provide elective reproductive health procedures; all minors, including those who have already experienced pregnancy, must secure parental consent to access modern contraceptives; a married individual must secure spousal consent to undergo ligation or vasectomy; institutions may exercise conscientious objection; and private health facilities, non-maternity specialty hospitals and hospitals run by religious groups do not have the obligation to refer women seeking modern contraceptives to alternative health care providers.[57]

The Committee has stated that these types of restrictions are inappropriate, stating that "[d]ecisions to have children or not … must not … be limited by spouse, parent, partner or Government."[58] Further, according the Committee, giving priority to any religious ideology over women's health rights is expressly contrary to the state obligation to ensure women's right to non-discrimination as discussed in the Inquiry Report.[59] Moreover, the Committee has established that women's access to "non-biased, scientifically sound and rights-based counseling and information" must be guaranteed by states parties and that in instances of conscientious objection by practitioners, women must be referred to alternative medical personnel.[60]

The protections in the RPRHA also have been undermined by the recent temporary restraining order (TRO) issued by the Court indefinitely prohibiting the Department of Health (DOH) from "procuring, selling, distributing, dispensing or administering, advertising and promoting the hormonal contraceptives 'Implanon' and 'Implanon NXT.'"[61] The TRO, issued in June 2015 which is effective indefinitely, also prohibits the Philippine Food and Drug Administration (FDA) from "granting any and all pending applications for registration and/or recertification for reproductive products and supplies, including contraceptive drugs and devices".[62] These orders demonstrate the Court's failure to uphold women's right to the full range of contraceptive methods under the RPRHA and to understand the immediate nature of the risk and harm women suffer when they have limited access to contraceptives and to recognize and protect women's rights by permitting ongoing legal challenges to undermine their right to access the full range of contraceptive information and services.

ii. Effects of failure to implement the RPRHA

The delays in determining the legality of the RPRHA have had a number of follow-on effects. By way of example, the members of the National Implementation Team (the body tasked with managing the implementation of RPRHA) were only appointed following an order issued in January 2015 by the DOH—9 months after the Court's decision in *Imbong v Ochoa* and more than 2 years from the enactment of the RPRHA.[63] While the National Implementation Team has already submitted its 2015 annual consolidated report to the Congressional Oversight Committee,[64] there is no publicly available information on any steps taken by the latter to monitor and ensure the implementation of the law.[65]

Further, the DOH has publicly acknowledged that the suspension imposed by the Court also restricted access to financing for the implementation of the RPRHA.[66] Recent budget cuts for contraceptives by the Senate have also undermined the implementation of the RPRHA.[67] For 2016, it is unclear whether adequate financial resources for the full implementation of the RPRHA will be allocated in the Php128.4 billion (approximately USD2.6 billion) proposed budget of the DOH.[68]

c. Delisting of emergency contraception

The Committee has long stressed that emergency contraception (EC) should be provided by states parties as part of the full range of contraceptives available to women[69] as referenced under Article 12.[70] In the Inquiry Report, the Committee noted the "prohibition of emergency contraception"[71] which came into effect when Postinor, an internationally recognized EC, was delisted by the FDA from the Philippine registry of drugs in 2001.[72] The Committee has urged the Philippines to reintroduce EC,[73] stressing that the Philippines needs to address the "unmet need for contraception", including EC,[74] and that EC needs to be reintroduced in order to "prevent early and unplanned pregnancies and in cases of sexual violence."[75] Data available after the inquiry visit shows that over 10,000 women aged 15-49 have ever experienced sexual violence[76] with a higher incidence among women who have 5 or more children compared to women with fewer children, or no children.[77]

The Committee also recommended that the state party "raise awareness about the benefits" of EC[78] and has found that failure to provide information about modern contraceptives and their use also "violates article 10 (h) of the Convention, which requires states parties to provide access to health-related education, including information and advice on family planning."[79] The latest state party statistics indicate that only 15% of currently married women have heard of the existence of EC.[80]

Despite the Committee's recommendations in its Inquiry Report[81] to relist Postinor, the FDA has not taken any step to relist the drug. In 2012, the RPRHA was enacted which expressly prohibits national hospitals from purchasing or acquiring EC.[82] Since the publication of the inquiry findings, the state has not taken any steps to amend this ban and relist Postinor or any other EC method.

d. Lack of access to comprehensive sex education

In its Inquiry Report, the Committee called on the state party to ensure "the availability, accessibility and affordability of reproductive health services",[83] including access to education,[84] and to strengthen existing mechanisms to ensure implementation of national policies.[85] As noted by the Committee, the state party has been unable to fulfil its obligations under Article 16(1)(e) to provide access to information and Article 5 to eliminate gender stereotypes[86] and has recommended that the action be taken to integrate age-appropriate sex

education in school curricula and conduct educational campaigns to raise women's awareness of their reproductive health rights.[87]

As noted earlier, the number of adolescent pregnancies has doubled in the past decade; this is notwithstanding the Adolescent Health and Youth Program put in place since 2001 to address the health concerns of young people[88] and a memorandum issued by the DOH Commission on Population in 2014 providing guidelines aimed at reducing, *inter alia*, adolescent pregnancies, abortion and gender-based violence through education and dissemination of information on reproductive health rights.[89] Further, there are still no guidelines for the age- and development-appropriate reproductive health education called for under the RPRHA.[90]

II. Access to Safe and Legal Abortion (Arts. 10(h), 12)

Restrictive abortion laws have long been characterized by the Committee as a violation of women's right to health under Article 12.[91] The Inquiry Report noted "the potentially life-threatening consequences of unplanned and/or unwanted pregnancies as a direct consequence … of the strict criminalization of abortion without any exemptions provided for in the state party's legislation," and found that the failure of the state party "to provide the full range of sexual and reproductive health services, commodities and information resulted in … unsafe abortions and unnecessary and preventable maternal deaths."[92] In light of these findings, the Inquiry Report called for the amendment of Articles 256 to 259 of the state party's Penal Code to legalize abortion in cases of rape, incest, threats to the life and/or health of the pregnant woman, or serious malformation of the fetus, the decriminalization of all other cases where women undergo abortion, and the adoption of necessary procedural rules to guarantee effective access to legal abortion.[93]

