

**COMMISSION ON HUMAN RIGHTS OF THE PHILIPPINES**

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**INPUTS TO HRC RESOLUTION 35/23 ON THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH IN THE IMPLEMENTATION OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT**

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**Introduction**

1. The Commission on Human Rights of the Philippines (hereinafter the “Commission”)[[1]](#footnote-1) submits its written inputs to the Office of High Commissioner for Human Rights (OHCHR) as contribution to the report of the High Commissioner on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the implementation of the 2030 agenda for Sustainable Development Goals (SDGs), mandated under Human Rights Council Resolution 35/23.
2. The inputs from the Commission took into consideration local and international reports from government, civil society, the media, and international non-government organizations. This submission also utilized the Commission’s own documentation of independent monitoring activities and statements all of which were subjected to the internal deliberations of the Commission En Banc.
3. The Commission provides inputs to the following targets under goal 3 (good health and well-being) of the SDGs: 3.4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being; 3.5. strengthen the prevention and treatment of substance abuse, including narcotic abuse and harmful use of alcohol; 3.7. By 2030, ensure universal access to sexual and reproductive health-care services; and 3.8. achieve universal health coverage.

***3.4. reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being***

1. There is significant increase in the number of mental health cases in the Philippines. [The National Center for Mental Health's statistics](http://www.ncmh.gov.ph/index.php/mhdb#country-profile) project suicide rates of 2.5 for men and 1.7 for women per 100,000 members of the population.  These numbers do not include unreported cases. According to a [2014 report of the World Health Organization](http://apps.who.int/iris/bitstream/10665/131056/1/9789241564779_eng.pdf), there were 2,558 cases of suicide due to mental health problems in the Philippines in the year 2012 alone. As a public health concern, mental illness hits the most vulnerable sectors of society — the young and the poor. [[2]](#footnote-2)
2. The mental health bill is listed as priority in the Duterte administration’s Health Agenda. The bills were passed in the Senate on 2 May 2017 and in the House of Representatives on 20 November 2017, respectively. A bicameral conference committee reconciled the two bills and submitted the instrument to the Office of the President for signature. The proposed legislation has been lauded by legislators and some mental health advocates as a milestone, as the law would establish policies addressing mental health of all in the country. Furthermore, it will provide protection and eliminate the stigma that hinders the affected Filipino people from seeking medical treatment.
3. However, there are contentious provisions in the bills, particularly involuntary treatment and confinement, and legal capacity to give consent. The Commission has released a position paper on the following issue:
* The Commission wishes to comment and clarify its proposed duties and functions under the proposed measure of House Bill No. 6452. Section 11 (c) grants the Commission the power to investigate all cases involving involuntary treatment, confinement, or care of service users, for the purpose of ensuring strict compliance with domestic and international standards, respecting the legality, quality, and appropriateness of such treatment, confinement, or care and in doing so, confer authority to the same institution, under Section 13 paragraph 2 to inspect all places where psychiatric service users are held for involuntary treatment or otherwise, to ensure full compliance with domestic and international standards governing the legal basis for treatment and detention, quality of medical care and living standards. While the Commission does not advocate for involuntary treatment, confinement or care of person, nonetheless, it agrees to assume the responsibility of "investigating cases of involuntary confinement or detention", motu propio or upon complaint, as it involves the deprivation of the right to liberty. However, the Commission expresses it reservation "to investigate all cases involving involuntary treatment and care" inasmuch as it has no expertise to assess the quality and propriety of treatment and care. In the same manner, the Commission does not and cannot determine and adjudicate on the legality of the treatment inasmuch as such function is for the Court to act. [[3]](#footnote-3)
* On the definition of Informed Consent provided under Sec. 3 Definitions (g) of Version A (from House Bills Numbered 4101, 4184 and 4301 authored by Reps. Cristina "Chiqui" Roa Puno, Tomasito "Tom" Villarin and Carlos Isagani Reyes). It is recommended that the same be defined as "a decision made voluntarily on the basis of comprehensible and sufficient information regarding potential effects and side effects of treatment and the likely results of refraining from treatment. Informed consent is fundamental to respecting an individual's autonomy, self-determination and human dignity".[[4]](#footnote-4)
1. The Philippines should also prioritize sustainable health and rehabilitation programs and services that respond to the mental health and psychosocial health needs of its population. The term ‘psychosocial’ underscores the close connection between psychological aspects of our experience (e.g., our thoughts, emotions, and behavior) and our wider social experience (e.g., our relationships, traditions and culture). Mental disabilities, which often benefit from clinical treatment, tend to involve severe psychosocial difficulties in managing thoughts and feelings, maintaining relationships, and functioning in expected social roles. However, many psychosocial problems do not require clinical treatment but instead require understanding of and addressing their causes such as stigmatization, lost hope, chronic poverty, uprooting, and inability to meet basic needs.[[5]](#footnote-5)

