

Sustained National and Local Advocacy for Reproductive Health in the Philippines: A Phase 2 Progress Report (2017–2018)

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Abstract: This report evaluates Year 1 of Phase 2 (May 2017–March 2018) of the "Sustained National and Local Advocacy for Reproductive Health in the Philippines" project. The initiative aimed to secure political and financial commitments for reproductive health (RH) and family planning (FP) across five priority provinces, while navigating a highly restrictive legal environment. Initially, a Supreme Court Temporary Restraining Order (TRO) on contraceptive implants drastically reduced the 2017 national FP budget by 70%. Employing a decentralized advocacy model, the project partnered with area-based NGOs to facilitate high-level policy dialogues and local capacity building. A critical breakthrough occurred in November 2017 when the Food and Drug Administration certified 51 contraceptives, effectively lifting the TRO. Subsequently, the 2018 national FP budget increased by 48%. Locally, the project catalyzed institutionalization, resulting in newly enacted municipal RH Codes and increased budget allocations, notably contributing to Palawan's Contraceptive Prevalence Rate rising to 63%. Despite these significant legislative and fiscal milestones, sustained progress remains vulnerable to the impending 2018 congressional review of the law and shifting political leadership during the midterm elections.

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1 Introduction

Civil society organizations play a crucial role in advancing sexual and reproductive health (SRH) policies through multiple strategic approaches. Since the passage of the Responsible Parenthood and Reproductive Health Law (RPRH Law) [1], evidence demonstrates that effective advocacy requires systematic participation, coalition building, and evidence-based engagement with policymakers [2]. The implementation of the RPRH Law has faced persistent legal and political opposition. Specifically, a Supreme Court-issued TRO on contraceptive implants led to a 70% reduction in the 2017 national FP budget due to stock-outs [3]. This project serves to address the gap in supportive policy environments and adequate budgeting at both national and local levels.

Civil society participation is essential for developing and implementing SRH policies that address regulatory barriers [4]. A human rights-based approach requires the systematic examination of vulnerable groups' needs and the fostering of genuine civil society engagement in policy development. Supported by the Bill and Melinda Gates Foundation—combined with serious civil society involvement, strengthens the links between human rights and sexual and

reproductive health—this project, “Sustained National and Local Advocacy for Reproductive Health in the Philippines” serves as a strategic intervention to bridge the gap between national policy mandates and local execution, aiming to ensure that a supportive policy environment and adequate budgetary allocations are institutionalized. The scope of this advocacy encompasses national-level legislative engagement and intensive local-level interventions within five target provinces. The project had two Primary Objectives: (1) Increased commitment (political and financial) for RH/FP by the national and local governments in 5 target areas- Cebu, Baguio-Benguet, Ifugao, Albay and Palawan in Philippines; (2) Increased awareness among the Filipino public about the benefits and availability of RH services provided under the RPRH law.

2 Methods

The project employed a multi-faceted advocacy design rooted in high-level policy dialogues, capacity building, and strategic communications. A decentralized implementation strategy was adopted, transitioning national NGO activities to area-based partners, including Roots of Health in Palawan, GAYON in Albay, and Bisdak Pride in Cebu. Data for this report were synthesized from internal project monitoring, participation in national budget deliberations, and an independent assessment conducted by a legal consultant. Analytical tools utilized included the SMART framework for policy advocacy, the "Basecamp" knowledge management system, and social media reach assessments. Ethical considerations were maintained through rights-based policy development and ensuring the participation of marginalized groups, such as the youth and indigenous peoples, in national platforms.

3 Result and Discussion

3.1 Strategic Advocacy and National Policy Milestones

The reporting period (May 2017–March 2018) served as a critical inflection point for reproductive health (RH) advocacy in the Philippines. The operational landscape was characterized by the successful navigation of systemic legal impediments and the strategic consolidation of fiscal and legislative commitments at the national level. This period represented a continuation of sustained advocacy efforts that had characterized the reproductive health movement in the Philippines since the passage of the Responsible Parenthood and Reproductive Health Act of 2012 [5]

3.1.1 Overcoming Legal Bottlenecks: Nullification of the TRO:

Foremost among the project's achievements was the resolution of the June 2015 Supreme Court Temporary Restraining Order (TRO), which had severely restricted the registration and distribution of contraceptive implants. The Forum executed targeted, high-level policy dialogues with key executive figures, including the FDA Director General and the Secretaries of Health and Economic Development. This sustained advocacy culminated in the Food and Drug Administration's (FDA) November 14, 2017, certification of 51 contraceptives as medically safe and non-abortifacient. This regulatory milestone effectively nullified the TRO, averting a looming nationwide supply crisis and restoring the foundational commodity security required for RPRH Law implementation. Such legal challenges were characteristic of conservative opposition to reproductive health policies globally during this period, as demonstrated by similar litigation strategies employed in Argentina where conservative NGOs used courts to obstruct access to legally permissible reproductive health services [6]. The Supreme Court's 2014 decision upholding the constitutionality of the RPRH Law had affirmed women's right to reproductive and sexual health information and services, including contraception, despite significant opposition from religious groups [5].