Abortion is common in the Philippines: data available after the inquiry visit indicates that an estimated 610,000 induced, and potentially unsafe, abortions took place in the Philippines in 2012, an increase from 560,000 in 2008.[94] As acknowledged by the state party, induced abortion is one of the leading causes of maternal deaths in the Philippines,[95] and complications resulting from unsafe and illegal abortions are a prominent cause of maternal death in the City of Manila.[96] In fact, an estimated 1,000 maternal deaths were attributed to abortion complications in 2008[97] and, while official state party statistics show that the maternal mortality ratio fell steadily from 1990 to its lowest level in 2006,[98] it rose sharply to 221 per 100,000 live births in 2011.[99]

The inquiry was not the first time the Committee and other UN treaty-monitoring bodies called the attention of the state party to the substantial number of unsafe abortions in the country. In its 2006 Concluding Comments, the Committee raised concern about the high number of deaths resulting from induced abortions[100] and recommended that the State party consider reviewing its laws with a view to removing punitive provisions imposed on women who have abortions.[101] The Committee on Economic, Social and Cultural Rights[102] and the Human Rights Committee[103] expressed similar concern and issued recommendations.

a. Continued criminalization of abortion

The state party has always adopted a narrow interpretation of the constitutional provision that requires the state to "equally protect the life of the mother and the life of the unborn from conception,"[104] making it an outlier in a global context in which countries with similar provisions nevertheless permit abortion on certain grounds.[105] The state party has one of the most restrictive abortion laws in the world, imposing a criminal ban on abortion with no clear exceptions, even when a woman's life or health is in danger, when pregnancy is a result of rape or incest, or in cases of fetal impairment.[106]

The Penal Code, which has not been revised since 1930, sets out the current criminal ban on abortion.[107] Fears of arrests and prosecutions under the ban are justified: even after the inquiry visit, local media has reported instances of women seeking abortions[108] and people providing or assisting with abortions being arrested.[109]

Notably, this ban continues to exist notwithstanding the enactment of the MCW, which required the state to review and, when necessary, amend and/or repeal existing laws that are discriminatory to women within three years of the law becoming effective in 2009.[110] The RPRHA, enacted after the MCW and a month after the Committee's inquiry visit, reaffirms that abortion is illegal and punishable by law[111] and states that, "reproductive health rights do not include abortion."[112]

b. Draft penal code with increased penalties for abortion

The Department of Justice (DOJ) undertook a project to update and modernize the Penal Code.[113] One of the initial drafts of the new code promisingly provided for "justified abortions", which would be legally available in cases where pregnancy results from rape or incest; where continuation of pregnancy endangers the life of the pregnant woman or seriously impairs her physical, mental or emotional health; and where the fetus suffers from incurable disease or serious deformity.[114] However, despite calls to reinstate the "justified abortions" provisions by local advocates,[115] the DOJ instead submitted to Congress a revised draft code that not only maintains the complete criminal ban on abortion, but also imposes increased penalties for those involved in the performance of abortions.[116] If the draft is approved, a person who provides or assists with an abortion with the consent of the woman may be subject to up to twelve years imprisonment and a fine equivalent to ten to fifty times his or her average daily income.[117] A woman who obtains an abortion will remain at risk of imprisonment for up to six years, with an added fine equivalent to ten to twenty times her average daily income.[118]

III. Access to and Quality of Post-Abortion Care (Arts. 10(h), 12)

The Inquiry Report called on the Philippines to provide women with access to quality post-abortion care in all public health facilities, including by (1) ensuring that women experiencing abortion-related complications are not reported to the law enforcement authorities, or subjected to physical or verbal abuse, discrimination, delays in access to or denial of care; (2) reintroducing misoprostol to reduce women's maternal mortality and morbidity rates; and (3) adopting a patient privacy policy to ensure doctor-patient confidentiality, specifically when treating women for post-abortion complications.[119]

In a study released by the Guttmacher Institute after the Committee's inquiry visit, it was found that over 100,000 women sought treatment for abortion complications in the Philippines in one year (2012).[120] This study showed that approximately 2 in every 3 women who terminate a pregnancy experience a complication[121] and around 1 in 3 women with complications do not receive post-abortion care.[122] Further, abortion was one of the top three obstetrics and gynaecology cases in nine hospitals managed by the DOH in 2012 and 2013.[123]

Women's lack of access to quality post-abortion care has been noted by the Committee previously. In its 2006 Concluding Comments, the Committee had similarly called on the Philippines to "provide [women] with access to quality services for the management of complications arising from unsafe abortions and to reduce women's maternal mortality."[124]

a. Abuse and discrimination against women seeking post-abortion care

Despite recommendations in the Inquiry Report, the Philippines has continuously failed to ensure that women experiencing abortion-related complications are not reported to the law enforcement authorities, threatened with arrest, subjected to physical or verbal abuse, discrimination, and delays in access to or denial of care. Testimonies gathered since the inquiry visit show that when post-abortion care treatment is sought, instead of receiving dignified humane care, women continue to suffer punishment by neglect,[125] by delay in receiving treatment,[126] or by denial of treatment entirely.[127]

b. Lack of access to misoprostol (Cytotec)

Misoprostol, known in the Philippines more popularly as "Cytotec," has been classified as an essential medicine by the World Health Organisation for the prevention and treatment of post-partum haemorrhage, management of incomplete abortion and miscarriage, induction of labor, and medical abortion.[128] However, contrary to the Committee's recommendations and because of strong opposition to the drug's use as an abortifacient, misoprostol has remained an unregistered product for over a decade in the country.[129] The FDA[130] through a circular released in 2002,[131] advised that the manufacture, importation, sale or distribution of misoprostol is a violation of the Food, Drug, and Cosmetic Act.[132]

Since the inquiry visit, the state party has not taken any step to withdraw the circular and reintroduce misoprostol. While the RPRHA allow lifesaving drugs such as oxytocin, magnesium sulphate, antenatal steroids and antibiotics to prevent and manage pregnancy-related complications,[133] misoprostol remains unavailable.