***3.5 Strengthen the prevention and treatment of substance abuse***

1. Since Duterte took office on June 2016, he was very vocal on his intensified campaign against illegal drugs. There is a significant number of deaths as a result of police operations. Before the suspension of PNP's anti-drug operations, there had been over 7,000 deaths linked to the "war on drugs" – both from legitimate police operations and vigilante-style or unexplained killings (including deaths under investigation) from July 1, 2016 to January 31, 2017. [[6]](#footnote-6)
2. Commissioned by Dangerous Drugs Board (DDB), the Resources, Environment and Economics Center for Studies Incorporated (REECS) conducted Nationwide Survey on the Nature and Extent of Drug Abuse in the Philippines from December 5, 2015, to February 5, 2016, among 5,000 respondents across the Philippines. The current drug use prevalence among Filipinos aged 10 to 69 years old is at 2.3%, or an estimated 1.8 million users. Current drug users refer to individuals who are currently using or have used illegal drugs more than once from January 1, 2015, until February 5, 2016. Meanwhile, data from the Philippine Drug Enforcement Agency (PDEA) states that 11,132 out of 42,036 barangays in the country are drug-affected as of December 2015. [[7]](#footnote-7) The Visayas region had the highest use rate, followed by the National Capital Region and Mindanao. The substances being abused now include marijuana, shabu, and cocaine which are also taken in combination. Shabu still owns the highest share in the market and shabu users are prevalent in the rehabilitation facilities. [[8]](#footnote-8)
3. The State has the following laws related to preventing and treating substance abuse:
* House Bill No. 6984 – An Act Institutionalizing the Automatic Rehabilitation of the Arrested/Apprehended Persons Found To Be Drug Dependent, Amending for the Purpose of Republic Act 9165, Otherwise Known as Comprehensive Dangerous Drug Act of 2002”, And For Other Purposes[[9]](#footnote-9)
* Senate Bill No. 1313 - An Act Mainstreaming The Public Health Approach To Philippine Drug Policy, Establishing And Implementing Community-Based Programs And Strategies For Drug-Related Issues And Concerns, And Prohibiting Harmful And Discriminatory Interventions And Practices, Appropriating Funds Therefor, And For Other Purposes[[10]](#footnote-10)
1. The UN Special Rapporteur on the right to health, Dainius Pūras, noted that, “However necessary, responses to the illicit drug trade must be carried out in full compliance with national and international obligations and should respect the human rights of each person. Concerning drug-dependency, this should be treated as a public health issue and justice systems that decriminalise drug consumption and possession for personal use as a means to improve health outcomes”.[[11]](#footnote-11)
2. The Commission is urging the government for a policy shift in its anti-illegal drug campaign “to a holistic strategy that is compliant with international human rights standards, and prioritizes health, including access to medicines, rehabilitation, and poverty alleviation issues.”[[12]](#footnote-12) Address the current anti-drug campaign with a right to health perspective. In addition to the call for increased spending on health services and programs, the government should look beyond superficial indicators of abstinence from drug use but instead pay close attention to human rights and development indicators and outcomes like quality of life, physical and psychosocial health, employment and education.[[13]](#footnote-13)