3.1.2 Legislative Dividends and Fiscal Recalibration:

Advocacy efforts yielded quantifiable legislative and fiscal dividends. The project successfully expanded the coalition of pro-RH lawmakers, securing the membership of Senator JV Ejercito and Representative Anna Villaraza Suarez within the Philippine Legislators Committee of Population and Development (PLCPD). Furthermore, proactive technical assistance facilitated the advancement of critical legislation, notably House Bill 337 (addressing adolescent pregnancy, securing 100 co-authors) and the integration of RH mandates within the Universal Health Care (UHC) Bill. Civil society groups played a critical role in translating legislative victories into effective policies and programs, including monitoring and advocacy to ensure quality information, equipment, supplies, and services were available to women and girls, especially those who were disadvantaged [5].

Fiscally, the strategic engagement during Department of Health (DOH) budget deliberations proved vital. While the overarching RPRH budget faced a 15% contraction (proposed prior to the TRO's lifting), targeted advocacy secured a robust 48% surge in direct Family Planning allocations, rising from P164.4M in 2017 to P342.4M in 2018. This increase acted as a critical corrective measure against the 70% budget decimation experienced the previous year due to TRO-induced stock-outs. The importance of sustained budgetary commitment to reproductive health programming was well-documented in the international literature during this period, with scholars emphasizing that more effective policies, planning, budgeting, and program were required to meet old and new challenges in reproductive health service delivery [7].

3.2 Subnational Institutionalization and Health Outcomes

A cornerstone of Phase 2 was the strategic decentralization of advocacy operations. By empowering localized, area-based NGOs—such as Roots of Health (Palawan), GAYON (Albay), and Bisdak Pride (Cebu)—the project facilitated deeper regional policy integration and established these organizations as highly credible technical partners to Local Government Units (LGUs). This approach reflected a broader understanding in the public health literature that partnerships between civil society organizations and governments were essential for inclusive, community-responsive health programming [8].

3.2.1 Catalyzing a Localized Paradigm Shift:

Independent evaluations indicate that this localized engagement catalyzed a demonstrable "paradigm shift" among LGU stakeholders, transitioning them from a state of regulatory unawareness to proactive policy formulation. This shift translated into quantifiable public health improvements; most notably, Palawan registered a pronounced escalation in its Contraceptive Prevalence Rate (CPR), rising from 51.2% in 2015 to 63% in 2017. The capacity of civil society organizations to serve as credible technical partners to local governments was well-documented in the literature, with research showing that NGOs brought knowledge, expertise, community legitimacy, and implementation capacity to address health needs in geographical areas or communities where government does not reach [8]. The advocacy and watchdog roles of civil society were recognized as critical for generating the political will, financing, and human resources required for universal access to and protection of sexual and reproductive health and rights [7].

3.2.2 Provincial Policy and Budgetary Landmarks:

The project successfully drove the systematization of RH governance across the target provinces, achieving significant breakthroughs in historically challenging political environments:

Overcoming Ideological Resistance: In Palawan and Albay—provinces governed by prominent anti-RH leadership—advocacy efforts successfully secured unprecedented fiscal

commitments. Palawan allocated P850,000 for adolescent RH and HIV programs, while Albay approved a P2.8M pharmaceutical budget inclusive of FP commodities.

Institutionalizing Governance: A majority of municipalities within Albay (8 of 15) and Ifugao (8 of 11) successfully enacted local RH Codes and formalized Municipal Implementation Teams, transitioning national mandates into enforceable local statutes. Benguet complemented this by establishing a fully operational Provincial RH Council and allocating P3 million for regional RH initiatives.

These achievements demonstrated how community engagement and participation, multi-stakeholder partnerships, and cultural adaptation of programs served as key sustainability pillars for family planning programs. Multi-institutional partnerships between health care institutions and community stakeholders demonstrated how coordinated efforts could decrease duplication, improve communication, and ensure that investments in education and training were aligned with local priorities [9].

3.3 Strategic Vulnerabilities and Forward-Looking Directives

Despite these substantial milestones, the operational and political environment remains highly volatile, necessitating adaptive advocacy strategies moving forward.