IV. Access to Justice (Arts. 2(c), 12)

Following its inquiry visit, the Committee found that the state party failed to comply with its obligations under Articles 2(c) and 12 of the Convention to provide effective legal remedies for violations of women's right to access sexual and reproductive health services,[134] in particular, due to the state party's undue delay in the resolution of the *Osil* case.[135] The Inquiry Report recommended that the state "ensure that the courts adjudicate on cases involving women's sexual and reproductive health rights without undue delay; and remove the barriers that women are facing in accessing justice."[136] The Committee also urged the state party to ensure effective reporting procedures and complaints mechanisms are available for women to complain about abuse and discrimination without fear of retaliation in the context of post-abortion care.[137] In addition, the Committee recommended broadening the mandate of the Commission on Human Rights (CHR) to receive and investigate complaints on violations of reproductive rights and to ensure women's access to effective legal remedies.[138]

a. Dismissal of Osil case

Legal cases before the Philippine courts on reproductive rights have been subject to significant delays and procedural irregularities. By way of example, in the *Osil* case (discussed further on p. 3), residents of Manila launched a lawsuit against the Office of the Mayor of Manila in January 2008, claiming that EO 003 violated their reproductive rights and seeking a declaration of unconstitutionality and its revocation.[139] The Inquiry Report concluded that "the judicial process has been unduly delayed, thereby undermining the effectiveness of available remedies,"[140] demonstrating that the state party had "failed to put in place a system to ensure effective judicial protection and to provide effective judicial remedies for human rights violations."[141] Since the inquiry visit, after a substantial delay of more than 6 years and a number of procedural irregularities[142], the action was dismissed in October 2014.[143] The

dismissal of the case leaves the women of Manila without any redress for their reproductive rights violations and the absence of an express declaration of unconstitutionality of the order caused uncertainty and confusion on its validity among local health care providers and community women who continue to suffer the effects of the ban.

b. Absence of a complaints mechanism for reproductive rights violations

Since the inquiry visit, there continues to be a lack of effective mechanisms for redress for women who have suffered violations of their reproductive rights. While the MCW strengthened the Philippine Commission on Women (PCW)[144] and the MCW provides that the CHR will act as the Gender and Development Ombud with a mandate to monitor compliance with the MCW,[145] it remains to be seen as to whether the CHR will implement its own Gender Ombud Guidelines[146] in conjunction with its mandate under the Philippine Constitution to issue Advisories on the state party's compliance with CEDAW and the state party's action and responses including on the inquiry, and whether the CHR will investigate complaints on reproductive rights violations. Furthermore, while the Implementing Rules and Regulations of the RPRHA provide for the designation of Reproductive Health Officers (RHOs) who can receive complaints in all facilities within the service delivery network,[147] it is also uncertain to what extent RHOs have been designated and are functioning in all LGUs to receive complaints on reproductive rights violations.[148]

c. Absence of monitoring and oversight mechanism

During the inquiry, the Committee found that mechanisms, as required under the Local Government Code[149] have not been sufficiently established to ensure that "decentralization…to the local level in the health sector does not lead to discrimination with regard to the enjoyment of rights under the Convention…." [150] In its Inquiry Report, the Committee urged the Philippines to reduce the negative impact of decentralization through the establishment of monitoring and oversight mechanisms to ensure LGUs' strict compliance with international standards.[151] However since the inquiry visit, as mentioned on page [3], there continues to be the lack of effective monitoring and oversight mechanism, evidenced by the recent executive order in Sorsogon City declaring the city as pro-life, which was not immediately reviewed and revoked for being a discriminatory policy notwithstanding the enactment of RPRHA mandating universal access to the full range of contraceptive information and services.[152]

V. Suggested Questions for the List of Issues

In light of the above, the undersigned organizations respectfully request that the Committee consider addressing the following questions to the state party concerning implementation of the Committee's past recommendations:

1. What steps has the state party taken to ensure women's access to the full range of contraceptive information and services, including by ensuring the monitoring, oversight, and repeal of discriminatory local ordinances such as City of Manila EOs 003 and 030 as well as the Sorsogon EO? What steps has the state party taken to lift the Supreme Court's TRO issued in June 2015 restricting access to certain hormonal contraceptives?
2. What measures has the state party taken to withdraw the FDA circular delisting Postinor and to reintroduce and relist EC in particular to prevent early and unplanned pregnancies and in cases of sexual violence?
3. What efforts has the Philippines taken to implement the Committee's recommendation to legalize abortion in cases of rape, incest, threats to the life

and/or health of the pregnant woman, or serious fetal malformation and decriminalize all other cases where women undergo abortion?

4. What steps has the state party taken to ensure women's access to humane, compassionate, non-judgmental, and quality post-abortion care services in all health care facilities as guaranteed under the MCW and RPRHA? What steps have been taken to relist and reintroduce misoprostol, which is recognized by the WHO as an essential medicine for the treatment of post-partum haemorrhage, incomplete abortion, and miscarriage?
5. What steps has the state party taken to establish complaint mechanisms and ensure effective legal remedies for violations of women's reproductive rights, including post-abortion care abuse? Will role will the CHR in its capacity as Gender Ombud play in providing remedies for reproductive rights violations? When will the RHOs mandated under the RPRHA implementing rules be designated?

Respectfully Signed:

Center for Reproductive Rights

EnGendeRights

International Women's Rights Action Watch Asia Pacific

Women's Global Network for Reproductive Rights

WomanHealth Philippines Inc.

Population Services Pilipinas Inc.

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[1] Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), *Combined seventh and eighth period reports of States parties due in 2010*, Phil., U.N. Doc. CEDAW/C/PHL/7-8 (2015) [hereinafter State party Report].

[2] Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, U.N. Doc. A/34/46, U.N.T.S. 13 (*entered into force* Sept. 3, 1981) [hereinafter Convention].

[3] Letter from Task Force CEDAW Inquiry, the Center and International Women's Rights Action Watch, Asia-Pacific to the CEDAW Committee (June 2, 2008) [hereinafter Shadow Letter].

