

IN SEARCH OF RELEVANCE: THE COMMISSION ON POPULATION

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INTRODUCTION

The news that the newly elected legislators of the country had been considering finally passing a Population Bill was music to the ears of Commission on Population (POPCOM) Executive Director Tomas Osias. After all, it had been 37 years since the Philippine Population Act was issued. Since the creation of POPCOM, studies showed a steady decline in fertility. However, the country still had a relatively high fertility rate compared to other countries in Southeast Asia.

This setback had always been attributed to the failure of the POPCOM to fulfill its mandate of being the lead policy-making and central coordinating body of the country's population program. Osias witnessed the "glorious days" of the POPCOM when the Philippine Government recognized that a huge population was a hindrance to national progress. Under a supportive national leadership, all the needed policy and operational support and resources were provided to the POPCOM to *manage population quality and migration, and not just fertility reduction*. But succeeding administrations, redefined the character of the POPCOM into a body for population control. Osias witnessed not only the non-sustainability of POPCOM's initial gains but its decreasing influence in advocating population policies and programs.

In an attempt to redefine the character of the POPCOM, Osias reviewed the challenges that the Commission would be facing and possible organizational changes he could propose in discussions to finalize the draft Population Bill.

CHALLENGES

In September 2008, NSO released its latest Census of Population (POPCEN 2007) which put the country's population at 88,574,614 persons as of August 1, 2007, compared to 76.5 million in 2000 (based on the 2000 Census of Population and Housing) and 68.62 million in 1995 (based on the 1995 Mid-Decade Census), as shown in the table that follows.

Table 1: Census of Population 1995-2007

Census Year	Census Reference Date	Philippine Population (in millions)
2007	August 1, 2007	88.57
2000	May 1, 2000	76.50
1995	September 1, 1995	68.62

The NSO 2007 and 2000 census figures showed an average annual population growth rate for the Philippines of 2.04 percent for the 7-year period. This represented a marked improvement from the NSO figures of 1990-2000 which recorded an average population growth rate of 2.34, despite the reported steady decline in fertility from 6.0 children per woman in 1970 to 3.5 children per woman in 2001. The unmet need for family planning also declined from 20% in 1998 to 17% in 2003. Despite these trends, the Philippines still had a relatively high fertility rate compared to other countries in Southeast Asia (e.g. Thailand – 1.3, Vietnam – 2.3, Indonesia – 2.3).

As indicated in the table below, the 2.04 percent figure was the lowest annual population growth rate recorded for the Philippines since the 1960s. Meanwhile, the projected average annual population growth rate for the Philippines during the period 2005 to 2010 was 1.95 percent, based on the 2000 Census of Population and Housing.

Table 2: Philippine Average Annual Population Growth

Reference Period	Average Annual Population Growth Rate for the Philippines (in percent)
2000-2007	2.04
1990-2000	2.34
1980-1990	2.35
1970-1980	2.75
1960-1970	3.01

Looking at the more detailed NSO figures, Osias noted that twelve of the country's 17 administrative regions have growth rates lower than the national figure while five other regions (NCR (2.11%), Region 3 (2.36%), Region 4-A (3.21%), Region 12 (2.41%), and ARMM (5.46%) had higher growth rates.

While ARMM had the highest population growth rates among the regions, the province with the largest population is Cavite in Region 4-A with 2.86 million. Bulacan was second with 2.83 million, and Pangasinan came in third, with 2.65 million. Five other provinces surpassed the two million mark: Laguna (2.47 million persons); Cebu, excluding its three highly urbanized cities - Cebu City, Lapu-lapu City, and Mandaue City (2.44 million persons); Negros Occidental, excluding Bacolod City (2.37 million persons); Rizal (2.28 million persons); and Batangas (2.25 million persons).

Another challenge facing the population experts in the country is the impact of the phase out of contraceptive donations from the US, which account for 80 percent of supplies in the country, thus threatening to eliminate whatever gains have been achieved in this regard. The use of modern contraceptives resulted to fewer children and longer birth intervals. Contraceptive prevalence rate (CPR) or the proportion of married women 15-49 years reporting current use of

contraceptives was 47.0 percent in 2000. Three out of four women (73.7 %) using a modern contraceptive method get their supplies from the public sector. Government hospitals (25.4%), rural health units/urban health centers (26.5%) and barangay health stations (19.6%) were the leading sources of supply within the public sector. With stock-outs in 2004, accessibility and affordability of various contraceptives and other reproductive health services by the poor posed as problems.

Osias is aware of other concerns that government faces vis a vis its population policy; thus, the need for more consultations with his staff. He thought of the Philippine Population Information Network (Philippine POPIN) which is managed and funded by POPCOM to pursue its original objective of improving the flow and use of population and related information for effective policy formulation and program implementation. Philippine POPIN is composed of the Philippine Population Information Center (PPIC) as the national focal point, regional population information centers (RPICS) as the regional nodes, and associated/satellite centers from government and private agencies both at the national and the local levels as well as local government units. Osias heads POPIN's advisory committee, which serves as the policy-making body for Philippine POPIN, together with representatives from major participating agencies.