***3.7. By 2030, ensure universal access to sexual and reproductive health-care services***

1. The Commission on Human Rights of the Philippines in collaboration with the United Nation Population Fund (UNFPA) launched the National Inquiry on Reproductive Health and Rights.[[14]](#footnote-14) The National Inquiry sought to (1) Examine the effectiveness and implementation of laws (Magna Carta of Women (MCW) and the Responsible Parenthood and Reproductive Health Law (RPRH)), and related issuances; (2) Document individual and/or systemic accounts of acts or omissions, structures, policies or practices which result to denial of access to reproductive health services; (3) To focus on the denial of and barriers to reproductive health services as experienced by the most vulnerable and marginalized; (4) To document the barriers and problems experienced by service providers, both state and non-state, in providing reproductive health services, particularly to those most vulnerable and marginalized. The process also aims to provide an analysis of women’s access to reproductive health on the basis of the State’s treaty obligations and mindful of highlighting the intersectionality of women’s discrimination through the accounts provided by the written submissions, the fact finding, and the public hearings.
2. On the basis of the objectives of the National Inquiry, the following were the Commission’s findings:
* Uneven implementation and support of Responsible Parenthood and Reproductive Health Law by local government units and existence of discriminatory and legal barriers;
* Despite passage of and current national implementation of the RPRH law, challenges continue on de facto availability, accessibility, sufficiency, and adequacy of reproductive health services and information;
* Barriers in accessing Reproductive Health services include lack of information and misinformation on RH, breakdown of service delivery networks, religious and cultural barriers, and unprofessional and/or unethical practices of health service providers;
* Lack or inadequate response to the intersectional vulnerabilities of women from the marginalized sectors and in specific vulnerable situations; and,
* Government and private health service providers continue to face challenges including policy and legal barriers, unsustainable human resource management; lack of support; policy, religious and cultural resistance; and absence of health seeking behavior among clients.
1. The Commission has likewise documented good practices both at the community and at the local government level to the national level. These good practices deserve recognition and strengthened implementation:
* Strong national and local government partnerships and cooperation with civil society organization in the implementation of Reproductive Health Law.
* Strong and active National and Regional Implementation Team coordination and regular meetings. This results in the ability to immediately address complaints regarding availability and accessibility of Reproductive Health services.
* The practice of a principal in one of the public schools in Brgy. Pontod, Cagayan de Oro wherein he incorporated reproductive health and sexuality lessons in the curriculum as a response to the alarming rise of teenage pregnancy among high school girls. The incorporation of reproductive health and sexuality lessons resulted in lower number of pregnancy in his high school.
* There is an ongoing provision of support to the national training program currently being implemented by the Department of Health to increase disability inclusion in primary health care settings with focus on ensuring inclusion of sexual reproductive health (SRH), violence prevention, and gender sensitivity. Organizations focusing on persons with disabilities are working towards the development of guidelines and resources for health facilities to increase disability inclusion and accessibility of sexual reproductive health services and violence prevention and response services, and to strengthen current referral practices to ensure that they are responsive to the needs of women with disabilities.
1. In terms of disadvantaged populations, the Commission, through the inquiry, identified challenges faced by persons with disabilities in accessing reproductive health services:
* Women and girls with disabilities and their families have limited knowledge about sexual reproductive health and services and rights related thereto. Oftentimes, this restriction in the access to information on sexual reproductive health is brought about by the families of persons with disabilities. Discourse on this issue in the country remains to be a sensitive and taboo topic due to the country’s traditional culture. As a result, demand for sexual reproductive health services are undermined.
* Although there are policies in place for the provision of sexual and reproductive health education, local government units (LGUs) still need to manage a range of competing priorities and demands across diverse sectors. LGUs may have strengths in particular areas (provision of disability services such as rehabilitation) but less experience in others (such as provision of high quality SRH services), and have limited opportunities to learn from how other governments do things. This weakens their ability to coordinate and foster a supportive local environment for disability inclusive SRH.
* Women with disabilities continue to face prejudice and discrimination from families, service providers, and the wider public. This undermines their confidence and sense of themselves as valuable members of the community, and reduces women’s help and health seeking behavior. Prejudice and discrimination also hampers inclusivity in Philippine society from education to employment thus leading to the disempowerment of people with disabilities.
1. The Commission recommends, based on consultations with women and gender rights groups and disability rights / peoples’ organizations, the State Party to review and amend policies in the justice system to ensure equality and non-discrimination to all women, including women with disabilities, making sure that procedural accommodations are institutionalized, and that awareness and sensitivity trainings of government officials are regularly conducted. There should be a comprehensive study that explores the root causes of these barriers and identify solutions to remove such barriers.