[4] CEDAW Committee, *Summary of the inquiry concerning the Philippines under Article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women*, U.N. Doc. CEDAW/C/OP.8/PHL/1 (2015) [hereinafter CEDAW Committee, *Inquiry Report*].

[5] CEDAW Committee, *Concluding Observations: Philippines*, U.N. Doc. CEDAW/C/PHI/CO/6 (2006) [hereinafter CEDAW Committee, *Concluding Observations: Philippines*].

[6] *Id.*, para. 27.

[7] *Id.*, para. 28.

[8] An Act Providing for the Magna Carta of Women, Rep. Act No. 9710 (2009) (Phil.) [hereinafter MCW]; An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health, Rep. Act No. 10354 (2012) (Phil.) [hereinafter RPRHA].

[9] MCW, *supra* note 8, sec. 17(3); RPRHA, *supra* note 8, secs. 3(e), 3(h).

[10] MCW, *supra* note 8, sec. 17(7); RPRHA, *supra* note 8, secs. 3(j), 4(q)(3). *See also*, Implementing Rules and Regulations of Rep. Act No. 10354 (The Responsible Parenthood and Reproductive Health Act of 2012), Rule 2.01(n) (2012) (Phil.) [hereinafter IRR] (requiring that the government treat and counsel all women needing post-abortion care in a "humane, non-judgmental and compassionate manner.")

[11] Declaring Total Commitment and Support to the Responsible Parenthood Movement in the City of Manila and Enunciating Policy Declarations in Pursuit Thereof, Exec. Ord. No. 003 (2000) (Phil.).

[12] Further Strengthening Family Health Services, Exec. Ord. No. 30 (2011) (Phil.).

[13] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 46.
[14] *Id.*, para. 39.
[15] *Id.*, para. 33.
[16] *Id.*, para. 33.
[17] *Id.*, paras. 44-45.
[18] *Id.*, paras. 42-43.
[19] *Id.*, paras. 32, 49.
[20] CENTER FOR REPRODUCTIVE RIGHTS ET AL., IMPOSING MISERY: THE IMPACT OF MANILA'S CONTRACEPTION BAN ON WOMEN AND FAMILIES (2007), *see* Annex 1; CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES: THE HARMFUL IMPACT OF THE PHILIPPINE CRIMINAL ABORTION BAN (2010) [hereinafter CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES], *see* Annex 2; CENTER FOR REPRODUCTIVE RIGHTS, ACCOUNTABILITY FOR DISCRIMINATION AGAINST WOMEN IN THE PHILIPPINES: KEY FINDINGS AND RECOMMENDATIONS FROM THE CEDAW COMMITTEE'S SPECIAL INQUIRY ON REPRODUCTIVE RIGHTS (2015), *see* Annex 3.
[21] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 33.
[22] *Id.*, paras. 33-34.
[23] PHILIPPINE STATISTICS AUTHORITY ET AL., PHILIPPINES NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2013, at 64 [hereinafter NDHS 2013].
[24] *Id.*, at 65.
[25] NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY AND UNITED NATIONS DEVELOPMENT PROGRAMME, THE PHILIPPINES: FIFTH PROGRESS REPORT MILLENNIUM DEVELOPMENT GOALS (2014) [hereinafter NEDA AND UNDP, FIFTH PROGRESS REPORT] (There is a steady increase─in 2003, the contraceptive prevalence rate was 49%, which increased to 51% and 55% in 2008 and 2013, respectively─but it has not been sufficient to reach the 63% target).
[26] NATIONAL STATISTICS OFFICE ET AL., PHILIPPINES NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2003, at 94.
[27] NDHS 2013, *supra* note 23, at 83-84.
[28] State party Report, *supra* note 1, para. 142.
[29] DEMOGRAPHIC RESEARCH AND DEVELOPMENT FOUNDATION ET AL., THE 2013 YOUNG ADULT FERTILITY AND SEXUALITY STUDY IN THE PHILIPPINES. KEY FINDINGS, at 13-14 (2014) (Findings indicate a rise in teenage pregnancies from 6.3% to 13.6%).
[30] NDHS 2013, *supra* note 23, at 53; NATIONAL STATISTICS OFFICE ET AL., PHILIPPINES NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2008, at 50.
[31] *See* CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 13.
[32] CEDAW Committee, *Concluding Observations: Philippines*, *supra* note 5, para. 28.
[33] *Id.*, para. 28.
[34] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 9.
[35] *Id.*, para. 46. The State party committed violations under articles 2(c), (d), (f), 5, 10(h), 12, 16(1)(e) of the Convention.
[36] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 51 (d).
[37] *Id.*, para. 52 (a).
[38] *Id.*, paras. 23-24.
[39] *Id.*, paras. 51 (b), (h).
[40] Dr. Benjamin Yson, acting City Health Officer of Manila, has acknowledged and apologized for the denial of reproductive health services and violations against women but does not see a need for overturning laws and policies restricting access to contraceptives. *See* Press release, Center for Reproductive Rights, *City of Manila Health Official Apologizes for the Denial of Reproductive Health Services and Violations Against Women* (June 30, 2015), http://www.reproductiverights.org/press-room/city-of-manila-health-official-apologizes-for-the-denial-of-reproductive-health-services-and-violations-against-women.
[41] Lourdes E. Osil et al. v Office of the Mayor of the City et al., Regional Trial Court, Sp. Proc. No. 09-121259 (Oct. 7, 2014) [hereinafter Osil v Manila, RTC].
[42] State party Report, *supra* note 1, para. 129.
[43] An Executive Order Declaring Sorsogon City as a Pro-Life City, Exec. Ord. No. 3, (2015) (Phil.).
[44] Ana P. Santos, *Why do some pro-life groups hate women so much?*, RAPPLER (Aug. 18, 2015), http://www.rappler.com/views/imho/102575-pro-life-groups-women.
[45] CEDAW Committee, *Inquiry Report*, *supra* note 4, paras. 14, 17, 28.
[46] *Id.*, para. 51 (a).
[47] *Id.*, para. 51 (b).
[48] *Id.*, para. 51 (c).
[49] RPRHA, *supra* note 8, sec. 2; MCW, *supra* note 8, sec. 2.
[50] DEPARTMENT OF HEALTH (DOH) ET AL., THE FIRST ANNUAL CONSOLIDATED REPORT ON THE IMPLEMENTATION OF THE RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH ACT OF 2012 (R.A. NO. 10345) at 79 (2014) (Phil.) [hereinafter DOH, IMPLEMENTATION REPORT].

