



Fact Book

Affirming USAID Support for the



Philippine Family Planning Program



- History of USAID Assistance to Family Planning and Health
- USAID support for Contraceptive Self-Reliance in the Philippines
- Status of USAID's contraceptive procurement support
- USAID is not pulling out of the Philippine Family Planning and Health scene
- Meeting the challenge of reduced USAID contraceptive procurement support

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Family Planning and the Filipino People: Some Official Statistics

- The Philippine population in 2003 now exceeds 80 million. If the current annual growth rate of 2.36% continues, the population is expected to double by 2029.

STRONG DEMAND for EFFECTIVE FAMILY PLANNING

- A significant 20.5% of married women indicate their need for family planning but are currently not using any method. (Source: 2002 Family Planning Survey, National Statistics Office)
- About half (48.8%) of married women of reproductive age are using contraception, 35.1% of whom use effective¹ family planning methods. However, 13.8% are still using methods that have been proven ineffective². (Source: 2002 Family Planning Survey, National Statistics Office)
- The poor have the lowest utilization of effective family planning methods (26.7% vs. 36.3% average for the population).
- The lack of family planning places a disproportionate burden on the poor. It is the poorest Filipinos who, as a group, are not using family planning (57.1%) because of poor access and ineffective outreach. (Source: 2002 Family Planning Survey, National Statistics Office)
- More than one-third (36%) of young women conceived before marriage. (Source: State of the Philippine Population Report for 2000, Commission on Population)
- Almost half (45%) of all pregnancies in the Philippines are unwanted or mistimed. (Source: National Demographic Health Survey 1998) Many of these result in the more than 400,000 abortions each year, many of which could have been prevented if effective family planning methods were available. (Source: University of the Philippines Population Institute, *Unsafe Abortion in the Philippines: A Threat to Public Health*)
- Only 1.7% of married women oppose family planning. (Source: 2002 Family Planning Survey, National Statistics Office)

¹ Effective methods are those whose effectiveness rates have been scientifically proven. These include: combined oral contraceptives, condoms, DMPA injectables, female sterilization, fertility awareness-based methods, Intrauterine device (IUD), lactational amenorrhea method (LAM), Norplant implants, progestin-only oral contraceptives, vasectomy and vaginal methods (spermicide, diaphragm, cap).

² Ineffective methods are those which have not been scientifically studied. These include withdrawal, rhythm and herbal concoctions.

Meeting the challenge of reduced

USAID contraceptive procurement support

USAID recognizes that while efforts toward contraceptive security began in 1999, now is the perfect time to act. The situation is urgent and there are opportunities that can be maximized.

Family planning is important for economic development.

Rapid population growth expands labor supply, thus resulting in a decline in wages and higher unemployment. Buying power is reduced and the economy suffers as a result.

Family planning is pro-poor.

Larger families among the more indigent population make it more difficult for them to break out of poverty. The pro-active management of the rapidly increasing population growth rate will greatly catalyze the Philippine Government's pro-poor agenda, particularly its programs on poverty alleviation.

As many national surveys attest, **the Filipino people want access to effective family planning methods, and majority (94%) of the voting public believes in the importance of family planning.**

Instituting the necessary policy changes at the national and local government levels and optimizing government funds to procure contraceptives are very good indicators of political commitment to the well-being of Filipinos.

Already, **many important sectors of society, particularly the private commercial sector, believe that family planning is an important national issue.** They are developing markets and opportunities for businesses to cater to contraceptive users who can afford to pay modest fees.

Maximizing this openness of the private commercial sector and providing a good policy environment to encourage more players will enable the Philippine government to focus on the poorer population. Including all family planning methods in the PhilHealth benefit package will help finance this effort at reaching the poorest and most in need of family planning and health services.

History of USAID Assistance to Family Planning and Health

36 years of
partnership

For the last 36 years, USAID has been providing assistance to the Philippine Government's Family Planning and Health Programs. In 1967, the Philippines was among the original signatories to the United Nations' Declaration on Population. In that same year, USAID supported the Institute of Maternal and Child Health (IMCH) for the training of pioneering family planning service providers.

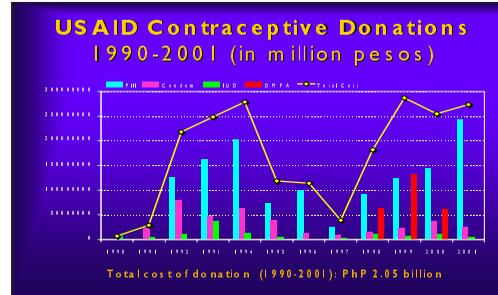
Since 1970, USAID has extended five bilateral assistance packages totaling US\$374 million for family planning and health. Recent assistance supported significant programs like *Sentrong Sigla* (Quality Assurance Program), *Garantisadong Pambata* (Child Health Program), Health Sector Reform, Matching Grants Program, provision of family planning in the private sector, and demographic and operations research.