POPIN likewise has an interagency technical committee that is responsible for determining standards on database management, thesaurus maintenance, the design or re-design of POPIN services and products, and training programs for network personnel. Together with the other representatives composing the advisory committee, Osias went over additional materials on population issues and concerns which formed part of a study earlier conducted by the PLCPD. (Exhibit A: Population Issues and Concerns)

Among the 9 listed issues, Osias and his team were most concerned about the unmet needs for contraception (for limiting and spacing of births) which remained high nationwide. About 9 percent of currently married women who wanted to space births and 11 percent of women who wanted no more children were not practicing contraception. Since 1968, the problem revolved around lack of information and access to high-quality family planning services. Later, a 1998 survey has shown that non-use of contraceptives was related to the high costs of contraceptives, to concerns about adverse health effects and husband's objection. Likewise, the team had lengthily discussed other issues, such as the increasing number of abortions, as revealed in a study of the University of the Philippines Population Institute (UPPI).

The 473,000 abortions that occur in the Philippines annually, with Metro Manila exhibiting the highest abortion rate and ratio, and 17% of women in the reproductive ages 15 to 44 in Metro Manila with at least one abortion are quite alarming. The World Health Organization has put the figure at more than 800,000 a year, which would make it one of the highest in the world. Moreover, according to DOH records, 12% of all maternal deaths in 1994 were due to abortion complications, making it the fourth leading cause of maternal deaths in the country. Furthermore, a survey conducted by Young Adolescent Fertility and Sexuality Survey (YAFS) II showed that half of young people experienced at least one reproductive health problem, with only 5% ever utilizing related health services. Adolescents with the lowest educational attainment and out of school youth had the highest incidence of reproductive health problems.

THE IMPORTANCE OF POLICY

The history of POPCOM revealed that the character of the organization was defined and re-defined by presidents of the country. Proper handling of religious opposition to family planning programs and lack of political will among policy-makers posed as major obstacles to efforts at reducing fertility and slowing down population growth. A study by Herrin (2002) indicated that a strong commitment to reduce fertility and population growth was swiftly overturned by “ambiguous” support from Presidents of the country: for example, after the issuance of an executive order establishing POPCOM in 1969, the government a year later launched the National Population Program with the goal of slowing down the rapid population growth. Then, later, under the 1973 Constitution, the government was made “responsible” for achieving and maintaining population levels “conducive to the national welfare”. Policy statements regarding population were included in the succeeding development plans with varying degrees of intensity, depending on who the head of the POPCOM Board was.

The succeeding years under various Presidents were likewise marked by disparities in population policy statements and activities (Exhibit B: Population Policies Under Philippine Presidents). Meanwhile, Osias noted that changes in the national leadership’s population policy direction had resulted to shifts in the organization and functions of the POPCOM, as evidenced by the following:

1. The Marcos Years (1969-1986)

The POPCOM enjoyed strong support from the President and its structure under the control and supervision of the Office of the President. It served as the overall manager, coordinator, and implementer of the National Family Planning Program. It had a planning division, a logistics division, information, education and communications (IEC) division and a service delivery division, which provided clinical services. POPCOM gained a certain stature and credibility such that no population program or funding could be obtained without the endorsement of POPCOM. The POPCOM board was then composed of the secretaries of various departments of government. According to POPCOM, political support resulted to the rapid decline in population growth rate in the country.

2. The Aquino Administration (1986-1992)

Pres. Corazon Aquino was known for her strong links with the Catholic Church. During her term, the POPCOM was left without a clear mandate and without the funding. For a year, POPCOM experienced a particularly difficult phase due to the lack of President’s support for its programs. Administratively, the Commission was transferred from the Office of the President (OP) to the Department of Social Welfare and Development (DSWD) with its Secretary designated as Chair of the Board of Commissioners. Institutional and operational responsibility for the family planning program was transferred from POPCOM to the DOH. The DOH took over the Commission’s Family Planning Program as part of promoting the maternal and child health; and other public health initiatives. By virtue of its wanting to survive, POPCOM abandoned its implementing function and focused on planning.

3. The Ramos government (1992-1998)

Under President Ramos, stronger population policy objectives were included in the Medium Term Philippine Development Plan as part of the needed social investments to sustain the country’s growth the development plans. Population management was recognized as a vital

component of sustainable wealth creation. Direction shifted from Family Planning to population management program that targeted a reduction of fertility rate from 3.85 in 1993 to 3.54 in 1998. A 1998 DOH Administrative Order created the Philippine Reproductive Health Program to expand health service delivery. The passage of the Local Government Code of the Philippines mandated local governments to deliver health care programs and create a local population office.

During this period, POPCOM was attached to the NEDA. The national leadership's much stronger commitment allowed the POPCOM program to shift back to its population management mandate in 1970 via the Philippine Population Management Program (PPMP) which adopted the Population-Resource –Environment (PRE) framework. With the passage of the Local Government Code, the POPCOM functions were re-defined to focus not only on planning, but also on policy formulation and advocacy. In a devolved set up the local government units were to form a population office that would provide family planning services, training and counseling to clients. POPCOM's regional offices became coordinators and influencers of LGU population programs.