[51] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 19.
[52] James M. Imbong and Lovely-Ann C. Imbong v Hon. Paquito N. Ochoa, Jr., et al., G.R. No. 204819 (S.C., Apr. 8, 2014) (Phil.), *available at* http://www.lawphil.net/judjuris/juri2014/apr2014/gr_204819_2014.html [hereinafter Imbong v Ochoa].
[53] RPRHA, *supra* note 8, sec. 3(e).
[54] *Id.*, sec. 14.
[55] *Id.*, sec. 20.
[56] *Id.*, secs. 3(f), 5, 6, 8, 10, 13, 16.
[57] Imbong v Ochoa, *supra* note 52. *See also* RPRHA, *supra* note 8, secs. 7, 17, 23.
[58] CEDAW Committee, *General Recommendation No. 21: Equality in marriage and family relations* (13th Sess., 1994), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 89, para. 22, U.N. Doc. HRI/GEN/1/Rev.9 (vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 21*].
[59] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 51 (l) (The Committee recommended that the State party ensure "[s]tate policies and legislation give priority to the protection of women's … sexual and reproductive health rights, over any religious postulates.") *See also* CEDAW Committee, *Concluding Observations: Dominican Republic*, para. 331, U.N. Doc. A/43/38 (1988) (The Committee considered that "an intermingling of the secular and religious spheres" is "a serious impediment to full implementation of the Convention").
[60] CEDAW Committee, *Inquiry Report*, *supra* note 4, paras. 52 (b) and (f). *See also* CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (Women and Health)*, (20th Sess., 1999), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 106, para. 11, U.N. Doc. HRI/GEN/1/Rev.9 (vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*], ("It is discriminatory for a State party to refuse to legally provide for the performance of certain reproductive health services for women. For instance, if health service providers refuse to perform such services based on conscientious objection, measures should be introduced to ensure that women are referred to alternative health providers.") Also note that such provisions violate the obligations in the guidelines of the International Federation of Gynecology and Obstetrics (FIGO) and the Philippine Obstetrical and Gynecological Society (POGS) to provide patients with accurate information about their reproductive health and rights and refer them to alternative providers in cases of conscientious objection. *See* FIGO, *Rights-Based Code of Ethics. Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights*, (Oct. 2003), para. A(5), *available at* http://www.figo.org/sites/default/files/uploads/wg-publications/wsrr/Rights-Based_%20Code_of_Ethics_October%202003%20-%20Copy%20-%20Copy.pdf; POGS, *Position Statement on the Proposed 2010 Reproductive Health Bills*, at 2-3 (Dec. 14, 2010) *available at* http://www.pogsinc.org/files/pogs-position-statement-rhbill.pdf; POGS, *Ethical guidelines in obstetrical and gynecological practice, medical education and research*, at 17 (Nov. 2011) (copy on file with the Center).
[61] Alliance For The Family Foundation Philippines, Inc. and Atty. Maria Concepcion S. Noche, et al., v Dr. Janette L. Garin, Secretary Designate of the Department of Health, et al., (T.R.O.), G.R. No. 217872, (S.C., June 17, 2015) *available at* http://alfi.org.ph/wp-content/uploads/2015/06/SC-TRO-RHimplementation1.pdf [hereinafter T.R.O.]. *See also* Rina Jimenez-David, *Continuing challenges to RH Law*, INQUIRER.NET, July 3, 2015, http://opinion.inquirer.net/86366/continuing-challenges-to-rh-law; Jee Y. Geronimo, *Supreme Court stops distribution, sale of implants*, RAPPLER, June 30, 2015, http://www.rappler.com/nation/97983-sc-stops-distribution-sale-implants.
[62] T.R.O., *supra* note 61.
[63] Department of Health, Creation of a National Implementation Team (NIT) and Regional Implementation Teams (RIT) for Republic Act 10354 (Responsible Parenthood and Reproductive Health Law of 2012), Administrative Order No. 2015-0002, (Jan. 26, 2015) (Phil.); Department of Health, Designation of the Members of the National Implementation Team (NIT) and for RA 10354 (Responsible Parenthood and Reproductive Health Law of 2012) created under Administrative Order No. 2015-0002, Department Personnel Order No. 2015-0200, (Jan. 21, 2015) (Phil.).
[64] DOH, IMPLEMENTATION REPORT, *supra* note 50; RPRHA, *supra* note 8, sec. 21 (requiring the DOH to submit an annual report before the end of April of each year to the President and Congress).
[65] RPRHA, *supra* note 8, sec. 22 (requiring the Congressional Oversight Committee to monitor and ensure effective implementation of the RPRHA).
[66] DOH, IMPLEMENTATION REPORT, *supra* note 50, at 18.
[67] Contraceptive budgets were cut in 2014, *see e.g.*, Charissa Luci, *Senate axing of P304-M contraceptives fund worries house chief*, MANILA BULLETIN (Dec. 14, 2013), http://www.mb.com.ph/senate-axing-of-p304-m-contraceptives-fund-worries-house-chief/; *Bicam OKs P2.264T nat'l budget for 2014*, RAPPLER (Dec. 10, 2013), http://www.rappler.com/nation/45632-bicam-oks-p2-264t-national-budget-for-2014.

[68] *See e.g.*, Lira Dalangin-Fernandez, *House leadership to expedite 2016 budget in face of quorum fear*, INTERAKSYON (Oct. 6, 2015), http://www.interaksyon.com/article/118555/house-leadership-to-expedite-2016-budget-in-face-of-quorum-fear; Jovee Marie de la Cruz, *House eyes approval of P3.002-T 2016 budget before adjournment*, BUSINESS MIRROR (Oct. 5, 2015), http://www.businessmirror.com.ph/house-eyes-approval-of-p3-002-t-2016-budget-before-adjournment/.

