## **CONTRIBUTION FROM THE REPUBLIC OF THE PHILIPPINES**

## **TO THEMATIC REPORT ON “VIOLENCE AND ITS IMPACT ON THE RIGHT TO HEALTH”**

## **(Pursuant to HRC Resolution 42/16*)***

In response to the letter of dated 8 December 2021 from the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health requesting responses to the questionnaire to guide inputs in preparation for her thematic report on the theme of “violence and its impact on the right to health” which will be presented at HRC 50 in June 2022, the Philippines conveys its following response to relevant items as provided by the Department of Health (DOH)

1. ***Please describe, share data and information on the characteristics, number of cases, and the profile of victims and perpetrators in your country/ies or region(s) regarding:***
   1. ***Gender based violence against women***

According to the 2017 Report of the National Demographic and Health Survey (NDHS), 17% of women aged 15-49 have experienced physical violence since age 15. Divorced, separated, or widowed women are more likely than never-married and currently married women to have experienced physical violence. Women with 3-5 children are also more likely to have experienced physical violence than women with no children. Experience of physical violence also varies by wealth; the National Demographic and Health Survey (NDHS) 2017 reports that 21% of women in the lowest income quintile have experienced physical violence, compared with 12% of women in the highest income bracket.

The NDHS also reports that perpetrators of physical violence among ever-married women were either current husband or partner (48%), or former husband or partner (25%). Among never-married women, most common perpetrators were mothers or stepmothers (26%), fathers or stepfathers (25%), or perpetrated by a teacher (5%).

* 1. ***Gender based violence and other forms of violence against children***

In the Philippines, a survey led by UNICEF and the Council for Welfare of Children in 2016 shows that 80% of respondents aged 13-24 years had experienced some form of violence in their lifetime, whether at home, in school, in the workplace, community, or during dating. The estimated total prevalence of violence against children among boys was 81.5%, and 78.4% among girls. About 78.8% of children aged 13-<18 years encountered these experiences of violence compared to 80.9% among the older group.

* 1. ***Gender based violence against LGBTI or other persons based on real or imputed sexual orientation, sex characteristics, and gender identity***

Currently, the Philippine Department of Health is working to incorporate in its existing and routine data systems the collection of relevant data and information on gender-based violence against individuals on the basis of their sexual orientation, gender expression, and identity.

* 1. ***Violence against persons with disabilities, including GBV***

While data on violence and discrimination against persons with disabilities is limited, available studies note that they have a lower well-being scores and reduced access to services than people without disabilities (Marella et.a!., 2016). Particularly among persons with disabilities, only about 5% are registered in the DOH registry, only 15.5% of children with disabilities have access to PhilHealth, only 40% of local governments have programs on PWD, and 73% experienced difficulties in job search (NCDA, 2019, and PIDS, 2017). Common reasons include discrimination, lack of facility or infrastructure, lack of information, and lack of personnel catering for their specific needs.

* 1. ***Gender based violence against men***

In the NDHS (2017), 12% of ever-married women have initiated physical violence against their husbands. Among women who have experienced spousal physical violence, the initiation of violence against husbands/male partners is higher at 39%, compared to women who have never experienced spousal physical violence (9%). Additionally, the NDHS also reports that women whose husbands/male partners are often drunk are more likely to have ever instigated violence (25%), than women whose husbands/male partners do not drink alcohol (7%).

* 1. ***Conflict gender based violence, including sexual violence***

In the Philippines, 5% of women aged 15-49 have experienced sexual violence (NDHS, 2017). Divorced, separated, or widowed women are more likely to have experienced sexual violence. Among women with 5 or more children, 9% have experienced sexual violence.

The NDHS (2017) also reports that among ever-married women who have experienced sexual violence, the most common perpetrators were current husband or partner (49%), or former husband or partner (32%). Among never married women, common perpetrators include friends or acquaintances (20%), other relatives (18%), current or former boyfriends (17%), or strangers (17%).