***3.8. achieve universal health coverage[[15]](#footnote-15)***

1. While Philhealth, an agency attached to the Department of Health, is mandated by the State to provide social health insurance coverage to Filipinos, delivery of health services are decentralized, privatized and subsidized by government, private sectors and other stakeholders.[[16]](#footnote-16)
2. In terms of access, Philhealth is not accessible to all members of society. Currently, majority of Philhealth members are those formally employed in private and public sectors that require contributions to the social health scheme. People in the informal sector that can access Philhealth are those who can pay such as high-skilled and semi-skilled workers paying individual contributions. “Indigents” can avail of Philhealth through sponsored programs, they have to apply or be identified for this sponsorship. The rest of the members of the informal and vulnerable sectors (poorest of the poor, street vendors, small-scale farmers, fisherfolks, people with disabilities, older persons, indigenous peoples, etc) are unable to register in the program due to financial hardship or difficulty in accessing the insurance (lack of information, physical and social barriers among others).
3. The Philippines is making efforts in identifying the poorest of the poor. Data that is available is based on a means test to determine family income, as well as data from the LGUs. It does not really approximate which households should be considered as poor. Technical capacity in this field is still limited, and hence it affects providing even disaggregated data.
4. Political patronage is also pervasive. “Indigents” which may or may not be considered as legitimate beneficiaries of Philhealth, are covered because incumbent politicians sponsor them in exchange of the indigent’s political support. After the politicians’ terms have finished, indigents fall out of the social health coverage.
5. One gloomy example of a combination of patronage and charity is the situation of some people who have to go through the process of application in order to get medical assistance. The medical assistance program of Philippine Charity Sweepstakes Office (PCSO) requires those in need to apply for medicines, hospitalization payment, diagnostic procedures, dialysis procedures, and medical equipment. Requirements to avail of the program include a written request to the chair of the PCSO, medical abstracts from the physicians, and endorsement letters from the hospitals where PCSO allots an Endowment Fund. People in need line up to receive assistance. While others wait for their applications to be granted, some receive backing from politicians to expedite the process and be granted medical aid. The concept of universal health coverage and the principles of the right to health are at odds with this situation.
6. Financing the social health insurance is also a barrier in completely implementing the goals of UHC. Philhealth depends on premium payments (members’ contributions and reserve funds) and tax subsidies (Sin Tax) that are still unsustainable. Out of pocket expenses of Filipino households are 56.3% (P296.5 billion) of the P526.3 billion in overall health expenditures (2013 data from PSA National Statistical Coordination Board (NSCB). And of course there is the issue of persistent corruption and tax evasion in the country, which stymies the flow of funds to the national health policy and implementation system.
7. Healthcare alone is inadequate unless socio-economic and political factors in influencing health outcomes are given the same importance, i.e. social determinants to health. As one example, treatment of tuberculosis is expensive, it entails high out of pocket costs from the patient as well as costs from the health care provider. The issue as to why tuberculosis is prevalent in the first place is overlooked – poverty is an indicator, and also poorly ventilated, crowded living and working environments contribute to the transmission of the disease.
8. The Commission recommends the State to increase national spending on social services like health and social protection, so there would be adequate resources for a universal health coverage, social pension and funding for health programs and rehabilitation services that are accessible, acceptable, of good quality and available to everyone without discrimination.
9. The Commission also urges the State to strengthen primary health care. The following primary health care programs should be supported: delivering health education including awareness on the promotion and protection of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including reproductive health; promotion of nutrition, safe water and basic sanitation; maternal and child health care including family planning, and immunization; prevention and control of substance abuse, infectious and common diseases and injuries, and access to essential medicines.
10. On 9 August 2017, the Commission on Human Rights (CHR) lauds the passage of the Republic Act No. 10932, otherwise known as the “Anti-Hospital Deposit Law,” especially in its intent to increase the penalties for the refusal of hospitals and clinics to administer appropriate initial medical treatment in emergency or serious cases.[[17]](#footnote-17)
11. On 9 October 2017, the Commission has lauded the “strong political will” of the government after the House of Representatives passed a measure that will provide universal health care access for all Filipinos. The approved House Bill 5784 or the Universal Health Coverage bill is a significant move toward reducing inequalities between classes in terms of access to health services. This legislation provides equal opportunity for everyone to enjoy the highest attainable standard of health through an established system of health protection. The Commission has urged the government to observe the fundamental principles of accessibility, acceptability and adaptability in implementing such policy.[[18]](#footnote-18)