[69] CEDAW Committee, *Concluding Observations: Mexico*, para. 33, U.N. Doc. CEDAW/C/MEX/CO/6 (2006); *India*, paras. 30, 31(b), U.N. Doc. CEDAW/C/IND/CO/4-5 (2013).

[70] *See* CEDAW Committee, *Concluding Observations: Costa Rica*, para. 32, U.N. Doc. CEDAW/CO/CRI/CO/5-6 (2011); *Lithuania*, para. 25, U.N. Doc. CEDAW/C/LTU/CO/4 (2008); *Nepal*, para. 32(g), U.N. Doc. CEDAW/C/NPL/CO/4-5 (2011) (Governments must ensure adequate access to contraceptives, including emergency contraception and information about contraceptives). *See also* CEDAW, article 16(1)(e) (Women should have "[t]he same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights"); CEDAW Committee, *Gen. Recommendation No. 21*, *supra* note 58, para. 22, ("In order to make an informed decision about safe and reliable contraceptive measures, women must have information about contraceptive measures and their use, and guaranteed access to sex education and family planning services").

[71] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 9.

[72] Bureau of Food and Drugs, Delisting of Levonorgestrel 750 mcg (Postinor) from Bureau of Food and Drugs Registry of Drug Products, Bureau Circular No. 18 s. 2001, (Dec. 7, 2001) (Phil.).

[73] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 52 (c).

[74] *Id.*, para. 52 (a).

[75] *Id.*, para. 52 (c).

[76] NDHS 2013, *supra* note 22, at 190-191.

[77] *Id.*, at 190-191. Six percent of women aged 15-49 have ever experienced sexual violence with a higher percentage belonging to women having 5 or more children (11%) compared to women with fewer or no children at all (7% and 4% respectively).

[78] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 52 (c).

[79] *Id.*, paras. 37, 39.

[80] NDHS 2013, *supra* note 23, at 70.

[81] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 52 (c), ("The Committee further urges that the State party: … [r]eintroduce emergency contraception").

[82] RPRHA, *supra* note 8, sec. 9; IRR, *supra* note 10, Rule 7.01.

[83] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 51 (h).

[84] *Id.*, para. 52 (h).

[85] *Id.*, para. 51 (i).

[86] *Id.*, paras. 42-43.

[87] *Id.*, paras. 52 (h), (i).

[88] State party Report, *supra* note 1, para. 144.

[89] DOH, IMPLEMENTATION REPORT, *supra* note 50, at 36, *citing* Commission on Population, Memorandum on the AYHD Program Implementation Guidelines for 2015 (Oct. 16, 2014).

[90] *Id.*, at 39 ("[T]he agency also began to develop guidelines for the Integration of Adolescent Reproductive Health and Sexuality Education, HIV/AIDS Education and Gender and Development in the K to 12 Basic Education Curriculum, including formulation of Comprehensive Sexuality Education Standards.")

[91] *See, e.g.*, L.C. v Peru, CEDAW Committee, Commc'n No. 22/2009, para. 8.15, U.N. Doc. CEDAW/C/50/D/22/2009 (2011); CEDAW Committee, *Concluding Observations: Chile*, para. 228, U.N. Doc. A/54/38/Rev.1(SUPP) (1999); *Paraguay*, para. 131, U.N. Doc. A/51/38(SUPP) (1996).

[92] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 33.

[93] *Id.*, para. 51 (e).

[94] GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY AND UNSAFE ABORTION IN THE PHILIPPINES: CONTEXT AND CONSEQUENCES, 3 In Brief (2013) [hereinafter GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY], at 3, *available at* http://www.guttmacher.org/pubs/IB-unintended-pregnancy-philippines.pdf.

[95] *Millennium Development Goal 5: UNDP in Philippines*, UNITED NATIONS DEVELOPMENT PROGRAMME, http://www.ph.undp.org/content/philippines/en/home/mdgoverview/overview/mdg5/ (last visited Oct. 13, 2015).

[96] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 33.

[97] GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY, *supra* note 94, at 5, citing GUTTMACHER INSTITUTE, MEETING WOMEN'S CONTRACEPTIVE NEEDS IN THE PHILIPPINES, 1 In Brief, (2009) *available at* https://www.guttmacher.org/pubs/2009/04/15/IB_MWCNP.pdf.

[98] NEDA AND UNDP, FIFTH PROGRESS REPORT, *supra* note 25, at 73, figure 66, Maternal Mortality Ratio, (*citing* National Statistical Coordination Board (1990-1995); National Demographic and Health Survey, Family Planning Survey, Family Health Survey, Philippine Statistics Authority-National Statistics Office (1998-2011)).