* 1. ***Please share analysis and available evidence on the impact of the COVID-19 pandemic on the above***

In the duration of the COVID-19 restrictions, the Philippine National Police (PNP), cited by the Philippine News Agency (2020), reports that from March to June 2020, a total of 4,260 cases of violence against women and children have been recorded, 88% of which occurred between partners in intimate relationships. This PNP data indicates a 13.1% increase in the number of reported cases compared to the previous reporting cycle.

There is, however, a decrease in utilization of services, which may be attributed to: restricted movement, total lack of public transport, victims trapped at home and constantly being monitored by perpetrators due to the restrictions, lack of access to online communication channels, and/or lack of information about reporting mechanisms.

Data from the WHO (2020) support this, citing that the decrease in individuals seeking services may be due to a "combination of lockdown measures and not wanting to attend health facilities for fear of infection."

The PCW (2020) also indicates that prolonged imposition of community quarantine tends to actually put women, children, boys and girls at greater risk of experiencing violence at home. In particular, it suggests that during the pandemic, the following may be specifically present at home: parental stress and household tensions due to loss of livelihood and economic instability which may trigger abusive behavior; limited access to social services and help due to restrictions in transportation and mobility; and challenges in the delivery of related services due to the influx of demand for COVID-19 response.

Among children, school closures also added to the risk of children being exposed or subject to violence at home. Apart from exposure to online bullying and other harmful web content due to increased use of the platform as the new mode of instruction given the pandemic, there is also an increasing prevalence of young boys and girls being sexually exploited online, as families are pushed to extreme means to survive the economic effects of the pandemic (SaveTheChildren, 2021). Early in 2021, the US National Center for Missing and Exploited Children (2021, as cited by UNICEF, 2021) reported a total of almost 1.3 million cyber tip reports for the Philippines in the past year, which is more than a 200 percent increase from the 418,000 cyber tips reported pre-COVID.

Additionally, in a 2020 study among children with disabilities, their families and caregivers, about 1.4% reported a perceived increased of child abuse and domestic violence during the COVID-19 quarantine measures. About half experienced physical abuse (49.5%) and verbal or emotional abuse (43%). Alarmingly, 12.9% reported sexual abuse during the COVID-19 quarantine. Access to services also posed difficulties with 51.8% having limited access to education or learning services, 50.7% having limited access to child development centers, 48.5% with limited access to habilitation and rehabilitation services, 42.8% unable to access health services, 39.4% reported a loss of income or employment and 24.7% unable to buy essential supplies (UNICEF, 2020).

1. ***Please describe whether the legal framework prohibits and sanctions these forms of violence and the definitions and forms of violence included in the legal system. Please explain redress options for survivors of violence, (the pathway they go through if they decide to file a complaint), levels of impunity and if access to comprehensive physical and mental care for GBV-survivors is recognized as a form of reparation.***

The Philippines is a party to the UN Convention on the Elimination of All Forms of Discrimination Against Women and the UN Convention on the Rights of Children. The 1987 Philippine Constitution promotes social justice and values the dignity of every human person and guarantees full respect for human rights. Several laws provide legal framework on the promotion of gender expression, prohibition of gender discrimination and gender-based violence, including:

* **Republic Act No. 9710 "The Magna Carta of Women"** condemns discrimination against women in all forms and affirms women's rights as human rights. The said Act provides that the State shall protect women against discrimination and from violation of their rights and promote and fulfill the rights of women in all aspects, including equality and non-discrimination such as right to representation and participation, health, work, among others. Violations of which are punishable. Additionally, the said Act also mandates that government agencies shall give priority to the defense and protection of women against gender-based offenses and assist them in attaining justice and healing. Further, the Act mandates the establishment of Violence Against Women's Desk in every barangay and that all government personnel involved in the protection and defence of women shall undergo mandatory training on human rights and gender sensitivity to ensure that cases of violence against women be fully addressed in a gender-responsive manner.
* **Republic Act No.1 0354 "The Responsible Parenthood and Reproductive Health Act of 2012"** provides that Filipinos shall be given with reproductive health services including elimination of violence against women and children and other forms of gender-based violence. Refusal of providing health care services on account of gender, among other things, shall be penalized by either fine, imprisonment, or both.
* **Administrative Order No. 2013-0011 "Revised Policy on the Establishment of Women and Their Children Protection Units in All Government Hospitals"** provides for the institutionalization and standardization in the provision of quality health service delivery in all women and children protection units at all levels of care. The said Order likewise provides the provision of services at all levels of care, referral, health worker training, members of the team per level of care, and research.
* **Republic Act No. 11166 "Philippine HIV and AIDS Policy Act"** prohibits discrimination of persons on the basis of perceived or actual HIV status, sex, gender, sexual orientation, gender identity, gender expression, disability, among others, in various settings such as in workplace, learning institutions, travel, healthcare facilities etc. Violations of such are punishable with either fine, imprisonment, or both.
* **Batas Pambansa BIg. 344 series of 1982 "An Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to Install Facilities and Other Devices,"** provides for the enhancement of the mobility of disabled persons by requiring buildings, institutions, establishments and other public utilities to install facilities and other devices to enhance the mobility of persons with disabilities.
* **Republic Act No. 7277 "Magna Carta for Disabled Persons"** ensures rehabilitation, self-development and self-reliance and provides for equal opportunity for employment for persons with disabilities. The following acts are punishable: discrimination during elections, transportation, use of public accommodations and services, employment; public ridicule, vilification; violation of privileges and incentives of persons with disabilities among others.
* **Administrative Order No. 2009-0011** "Guidelines to Implement the Provisions of Republic Act 9442, Otherwise known as **"An Act Amending Republic Act No. 7277,** otherwise known as the **"Magna Carta for Disabled Persons, and for Other Purposes,"** for the provision of medical and related discounts and special privileges," prescribes the procedures and guidelines for the implementation of the 20% discount in all health-related services for persons with disabilities.
* **Administrative Order No. 2015-0004 "Revised National Policy on Strengthening the Health and Wellness Program for Persons With Disabilities"** repealing Administrative Order No. 2006-0003, provides the Action Framework for the Health and Wellness Program of Persons with Disabilities is adapted from the three major objectives of the WHO Global Disability Action Plan 2014- 2021. As applied in the country, program actions or interventions shall focus on the following areas: 1) removal of barriers and improve access to health services and programs; (2) strengthening and expansion of rehabilitation, habilitation, assistive technology, and community-based rehabilitation; (3) strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

***5. Please share information on the health and other types of responses provided by the State and/or other actors in your country/ies or regions in focus to survivors of each/some of the aforementioned forms of violence. Please assess what works well and not so well, and whether COVID-19 impacted the response and how.***

In 1997, the Philippine General Hospital (PGH) established the Women and Child Protection Unit (WCPU) to provide medical, psychosocial, legal and forensic services to then increasing number of women and children seeking assistance due to experience of violence, abuse, rape, incest, and other forms of exploitation in the community and at home. The PGH WCPU became the first multidisciplinary center in the country to provide this range of special services (CPN, N.d.).

In the same year, the DOH, as the agency mandated to provide immediate treatment services to persons who have experienced violence, has issued the DOH Administrative Order No. I-B which mandates the creation of the WCPUs in all DOH-retained hospitals across the country to provide the same multidisciplinary services. The WCPUs are composed of a multidisciplinary team of trained physicians, social workers, mental health professionals, and police, all required to undergo training on the recognition, reporting, recording, and referral (4R's) of cases of VAWC.

In 2004, Republic Act No. 9262 or "Anti-Violence Against Women and their Children" Act mandated the establishment of the WCPUs all over the country. Over the years, in partnership with the University of the Philippines Manila, the Child Protection Network Foundation, several local governments, and other partners, the WCPUs have been set up not only in PGH and in DOH hospitals, but in several LGU-owned and other private hospitals as well, with type and quality of services standardized across the facilities by virtue of DOH AO No. 0011 (2013). Currently, a total of 113 WCPUs have been fully established and are functioning in around 70 cities and provinces.