***On the Issue of Anti-dengue Vaccine Dengvaxia in the Philippines***

1. Through school-based immunization approach, the DOH, together with DepEd, launched the administration of the dengue vaccine. This was given to Grade 4 pupils aged nine years old and above enrolled in public schools in several regions of the country. However, concerns and issues arise months after it has been given to Filipino children. At present, ongoing research and investigations were being conducted to probe if the death of children who were immunized was due to the anti-dengue vaccine.
2. On 26 January 2018, the Commission on Human Rights issued a *Press Statement ‘On The Use of Anti-dengue vaccine Dengvaxia in the Philippines’ (statement pasted below). [[19]](#footnote-19)*

Ensuring the protection of children is our collective duty and moral responsibility.

The imperative of safeguarding our children entails not exposing them to any vulnerability and harm, especially to their health which is primordial in the attainment of their full development and enjoyment of life.

Attaining and protecting this fundamental right of children is one of the primary duties of the State. As provided for in Article II, Section 15 of the 1987 Constitution, it is a core policy of the State to protect and promote the right to health of the people and instill health consciousness among them.

As duty-bearers, public officials and our leaders are presumed as much as they are always expected to put utmost premium on the welfare of children when formulating and implementing policies and programs. Yet, executives of the Department of Health (DOH) during the Aquino administration are now subject of an investigation in connection with the immunization of children with anti-dengue vaccine “Dengvaxia”. While DOH is presumed to have the sincerest intentions in fulfilling its mandate to protect the people through a policy that seeks to prevent all kinds of illnesses and diseases including dengue, there has been lapses in the implementation.

On November 2017, the vaccine’s manufacturer, Sanofi Pasteur, after more than a year from its pilot implementation, announced that the vaccine can increase the hospitalization risk for individuals who have not been previously infected by the dengue virus. Based on DOH’s account, this puts the health and safety of approximately ten percent (10%) of the total 830,000 children who have been subject of the immunization program. At present, the deaths of fourteen (14) children, aged 9-11, are being examined by different government agencies for possible link to “Dengvaxia”.

Children have the right to the best health care possible as provided for in Article 24 of the United Nations Convention on the Rights of the Child. The State must always exercise thorough care and extra due diligence when it comes to formulating and implementing health programs for children.