Support has also been extended to information, education and communication (IEC) activities that complement direct health provision, influence behavior change and increase the social acceptance of family planning and tuberculosis (TB) treatment, and interventions to address HIV/AIDs, TB and vitamin A deficiency.

As part of its assistance to family planning, USAID provided 80% of the contraceptive supply for public sector use in the Philippines. For the past 11 years — 1990 to 2002 — the total contraceptive donations (condoms, pills, IUDs and injectables) to the Department of Health (DOH) amounted to US\$43.2 million (around PhP2 billion). In 1991, the Contraceptive Distribution and Logistics Management Information System (CDLMIS) was established to assist the DOH in ensuring that all facilities at the local government level are adequately stocked with contraceptives through its network.

USAID support for **Contraceptive Self-Reliance** in the Philippines

In 1999, the Government of the Republic of the Philippines (GRP) initiated the Contraceptive Interdependence Initiative (CII) in recognition of the important roles of the private sector and non-government organizations (NGOs) in the sustainable provision of family planning services and contraceptive supplies.



In 2000, the DOH, the National Economic and Development Authority (NEDA) and USAID adopted the CII framework. Among its components is improving the Philippine Government's capacity — both technical and financial — to meet the family planning needs of the country including contraceptive procurement.

USAID is committed to helping ensure that this initiative succeeds. The document, **“Towards Contraceptive Self-Reliance (CSR) in the Philippines (2002-2006)”** details USAID's strategy to “foster the country's ability to sustain the provision of quality and affordable family planning services and commodities within the context of an increasing population and increasing the country's contraceptive prevalence rate.”

The CSR Strategy aims to:

- Relieve the Philippine Government of the burden of providing free services to all by focusing its scarce resources to the poor;
- Move a share of the responsibility for the provision of family planning services and commodities to the private sector;
- Provide more choices for family planning services.

Two approaches are described in the CSR Strategy: (1) Gradually reduce USAID's commodity support and focus the distribution to the neediest; (2) Expand and maximize the use of internal sources for contraceptive commodities.

The success of the Philippines' bid for Contraceptive Self-Reliance relies heavily on the synergy, coordination and cooperation of donors, private sector providers and the DOH and LGUs. Stockouts may occur but the vacuum can be filled and the contraceptive users' needs met if the DOH and/or the LGUs procure the commodities for the poor and the private sector takes up the slack by more actively making contraceptives available commercially.



How does USAID ensure the **quality of its contraceptive supplies?**



All contraceptives donated by USAID are approved by the U.S. Food and Drug Administration (FDA), and are of the highest quality. Care is ensured that when these contraceptives are shipped, they are far from their expiry date.

The supplier of oral contraceptive pills is Wyeth, a reputable and world-renowned private pharmaceutical company. When Wyeth

first won their competitive pill contract with USAID, one of the conditions stipulated was that USAID will not distribute Lo-Femenal in the Philippines because Wyeth was already marketing a popular commercial product in the country with a very similar name. As a solution, Wyeth's global contract contained a provision that all products shipped to the Philippines be labeled Lo-Gentrol.

USAID distributes the same formulation under three names: Lo-Femenal, Lo-Gentrol and Duofem. Lo-Gentrol pills contain the same formulation as Lo-Femenal and Duofem, except that in the U.S., they are marketed under a different brand name, Lo-Ovral, which is packaged differently. It is among the more popular pills used by American women.

Except for the label, Lo-Gentrol is identical with the Lo-Femenal is utilized by women all over the world.

Sentrong Sigla (Centers of Wellness) Movement

- A centerpiece of partnership among the DOH and LGUs, health facilities are awarded the Sentrong Sigla seal for achieving quality and excellence in service delivery upon meeting a set of standards. Of the 2,405 health units in the country, 1355 or 56% are certified as Sentrong Sigla.

AIDS Surveillance and Education Program / Infectious Diseases

- To maintain the currently low HIV/AIDS prevalence, eight HIV/AIDS surveillance sites were established across the country to monitor HIV incidence and risk behaviors of high-risk groups. Local ordinances on HIV/AIDS prevention and budgeting have been passed, and eight LGU AIDS Councils in risk zones (as identified by the Philippine National AIDS Council) have been established as mechanisms for planning, advocacy and HIV/AIDS education.
- In cooperation with the DOH, the program has set up similar surveillance and community mobilization systems to focus on three infectious diseases: TB, dengue and malaria.

TB Directly Observed Treatment Short Courses (DOTS) in the public sector

- Tuberculosis is a socially misunderstood but curable disease costing millions of pesos in treatment and lost wages. TB Directly Observed Treatment Short Courses (DOTS) are being conducted in 51 LGUs.

Food Fortification Program

- Fortification of flour, rice, oil and sugar has been made mandatory by 2004. Among the processed foods, 24 companies have complied and a total of 51 products in the market now bear the "Sangkap Pinoy" seal, indicating that they are fortified with iodine, iron and/or Vitamin A.