[99] *Id.*
[100] CEDAW Committee, *Concluding Observations: Philippines*, *supra* note 5, para. 27.
[101] *Id.*, para. 28. *See also*, CEDAW Committee, *General Recommendation No. 33 on women's access to justice*, at 18, para. 47, U.N. Doc. CEDAW/C/GC/33 (2015) ("Criminal codes or acts … discriminate against women by: … [c]riminalizing forms of behaviour that can be performed only by women, such as abortion"), and CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 60, para. 31(c), ("When possible, legislation criminalizing abortion should be amended, in order to withdraw punitive measures imposed on women who undergo abortion").
[102] Committee on Economic, Social and Cultural Rights, *Concluding Observations: Philippines*, para. 31, U.N. Doc. E/C.12/PHL/CO/4 (2008) ("The Committee notes with concern that, under the State party's legal system, abortion is illegal in all circumstances, even when the woman's life or health is in danger or pregnancy is the result of rape or incest, and that complications from unsafe, clandestine abortions are among the principal causes of maternal deaths. … [T]he Committee encourages the State party to address, as a matter of priority, the problem of maternal deaths as a result of clandestine abortions, and consider reviewing its legislation criminalising abortion in all circumstances.").
[103] Human Rights Committee, *Concluding Observations: Philippines*, para. 13, U.N. Doc. CCPR/C/PHL/CO/4 (2012) ("The Committee regrets the absolute ban on abortions, which compels pregnant women to seek clandestine and harmful abortion services, and accounts for a significant number of maternal deaths. … The State party should review its legislation with a view to making provision for exceptions to the prohibition of abortion, such as protection of life or health of the mother, and pregnancy resulting from rape or incest, in order to prevent women from having to seek clandestine harmful abortions.").
[104] PHIL. CONST. (1987), art. II, sec. 12.
[105] States whose constitutions contain protections for the life of the unborn but permit abortion in certain circumstances include Kenya, Hungary, Costa Rica, Republic of Ireland, Slovak Republic and Poland. *See* CONST., arts. 26 (2), (4) (2010) (Kenya); A MAGYAR KÖZTÁRSASÁG ALKOTMÁNYA [CONSTITUTION OF THE REPUBLIC OF HUNGARY] (2011), art. II; Law on the Protection of Fetal Life (Act LXXIX of 1992) (Hung.); CONST. (1949), title IV, art. 21 (Costa Rica); Código Penal (Penal Code) No. 4573, art. 121, May 4, 1970 (Costa Rica); IR. CONST., 1937, art. 40 (3.3); Attorney General v X and Others, [1992] 1 I/R/ 846P (Ir.); Nález Ústavného súdu Slovenskej republiky, sp. zn. [Decision of the Constitutional Court of the Slovak Republic, No. PL. ÚS 12/01-297] (Dec. 4, 2007) (unofficial translation on file with the Center for Reproductive Rights), CONST. (1997), art. 38 (Pol.).
[106] CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES, *supra* note 20, at 13; REVISED PENAL CODE, Act No. 3815, arts. 256-259 (Phil.) [hereinafter REV. PENAL CODE].
[107] REV. PENAL CODE, *supra* note 106, arts. 256-259 (prescribes a prison term of up to six years for a pregnant woman who obtains an abortion, and for any person, including medical professionals, who causes or assists with an abortion with the consent of the woman).
[108] *Arrested for abortion*, TEMPO (July 31, 2013), http://www.tempo.com.ph/2013/07/31/arrested-for-abortion/; Ed Mahilum, *92-year-old abortionist arrested*, MANILA BULLETIN (Oct. 1, 2013), http://www.mb.com.ph/92-year-old-abortionist-arrested/; Aie Balagtas *See*, *Woman nabbed for abortion*, THE PHILIPPINE STAR (July 12, 2015), http://www.philstar.com/metro/2015/07/12/1475986/woman-nabbed-abortion.
[109] Pete Laude, *Student dies from abortion; midwife, aide arrested*, THE PHILIPPINE STAR (Apr. 1, 2012), http://www.philstar.com/metro/792774/student-dies-abortion-midwife-aide-arrested; Rey Galupo, *Man arrested for forcing girlfriend to undergo abortion*, THE PHILIPPINE STAR (Sept. 22, 2014), http://www.philstar.com/metro/2014/09/22/1371700/man-arrested-forcing-girlfriend-undergo-abortion.
[110] MCW, *supra* note 8, sec. 12.
[111] RPRHA, *supra* note 8, sec. 3(j).
[112] *Id.*, sec. 4(s).
[113] Criminal Code Committee, Department of Justice–Republic of the Philippines, http://www.doj.gov.ph/criminal-code-committee.html (last visited Oct. 13, 2015).
[114] Criminal Code Committee, The Criminal Code of the Philippines (Draft) (copy on file with the Center) [hereinafter Draft Criminal Code].
[115] Press release, Center for Reproductive Rights, *Philippine Department of Justice Fails to Include Grounds for Abortion in Draft Criminal Code* (Sept. 10, 2014), http://www.reproductiverights.org/press-room/philippine-department-of-justice-fails-to-include-grounds-for-abortion-in-draft-criminal-code.
[116] Criminal Code Committee, The Criminal Code of the Philippines (Draft), secs. 23, 53 (Sept. 2014), *available at* https://www.doj.gov.ph/files/ccc/Criminal_Code_September-2014(draft).pdf.
[117] *Id.*, secs. 23, 53.
[118] *Id.*, secs. 23, 53.
[119] CEDAW Committee, *Inquiry Report*, *supra* note 4, para. 52 (e).
[120] GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY, *supra* note 94, at 5.
[121] Singh S et al., GUTTMACHER INSTITUTE, UNINTENDED PREGNANCY AND INDUCED ABORTION IN THE PHILIPPINES: CAUSES AND CONSEQUENCES, at 6 (2006) [hereinafter Singh, CAUSES AND CONSEQUENCES]

available at http://www.guttmacher.org/pubs/2006/08/08/PhilippinesUPIA.pdf. *See also id.*, at 21 ("Complications following an unsafe abortion can include retained pregnancy tissue, infection, hemorrhage, septic shock, anemia, abdominal injury (including uterine perforation), cervical or bowel damage, and toxic reactions to chemicals or drugs used to induce the abortion. Over the long term, such complications may lead to chronic problems such as pelvic infection, which increases the risk of ectopic pregnancy and infertility. In the most extreme cases, women can die from complications"); CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES, *supra* note 20, at 14.

[122] Singh, CAUSES AND CONSEQUENCES, *supra* note 121, at 22.

[123] Sheila Crisostomo, *RH to help stop rise in abortion cases – DOH*, THE PHILIPPINE STAR (Mar. 7, 2014), http://www.philstar.com/headlines/2014/03/07/1298062/rh-help-stop-rise-abortion-cases-doh.

[124] CEDAW Committee, *Concluding Observations: Philippines*, *supra* note 5, para. 28.

[125] CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES, *supra* note 20, at 55 (citing Metro Manila-based NGO, Interview with Gina, Metro Manila (Jan. 29, 2009) ("I was left alone lying there, wondering when they would attend to me…. My back was totally soaked in blood. Yet, nobody came to my aid.")); Center for Reproductive Rights, *Documentation Report, Focus Group Discussion on Post-Abortion Care*, Profile of Angel (May 27, 2014) [hereinafter FGD Report] (copy on file with the Center) ("the hospital staff, humiliated her in front of other patients in the Emergency Room, shouting at the top of her voice, calling her *mamamatay-baby* (baby murderer) … she was made to wait in the Operating Room which lasted for 24 hours"); FGD Report, Profile of Beth ("Beth had a traumatic experience because she was not taken care of by the nurses and she almost died.")