3.3.1 Navigating Political and Procedural Risks:

The scheduled 2018 Congressional review of the RPRH Law presents a dual-edged scenario: it serves as a platform to showcase empirical impact, yet it introduces a procedural vulnerability, as oversight committees feature vocal anti-RH legislators. Furthermore, the impending midterm electoral cycle threatens to disrupt continuity in local leadership, potentially stalling pending SRHR legislation at both the municipal and national levels. In 2008, 71% of Filipinos supported legislation on reproductive health, with opinions remaining consistent across Catholics and non-Catholics, regular and irregular churchgoers [5]. The challenge of maintaining policy momentum in the face of electoral cycles was a recognized obstacle to sustained reproductive health programming globally during this period.

3.3.2 Optimizing Knowledge Management and Next Steps:

The project's advocacy efficacy is currently constrained by a saturated, politically charged media landscape that frequently marginalizes RH narratives. Successful health promotion requires partnerships between researchers and policymakers that increase the relevance of scientific findings and improve the use of research to support health policy and practice [10]. The ability of community-based programs to link communities with formal health systems is significantly affected by stakeholders' perceptions and power relationships embedded in vertical structures [11].

Acknowledging a diagnosed "knowledge management gap," subsequent phases must prioritize the deployment of centralized digital infrastructure (e.g., Basecamp) and the utilization of localized Media and Information Coordinators. Embedded research initiatives, such as those implemented in Latin America and the Caribbean since 2014, demonstrate how health system decision-makers can address context-specific factors relevant to key policy priorities through collaborative approaches [10]. Effective research-operations partnerships require strong, sustainable relationships with key stakeholders across multiple levels of the organization, alongside strategic planning that defines roles, responsibilities, and goals to measure program success [12].

Moving forward, the strategic imperative is twofold: (1) deploying newly developed, data-driven multimedia assets (policy briefs, infographics) during critical legislative budget

cycles, and (2) providing intensive technical assistance to ensure newly enacted municipal RH policies are translated into sustained, line-item budget executions. Finally, integrating an independent monitoring framework will be essential to empirically quantify the causal link between these advocacy interventions and long-term public health outcomes. Similar experience from national health promotion policy implementation in Brazil demonstrates that advances in management include creating specific budget lines, monitoring indicators in federal pacts, and financing health promotion projects in municipalities [13]. Participatory processes with local stakeholders using strategic plans and local data for re-prioritizing goals have proven effective in sustaining multi-dimensional interventions [14].

4. Conclusion

The first year of Phase 2 of the advocacy project demonstrated substantial success in fortifying the institutional and financial framework of the RPRH Law in the Philippines. The most critical achievement was the successful advocacy leading to the FDA's certification of 51 contraceptives, effectively nullifying the Supreme Court's Temporary Restraining Order (TRO). This regulatory victory, coupled with strategic budget advocacy, secured a vital 48% increase in the 2018 national family planning budget, mitigating the severe supply stock-outs experienced in the previous year.

Furthermore, the strategic decentralization of advocacy efforts to area-based NGOs catalyzed a paradigm shift at the subnational level. By establishing local RH Codes, Municipal Implementation Teams, and dedicated budget lines—even in provinces governed by historically anti-RH leadership, such as Palawan and Albay—the project successfully transitioned national mandates into localized, sustainable governance. However, these institutional gains remain vulnerable to impending political and procedural transitions, particularly the scheduled 2018 Congressional oversight review and the shifting political landscape of the 2019 midterm elections.

5. Recommendations

To sustain current momentum and safeguard the policy milestones achieved, the following strategic actions are recommended for the subsequent implementation phases:

5.1 Policy Translation and Fiscal Security:

Project partners must execute rigorous follow-through with the municipalities that recently enacted RH policies and councils. Technical assistance should be provided to ensure these statutory frameworks are translated into actionable workplans with secured budget allocations for the upcoming fiscal year. Concurrently, advocacy must prioritize the passage of pending local pro-RH bills ahead of the politically volatile midterm election campaign period.

5.2 Knowledge Management Infrastructure:

To address identified operational weaknesses, the project must optimize its internal knowledge management by institutionalizing the use of the Basecamp platform across all partner organizations. Furthermore, deploying designated Local Media and Information coordinators within each project area will be critical to systematically documenting best practices and bridging existing gaps in data utilization.

5.3 Targeted Strategic Communications:

The promotion of RH and various FP commodities must be amplified through the deployment of newly developed, evidence-based multimedia assets—including PRB-produced policy briefs, infographics, and corrective videos. These materials should be strategically targeted at specific audiences during high-leverage intervals, such as congressional budget review periods and local legislative policy forums.

5.4 Empirical Monitoring and Evaluation:

To empirically validate the project's efficacy, an independent consultant should be engaged to formally measure the direct contribution of these sustained advocacy efforts on broader reproductive health indicators and health outcomes.

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