Despite the growing number of WCPUs, we have seen some level of decrease in the utilization of relevant services available in such settings, in part, due to the pandemic. As mentioned in the previous question, this decrease in health-seeking behavior among victims who have experienced violence may be due to a "combination of lockdown measures and not wanting to attend health facilities for fear of infection." Additionally, in some regions, we have also seen challenges in the delivery of related services due to the influx of demand for COVID-19 response.

***7. Please describe the needs of survivors of the above-mentioned forms of violence as identified by your State/institution. Please share survivor-self identified needs and those of their families, with a focus on health emergencies and long-term needs.***

Although national and local efforts for gender equality and women empowerment continue to develop, there still exists gaps in addressing the needs of victim-survivors of violence. Strategic actions need to be cognizant of the harms and losses experienced by women, children, and members of the LGBTQIA+ community. Such include experience of stigma, ostracization, loss of lifestyle and life expectations, loss of familial and personal safety, loss of livelihood, among others.

Additionally, service providers need to be equipped on the physical and mental health needs of victim-survivors, especially that of the LGBTQIA+ community. Continued capacity building for the 4Rs of VAWC, gender-sensitive and gender-responsive health services, and knowledge and awareness on Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics (SOGIESC) are needed.

At the local level, continued functional response of service providers must be ensured, these include Barangay Child Protection Committees (BCPC), Gender Desks, Sexual Harassment Desks, and Violence Against Women and Children (VAWC) referral networks.

***8. Please share examples of good practices and examples of comprehensive health responses to survivors of violence and indicate efficient multi-sectoral efforts at the community, national, regional, and international levels by State or non-State actors.***

Health response by the DOH and its partners to survivors of violence against women and children are provided mainly through the Women and Children Protection Units in DOH-owned

hospitals and other local government or private health facilities. The DOH Administrative Order No. 2013-0011 "Revised Policy on the Establishment of Women and Their Children Protection Units in All Government Hospitals" provides for the institutionalization and standardization in the provision of quality health service delivery in all women and children protection units at all levels of care:

* Level I services include medico-legal examination, acute medical and surgical treatment, monitoring and follow-up, safety and risk assessment, coordination with other National Government Agencies such as Department of Social Work Welfare and Development, Philippine National Police and legal services;
* Level 2 services, in addition to Level 1 services, include kits for rape cases, case management and conferences, mental health care, specialty consultations, among others; and
* Level 3 services, in addition to Level 2 services, include long-term case management, death review, other support services such as livelihood and educational, subspecialty consultations such as child development, forensic psychiatry, and forensic pathology, among others.

***9. Please describe State and other actors initiatives and measures to prevent these forms of violence, specific budget allocated to prevention, and good practices in this regard.***

*DOH Budget for Health Promotion, specifically for the promotion of positive adolescent**sexual and reproductive health, and violence and injury prevention:*

To support the provision of primary care services for adolescents in the communities, the DOH, in its Work and Financial Plan for fiscal year 2022, has allocated an estimate of PhP 40 million for the promotion of adolescent health in the communities and in schools. This includes the costs for: policy development and research to support the promotion of positive adolescent sexual and reproductive health; communication, advocacy, and awareness campaigns ; and support to implementation of relevant interventions such as the Health Promotion Playbook for developing adolescent friendly health facilities, and for reorienting adolescent sexual and reproductive health services to include a holistic community-based team that can provide services to Filipino adolescents in their communities and schools as priority settings for health promotion.

Similarly, the DOH has also allocated an estimate of PhP 26.5 million to support its health promotion functions for the prevention of gender-based violence, violence against women, and violence against children specifically on efforts centered in promoting respect among genders and in disseminating necessary information to increase health- and help-seeking behaviors.

The government of the Philippines hopes that the above information would contribute to the SR’s deeper appreciation of the topic and be useful in the preparation of the upcoming thematic report of the SR to be presented at the 50th Regular Session of the Human Rights Council in June 2022 (pursuant to HRC resolution 42/16). ###