[126] CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES, *supra* note 20, at 56 (citing Christy Marfil, counsellor at the Institute for Social Studies and Action, Interview with Jess, Quezon City (Mar. 20, 2009) ("Many women who go to public hospitals are actually ridiculed and not treated as soon as they come in bleeding. The hospital staff believe that they are supposed to give the women a "lesson" by threatening her [with police or media exposure] or making her wait for her turn or not providing immediate action even if the woman is all blood[y] and shaking from infections.")); FGD Report, *supra* note 125, Profile of Alice ("When she reached the hospital, she was not given immediate medical attention because the hospital staff wanted her to admit first that she had an abortion."); Profile of Nely ("She pleaded that she be given medical attention but the doctors ignored her pleas. Every time she pleaded, they would ask her to admit what really happened and continued to ignore her when they failed to get her to admit that she had an abortion.")

[127] FGD Report, *supra* note 125, Profile of Kathleen ("She stayed at the hospital for almost two hours but she was not admitted. The hospital staff told her "*baka madamay ang* hospital" (the hospital may face liability)."); Profile of Medy ("She was asked to divulge what drug she took and to admit that she had an abortion, otherwise, they threatened not to admit her at the hospital and to file criminal charges against her."); Profile of Diane (who was refused medical treatment to remove the remaining products of conception at three separate hospitals).

[128] WORLD HEALTH ORGANISATION (WHO), MODEL LIST OF ESSENTIAL MEDICINES, 19TH LIST (Apr. 2015), sec. 22.1, at 38.

[129] *BFAD Advisory 2002-02. Misoprostol (Cytotec): Unregistered Drug Product*, Food and Drug Administration Philippines (FDA), http://www.fda.gov.ph/advisories/pharmaceutical/38928-bfad-advisory-no-02-02s (last visited Oct. 14, 2015) [hereinafter *BFAD Advisory 2002-02*] (The circular has not been withdrawn and is still effective). *See also* WHO, Expert Opinion on House Bill 4643 on Abortive Substances and Devices in the Philippines (Nov. 7, 2006) (Misoprostol, a prostaglandin, can be used for other lifesaving purposes such as therapeutic abortion in cases of missed abortion, intrauterine fetal death, and severe eclampsia, and cervical ripening prior to obstetrical/gynecological procedures such as therapeutic curettage and insertion of intrauterine devices.).

[130] The FDA was then known as the Bureau of Food and Drugs (BFAD).

[131] *BFAD Advisory 2002-02*, *supra* note 129.

[132] *See* Food, Drug, and Cosmetic Act, Rep. Act No. 3720 (1963) (Phil.); Food and Drug Administration (FDA) Act of 2009, Rep. Act No. 9711 (2009) (Phil.). The Food, Drug, and Cosmetic Act, sec. 12, as amended by the Food and Drug Administration (FDA) Act of 2009, provides for imprisonment of one to ten years, fines of up to 500,000 pesos, or both.

[133] RPRHA, *supra* note 8, secs. 4(c), 4(d), 5; IRR, *supra* note 10, sec. 3.01(y).

[134] CEDAW Committee, *General Recommendation No. 28 on the core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, paras. 33-34, U.N. Doc. CEDAW/C/GC/28 (2010) (In respect of article 2(c) of the Convention, States parties must ensure that courts apply the principle of equality in line with the obligations in the Convention, and women have recourse to affordable, accessible and timely remedies (with legal aid and assistance as necessary); CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 60, para. 13, (In respect of article 12 of the Convention, States parties must ensure that legislation, executive action and policy comply with their obligations as regards equal access to health care and to ensure effective judicial action.).

[135] CEDAW Committee, *Inquiry Report*, *supra* note 4, paras. 20, 44─45.

[136] *Id.*, para. 51 (j).

[137] *Id.*, para. 52 (e), (g).

[138] *Id.*, para. 51 (g).
[139] Lourdes E. Osil et al. v Office of the Mayor of the City of Manila et al., Court of Appeals, Petition for Certiorari and Prohibition (Apr. 4, 2009) (copy of petition on file with the Center).
[140] CEDAW Committee, *Inquiry Report*, *supra* note 4, paras. 20, 44.
[141] *Id.*, para. 45.
[142] *Id.*, para. 44; Shadow Letter, *supra* note 3, para. 35; CENTER FOR REPRODUCTIVE RIGHTS, LOURDES OSIL V MAYOR OF MANILA: ACCESS TO CONTRACEPTION IS A HUMAN RIGHT, 6 (2010).
[143] Osil v Manila, RTC, *supra* note 41, at 8, 13. A judge determined that the case was "a moot point" following the passage of RPRHA and the *Imbong v Ochoa* case.
[144] State party Report, *supra* note 1, para. 27.
[145] MCW, *supra* note 8, sec. 40.
[146] COMMISSION ON HUMAN RIGHTS, GENDER OMBUD GUIDELINES, 23-32, 93 (2015) (Phil.).
[147] IRR, *supra* note 9, secs. 4.07, 5.26.
[148] DOH, IMPLEMENTATION REPORT, *supra* note 50, at 109. The report provides that, as of Apr. 2015, the Department of the Interior and Local Government (DILG) circular addressed to all DILG field units and LGUs emphasizing the need for each LGU to designate a Reproductive Health Officer (RHO) is still awaiting the signature of the DILG Secretary.
[149] An Act Providing for a Local Government Code of 1991, Rep. Act No. 7160, sec. 3(j) (1991) (Phil.).
[150] CEDAW Committee, *Inquiry Report*, *supra* note 4, sec. 24.
[151] *Id.*, paras. 51 (g), (h).
[152] During an event organized by the Center in June 2015 attended by government representatives, several government officials learned for the first time that Sorsogon City had issued an EO similar to that of the City of Manila.