The Commission on Human Rights (CHR) recognizes the efforts of the DOH to heighten surveillance and monitoring activities on all 830,000 vaccinated children. The government ought to undertake all possible measures to prevent further exposing the vaccinated children to risk.

In keeping with its constitutional mandate, the CHR is continuing its investigative monitoring of the DOH’s efforts with regard to this issue –both at national and regional offices– which also includes the DOH’s responsibility of strengthening the preparedness of public hospitals to attend to any severe dengue cases.

Likewise, we trust that the Congressional investigation will result to legislation that will not only prevent such incident from happening again but also in improving our public health programs.

Considering the urgency of the problem as children’s lives are at stake, we expect the concerned agencies to provide immediate solutions to this tragic occurrence. More so, as it is the imperative of public service, liabilities and accountabilities should be determined to ensure that the rights of children are upheld and justice is served.

Public officials are also urged to refrain from causing further public anxiety with premature statements that are not backed by scientific evidence. Further, it is to the best interest of the children and their families that this issue be insulated from political noise that distracts from providing genuine and durable solution to the problem at hand. This issue deserves the government’s utmost attention given that the future of our nation depends on the welfare of our children.

1. As the National Human Rights Institution (NHRI) of the Philippines, the Commission on Human Rights of has the mandate vested by the 1987 Philippine Constitution and the Paris Principles to promote and protect the full range of human rights including civil and political rights, and economic, social and cultural rights. It has the responsibility to regularly report and monitor human rights situations and violations, and recommend steps in advancing the realization of human rights and dignity of all. The Commission has “A”-status accreditation from the Sub-Committee for Accreditation of the Global Alliance of National Human Rights Institutions (GANHRI). [↑](#footnote-ref-1)
2. ##  Ross Tugade, “*We need to talk about mental illness in the Philippines”,* April 25, 2017, Published by CNN Philippines Life,

