

Speech by

**Honorable Esperanza Cabral, M.D.
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Mr. Chairman,

The Philippine delegation warmly congratulates you and the members of your Bureau on your well-deserved election. We sincerely express our full support and commitment to the successful completion of the tasks at hand for this 43rd Session. The Philippines also aligns itself with the statement made by the Group of 77 and China. We are very pleased to take part in this session to participate in the much sought discussion and collective adoption of a substantive resolution on the globally pervasive issues of health, mortality, morbidity and development.

Inspite of the global economic crises, middle income countries registered an annual Gross Domestic Product growth rate of 6 percent in 2008 as against 1 percent in high income countries (WB Report). The trend for the past three years have to be correlated with the human development index and basic services indicators that a country can provide for the health and development of its population. Among the middle income countries, the ratio of girls to boys in primary and secondary education is lower (96) than in High income countries (99). The adolescent fertility rate (birth/1000 women age 15-19) is higher at 47/1000 births as compared to only 20 in high income countries.

Over the years, the overall health conditions of Filipinos have shown improvement as indicated by declining mortality rates and longer life span. Infant and under-five mortality rates have also improved considerably, although we strongly recognized that we have to institute more focused interventions to rapidly reduce neonatal deaths which constitute 64 percent of infant deaths.

The health status of Filipinos, especially the young, is likewise being threatened by the increasing trend in STI and HIV/AIDS prevalence in the country. While the Philippines is considerably a low-HIV-prevalence country – with less than 0.1 percent of the adult population estimated to be HIV-positive – data from the Philippine HIV/AIDS Registry recorded 4,567 HIV cases as of January this year. As of February 2010, we have recorded four new cases per day, as compared to 2005 where we only registered one new case every two days. HIV is most prevalent among 25 to 29 years old and among males. The latest study in the country has likewise exposed an alarming increase of HIV/AIDS among young professionals. The young ones, in the Philippines as in many other countries, need information and services to protect themselves from these diseases.

While we are trying to reduce the prevalence of infectious diseases that are endemic in our country, we are also intensifying our efforts to combat non-communicable diseases, which will further add up to our economic burden because of its chronic nature. Moreover, while we have ebbed the tide of Influenza A (H1N1) through systematic and pro-active measures, we continue to be vigilant in monitoring the cases and enhance our country preparation to respond and mitigate another wave of emerging infectious diseases.

Mr. Chairman,

We, as a country, recognize that health, especially reproductive health, is a basic right that every citizen has to enjoy. Our Constitution explicitly guarantees the protection and promotion of the right to health of the Filipino people (specifically under Section 15, Article II of the 1987 Philippine Constitution), being the most vital resource in the country. Within this constitutional policy framework, we relentlessly strive to improve the health of the Filipino people by instituting holistic reforms in the health sector. In 1999, the Philippines Department of Health took a bold step towards improving the performance of the health sector by strengthening the way health services are being provided and financed. Through the years, we work hard in improving the health outcomes by setting up more responsive health services, providing financial protection for the poor and enhancing the leadership and capacity of our local governments towards good governance for health.

Mr. Chairman,

I can spend the whole day talking about what the Philippine government in general, and the Department of Health in particular, is doing and what more we want to do to improve the lives of our people. But for the next couple of minutes, let me represent to you millions of women in my country and maybe the rest of those living in developing nations.

Pregnancy and childbirth are supposed to be times for joy and celebration for parents and families, but in many countries, these are also periods of great risks to the health and survival of mothers and newborns. Every year, more than 500,000 lives are lost in the world due to maternity related causes. Ninety-eight percent of these deaths occur in developing countries and most of them are preventable. Based on 2005 data, the average lifetime risk of a woman in a least developed country dying from complications related to pregnancy or childbirth is more than 300 times greater than for a woman living in an industrialized country. In fact, there is no indicator that clearly distinguishes a developing country from a developed one than maternal mortality ratio (MMR).

While we strive to deliver quality health care for the Filipino people in general, we would also like to focus our attention to reproductive health concerns which are pulling down the country's achievement of the ICPD and MDG targets. The Philippines is a middle income country with some attributes of a developed country. Majority of women in my country are educated, have some form of employment, and some holds critical positions in both the government and private sectors. Yet, everyday, 11 mothers die, leaving behind at least 33 children motherless. As of 2006, 162 mothers per 100,000 live births have died due to complications from pregnancy and childbirth. Maternal deaths comprise as much as 14 percent of all deaths to women of reproductive age. The UN estimates that maternal mortality ratio in the country drops by 1 percent annually (2005 UN Estimates), instead of the ideal 3 percent per year. Studies have likewise shown that Filipino women continue to experience unwanted and unplanned pregnancy due to high unmet needs for family planning and poor socio-economic condition. According to the study by Guttmacher Institute, out of 3.4 million pregnancies in 2008, 1.9 million were unplanned and unwanted, and 560,000 end in induced abortion. More so, teenagers who have begun child-bearing increased from 18 percent to 26

percent in 2003. Poor women also do not have easy access to contraceptive supply. Hence, the attainment of MDG5 is far from sight!