National Health Insurance Program (NHIP)

- From 347,000 indigent families, there are now 935,000 families enrolled under the NHIP indigent project. At least 66% of the provinces have enrolled their poor populations in the Indigent Program, and 876 municipalities (52% of the total) have issued membership cards to this sector.

Status of USAID's contraceptive procurement support

Contraceptive donations by USAID have always depended on actual requests of the DOH based on the consumption data reported by its facilities and the LGUs. This is methodically analyzed by the CDLMIS to determine contraceptive supply and distribution gaps.

Honoring its commitment to the CII, USAID is maintaining its contraceptive commodity donations to the Philippine Government through the DOH at an average of US\$3 million a year until 2004 with a further step-down of support for 2 more years. This is to cover the basic contraceptive needs of 1.2 million Filipinos (classes D1 and E) who cannot afford to pay for their supply of condoms, pills, IUDs and injectables.

One of the approaches in the document, "**Towards Contraceptive Self-Reliance (CSR) in the Philippines (2002-2006)**," is the gradual reduction of USAID's commodity support. The timelines for the phasing out of each method were developed to ensure that enough supplies will cover the needs of the poorest and that both government and private sector have adequate time to make the necessary policy changes and put systems in place. The phase-out are summarized as follows:

● Condoms: In March 2003, the LAST shipment was turned over to the DOH.

Condoms are the first to be phased out because of their low usage rate of 1.7%. Low-priced condoms are also widely available locally. The DOH and the LGUs can easily procure them, and the users themselves can buy condoms over-the-counter.

● Pills and injectables: Starting 2003, USAID and other donors will cover only 107% of the supply of pills and 216% for injectables required by the poorest sector, gradually reduce these to 75% (pills) and 90% (injectables) in 2005, and eventually phase these out in 2007.

In 2002, USAID and other donors covered 242% of the supply of pills and 216% of injectables for the poorest sector. Pills and injectables are the next commodities to be phased out after condoms because of the accessibility of other brands and sources and the availability of funds in the DOH's budget for contraceptive procurement.

● IUDs: The phase-out will be developed at a later date because of the unavailability of other brands and sources in the country.



Is there really an **oversupply** of contraceptives?

In March 2001, DOH commissioned an inventory of contraceptive supplies in the LGUs.*

Rather than an oversupply, there were actually more stock-outs where LGUs face serious shortages in contraceptive supply, particularly, oral contraceptive pills.

According to the inventory, the stock-outs were not due to supply but in the weak distribution and forecasting system. There were also reports of stock-outs for IUDs and condoms.

Of the 1,668 inventoried LGUs, the stocks-on-hand for the oral contraceptive pill, lo-gentrol, were less than 2.9 million cycles covering an average of 2.7 months – falling short of the 6-month authorized stock level. There were 11% of LGUs found to have serious stock-outs or zero supply of lo-gentrol.

About 16% of LGUs were understocked, with less than a month of pill supply. Only 7% of LGUs were actually overstocked, having more than a 9-month supply of lo-gentrol. At the most, only 66% of LGUs were properly stocked for pills.

Regions 5, 8 and 9 were the top three areas with the most number of LGUs reporting stock-outs — 43%, 29% and 25%, respectively. LGUs in the Autonomous Region of Muslim Mindanao (ARMM) and in Regions 3, 2 and 6 were found to be among the most understocked – 50%, 30% and 25%, respectively.

*Source: *Inventory of Contraceptives at the Provincial / City and Health Facility Levels* conducted by John Snow Inc. (JSI) under the Family Planning Logistics Management (FPLM) Project supported by USAID



USAID is **not pulling out** of the Philippine Family Planning and Health Scene

USAID is not Pulling Out

USAID is not pulling out its assistance to family planning and health programs. Its assistance in the Philippines is mandated by US legislation. USAID's programs related to health and family planning assistance in missions worldwide will continue.

As it has done for more than 30 years, USAID's Office of Population, Health and Nutrition (OPHN) continues to support the DOH, LGUs and the private sector to provide quality family planning and health services to the poor. This includes building the capacities of service providers in counseling and in the delivery of services.

With its cooperating partner agencies, USAID affirms its commitment to assist Filipino families in achieving their desired family size and improving their health status. Among others, USAID is currently supporting the following programs:

Well-Family Midwife Clinics

- These are midwife-owned and managed clinics providing family planning and maternal and child health (MCH) services. There are now 206 clinics, thirty percent (30%) of which are in ARMM, reaching 425,000 clients.
- Through training, selected midwives were developed not just as competent health providers but also as able entrepreneurs managing sustainable franchise-type clinics.

FriendlyCare Foundation

- Lower income Filipino families can avail themselves of affordable and high-quality reproductive health services from seven new FriendlyCare clinics. To date, 10 clinics have reached over 200,000 Filipinos.

Matching Grants Program

- To strengthen their health service delivery and monitoring, LGUs "matched" performance-based grants by providing counterpart contributions. A total of 385 cities and municipalities (including 21 in the ARMM) are increasing service coverage for family planning and assistance for vitamin A, immunization and tetanus toxoid to their local constituents.