<http://cnnphilippines.com/life/culture/2017/04/25/mental-illness-stigma.html>, Last Accessed: 20 February 2018. [↑](#footnote-ref-2)
3. [CHR Position Paper on the House of Representatives Substitute Bill No. 6452 or the Comprehensive Mental Health Act](https://drive.google.com/drive/u/0/search?q=substitute%20bill%206452) [↑](#footnote-ref-3)
4. [CHR Position Paper On Mental Health Bills Filed In The House of Representatives](https://drive.google.com/drive/u/0/my-drive) [↑](#footnote-ref-4)
5. INEE Thematic Issue Brief: Psychosocial Well Being. <http://www.toolkit.ineesite.org/toolkit/INEEcms/uploads/1128/INEE_Thematic_Issue_Brief_Psychosocial.pdf>, Last Accessed: 25 April 2016. [↑](#footnote-ref-5)
6. Michael Bueza, *In Numbers’ ‘war on drugs’,* September 13, 2016,Published by Rappler, Last Accessed: 20 February 2018, https://www.rappler.com/newsbreak/iq/145814-numbers-statistics-philippines-war-drugs [↑](#footnote-ref-6)
7. [Jodesz Gavilan](https://www.rappler.com/authorprofile/jodesz-gavilan), “*DDB: Philippines has 1.8 million current drug*”, September 19, 2016, Published by Rappler, https://www.rappler.com/nation/146654-drug-use-survey-results-dangerous-drugs-board-philippines-2015 [↑](#footnote-ref-7)
8. University of the Philippines Institute of Human Rights, and Flag Anti-Death Penalty Task Force. *Drug Issues, Different Perspectives: A Policy Forum*. Quezon City: U.P Law Center, 2017. [↑](#footnote-ref-8)
9. [House Bill No. 6984 – An Act Institutionalizing the Automatic Rehabilitation of the Arrested/Apprehended Persons Found To Be Drug Dependent, Amending for the Purpose of Republic Act 9165, Otherwise Known as Comprehensive Dangerous Drug Act of 2002”, And For Other Purposes](http://www.congress.gov.ph/legisdocs/basic_17/HB06984.pdf) http://www.congress.gov.ph/legisdocs/basic\_17/HB06984.pdf [↑](#footnote-ref-9)
10. [Senate Bill No. 1313 - An Act Mainstreaming The Public Health Approach To Philippine Drug Policy, Establishing And Implementing Community-Based Programs And Strategies For Drug-Related Issues And Concerns, And Prohibiting Harmful And Discriminatory Interventions And Practices, Appropriating Funds Therefor, And For Other Purposes](https://www.senate.gov.ph/lis/bill_res.aspx?congress=17&q=SBN-1313) [↑](#footnote-ref-10)
11. Refer to, http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20388 [↑](#footnote-ref-11)
12. Jaimie Gamil, ‘*CHR ‘hopeful’ on rule of law with PDEA now leading ‘drug war’* , Oct. 16, 2017*,* Published by Philippine Daily Inquirer, <http://newsinfo.inquirer.net/938380/chr-pdea-pnp-drug-war-hopeful-rule-of-law>, Last Accessed: 19 February 2018. [↑](#footnote-ref-12)
13. CHRP written statement to the 59th session of the Committee on Economic, Social and Cultural Rights, http://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/PHL/INT\_CESCR\_NHS\_PHL\_25266\_E.pdf [↑](#footnote-ref-13)
14. Inputs based on the Commission’s inquiry, “Let our voices be heard: Report of the Commission on Human Rights Philippines’ National Inquiry on Reproductive Health and Rights, 2016 [↑](#footnote-ref-14)
15. CHRP written statement to the 59th session of the Committee on Economic, Social and Cultural Rights, http://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/PHL/INT\_CESCR\_NHS\_PHL\_25266\_E.pdf [↑](#footnote-ref-15)
16. The Department of Health focuses on policy direction, development of health plans and guidelines, oversees management of major hospitals and medical facilities; Philhealth contributions come from members or employees of the private and public sectors (with employer contributions as well), sponsored programs, retirees and more recently overseas Filipino workers, and Philhealth’s own reserves. Coverage is usually in-patient services; Local government units implement the national health programs of DOH, including delivery of primary health care services (e.g. immunization, TB, dengue, SARS, malaria, rabies, HIV/AIDs, reproductive health education, among others); Private sector provides walk-in services in private hospital and clinics, offers health maintenance plans (HMO providers such as Bluecross, Maxicare, FortuneCare, Medicard, etc.); NGOs and charitable institutions also have their own health programs, in coordination with local government units and international organizations; Development aid money from foreign funds (foreign ministries office, international organizations such as the UN) and international financial institutions contribute to the national fund for health programs; and Social safety nets include contributions from SSS/GSIS membership (covering partial hospitalization and disability benefits), and conditional cash transfers (PPP) administered by the DSWD. [↑](#footnote-ref-16)
17. [Statement of the Commission on Human Rights on the passage of the Anti-Hospital Deposit Law](http://chr.gov.ph/09-aug-2017-chr-statement-on-the-anti-hospital-deposit-law-9-aug-17/) [↑](#footnote-ref-17)
18. Janvic Mateo, “*CHR lauds passage of universal healthcare bill*”, 9 October 2017, Published by The Philippine Star, <https://www.pressreader.com/philippines/the-philippine-star/20171009/281711204863526>, Last Accessed: 19 February 2018. [↑](#footnote-ref-18)
19. [Statement of the Commission on Human Rights On The Use of Anti-dengue vaccine Dengvaxia in the Philippines](https://www.facebook.com/notes/commission-on-human-rights-of-the-philippines/statement-of-the-commission-on-human-rights-on-the-use-of-anti-dengue-vaccine-de/1483827581733782/) [↑](#footnote-ref-19)