Maternal mortality reduction is a complex issue and cannot be over simplified. Thus the socio-cultural factors, the economic status of women, delivery by skilled birth attendants linked with emergency obstetric care are critical. But while these issues are addressed in the Philippines, family planning service is the missing link. Mothers will continue to die unless they can have planned pregnancies. A Guttmacher study shows that in South Central and Southeast Asia, three-fourths of maternal deaths and one-half of newborn deaths can be prevented by modern family planning. As recent data have shown, the country is still challenged to address the high unmet need of couples particularly of women for family planning. The contraceptive prevalence rate in the country is at a low 50.7 percent in 2008, with only 34 percent using modern contraceptive methods. However, if we are going to look at all women of reproductive age group, modern CPR is only 22%. The total unmet need for family planning increased from 17 (2003) to 22 percent, 9 percent for spacing births and 13 percent for limiting births. Unmet need for family planning is particularly high among women who are poor, uneducated, indigenous and those in the rural and geographically isolated areas. Consequently, these women continue to suffer unwanted pregnancy and high fertility level. With large family size, their capacity to provide for the basic needs of their family is impeded.

Every couple has the right to decide when and how many children they can responsibly have and support. A woman has the right to use the appropriate family planning method based on informed choice. The question is, how can a couple or a woman, or a teenage girl have access to reproductive health services if the poor is not covered by safety nets and if socio-economic disparity is very evident between the rich and the poor? While rich women can easily afford to buy contraceptives and look after their other personal needs, poor women hardly have enough money to feed their children. While a rich woman can deliver her baby in a health facility, the poor woman delivers her baby all by herself at home or in an evacuation site. While a rich woman has total fertility rate of 1.9, the poor woman has total fertility rate of 5.2. While a poor woman suffering from post-partum hemorrhage can't even see a doctor, the rich woman has no barrier to anything.

Mr. Chairman,

It is the duty of the State to ensure that reproductive health services and commodities are accessible and available to whoever and whenever they are needed. It is the prime responsibility of the State to ensure that these services are provided for free as safety nets for the poor. It is only then, Mr. Chairman, that we will attain equal rights and equity for health.

To respond to these issues, the country is embarking toward a vision of rapidly reducing maternal and neonatal deaths through its Maternal, Newborn, Child Health and Nutrition (MNCHN) Program. The national policy works under the principles that all pregnancies must be wanted, planned and supported and that the mother-baby pair will receive quality continuum of care throughout their life cycle. Strategy includes the shift from home-based to facility-based delivery attended by skilled health professionals. This strategy aims to establish strategically located health facilities that provide emergency obstetric and newborn care. Considering limited financial resources, priority provinces were identified based on their income classification, high maternal mortality ratio, low contraceptive prevalence rate, presence of geographically isolated areas, indigenous population and those that are priorities for humanitarian response. As of now, the country is working on the establishment of 166 Comprehensive Emergency Obstetric and Newborn Care (EmONC) and 1197 Basic EmONC facilities. We also have to cope with the inequitable distribution of our health human resources especially nurses and doctors and the limitation of deploying more midwives in communities especially in hard to reach and arm-conflict areas. Deployment of midwives to priority communities and doctors to doctorless municipalities is being supported. Skills and capacity of health providers especially the midwives, are being developed to ensure that they will provide quality essential and emergency obstetric and newborn care, administer life-saving interventions and establish strong referral system. While supply side is being strengthened, there is also an effort to improve the demand side so that women will use these services. For the last two years, Congress has provided support funds for the procurement of family planning commodities at the local level to ensure that unmet needs are being somewhat addressed. Passage of RH Bill which will concretize the national response to reproductive health needs of the population has been long debated. Some local government units in Christian and

Muslim regions in the Philippines have already acted ahead of Congress by passing their own local RH and gender codes.

The country recognizes the role of youth in nation building as indispensable. As such, the country is committed and doing necessary actions not only to mold the youth as responsible adults in the future but also as productive citizens today. Addressing their needs, including sexual and reproductive needs, remains a priority concern for development initiatives in the country as Filipino youth today remains vulnerable to various threats to their health and well-being.

Considerable improvement in women's status, as reflected in the improved political participation, employment, education, health and decision-making power of Filipino women, are being gradually realized in the country over the years. Yet, the persistent incidence of violence against women in the country, which seriously affect the health and development of women, implies the need for more aggressive effort to protect women's right and health towards gender equality and equity. Our bold response is the passage of the Magna Carta of Women which provides opportunities for women to have better access to health and basic services, education, employment and protection against violence and abuse.

To ensure financial protection for the poor, the National Health Insurance Program aims for universal coverage of indigent population. Cost of essential drugs and services are being regulated to ensure their quality and affordability. The poverty reduction programs of the country, particularly its Anti-Hunger Mitigation Program (AHMP) and the Conditional Cash Transfer locally known as Pantawid Pamilyang Pilipino Program (4Ps), aimed to contribute in improving the income level of the poor households and improve their utilization of health, nutrition and education services. These poverty reduction strategies also directly help poor women to access reproductive health information and services such as family planning and maternal health.

In the face of unprecedented events occurring within the natural and political spheres that are undermining the health and development conditions of the Filipino people, the

government, NGOs and other stakeholders concerned remain steadfast in improving the health and development status of the people through its relentless initiatives and measures. Our health conditions reflect serious challenges that we have to collectively workout in precise and purposive manner. Access to quality health care, information and services have yet to be fully provided to the poor and marginalized sector of the society including the children and youth. The prevention and protection from epidemiological diseases is yet to be institutionalized in the communities. We still have mothers, youth, women, and poor people to save from the threats of various and interrelated factors within the environment. As such, we commit to urgently gather all our efforts to have healthy, progressive and empowered Filipinos today and in the future. This is our collective mission!

Thank you Mr. Chairman and Mabuhay!