4. Estrada Administration (1998-2001)

The PPMP formulated under his term became more explicit in its plans to reduce fertility in recognition of the significance of population growth to the country's overall development. The population program under Estrada was basically the same as his predecessor, except for the emphasis on improving maternal health by addressing the unmet needs¹ for contraceptive services under the 1999 Medium Term Philippine Development Plan (1999-2004). Fertility reduction was not considered as a major objective of the population management plan.

The new POPCOM Board of Commissioners led by the NEDA Secretary General took an interest in rebuilding POPCOM and reformulating the PPMP. This led to a re-examination of the PPMP and the PRE Framework. Institutionally, the DOH was restructured to be responsive to the reproductive health framework. In addition the PPMP's policy direction shifted from a demographic target- centered approach to a client-centered approach that considered adolescent reproduction and sexuality concerns and the quality of care in the delivery of services. The realization of the role of civil society groups led to viable partnerships with NGOs.

5. Arroyo (2001 to present) administration

The Arroyo government adopted the population program of 2001 to 2004. While the development plan under President Arroyo acknowledged the negative effects of rapid population growth, its family planning program concerned itself primarily with just helping couples achieve their fertility preferences. Pres. Arroyo issued an executive order in 2003 declaring natural family planning as the focus of the state's reproductive health services. POPCOM was again attached to the DOH and would no longer advocate the use of the pill, IUD, condom, and other artificial means to curb fertility. This directive was seen as incoherent to her re-affirmation of the Philippine government's commitment to the Cairo International Conference on Population and Development program of action, namely: to (1) reduce the country's population growth from the present 2.36 percent to 1.9 percent in five years, (2) promote responsible parenthood, (3) promote birth spacing, (4) reiterate government's anti-abortion stand, (5) encourage informed choice, and (6) increase access to reproductive health services.

¹ Defined as the latent or potential demand for contraceptive services that the family program needs to satisfy

Upon the President's assumption into office, a reformulated Philippine Population Management Program (PPMP) for the period 2000-2004 was drafted. In 2002, the POPCOM crafted a PPMP Strategic Operational Plan (SOP) and Population Investment Program (PIP) for 2002-2004 that aimed to address the unmet need for family planning among poor couples, and the sexuality and fertility information needs of adolescents/youths, especially the poor. The target of the national government was to reach the desired fertility level of 2.7 by 2004. As of 2002, the government was working strategically toward a multi-stakeholder collaboration approach that would include a partnership with the Catholic Church on Natural Family Planning (NFP).

In March 2003, President Arroyo through EO 188 transferred the POPCOM from NEDA to the Office of the President, and then placed it under the control and supervision of the DOH "... in order to facilitate coordination of policies and programs relative to population.

The Department of Health (DOH) issued a number of Administrative Orders related to the policy framework for reproductive health and family planning. Administrative Order (AO)1-A created the Philippine Reproductive Health Program. It identified and adopted the 10 essential service elements of reproductive health, including family planning. AO 50, on the other hand, was dedicated to the National Family Planning Policy of the government. It refocused the family planning program from a demographically driven program to one that upheld it as a health intervention. The most recent policy instrument pertaining to family planning was AO 125 or the National Natural Family Planning (NFP) Strategic Plan for 2002-2006. This strategic plan focused on the policies, standards, strategies, and activities needed to mainstream NFP methods within the Philippine Family Planning Program.

THE CURRENT POPCOM

The POPCOM's vision is: *to establish a society of well-planned, healthy and happy families, responsible individuals, empowered communities, guided by the Divine Providence living harmoniously and equitably in a sustainable environment. Its strategic thrust is to deliver high quality, professional development programs for (1) Population, (2) Responsible Parenthood, and (3) Reproductive Health, which will enhance the competencies and strengthen the capabilities of local government units and its partners; as well as enable men, women, couples, and families to make responsible decisions to meet their expressed needs in the timing, spacing and number of their children.*

POPCOM defined its role as the leader of strategic planners, policy, and program advocates for the Population Program with the goal to create a favorable and enabling policy environment for the successful implementation of population management programs.

The Commission serves as a technical and information resource agency, working in partnership with national and local government policy and decision-makers, program implementers, community leaders, and civil society.

Current PPMP

Using the logical framework approach, POPCOM has identified the inputs, process, outputs, effects and impacts needed to develop the Philippine Population Management Program. (Figure 1: Sample Systems Model for POPDEV Integration). There are four major areas that comprise the program, namely: (1) Population and Development Planning; (2) Reproductive Health/Family Planning (RH/FP); (3) Adolescent Health and Youth Development (AHYD); and (4) Resource

Generation and Mobilization. (Figure 2: Population and Sustainable Development Framework)

As an attached agency to the Department of Health, the Commission receives a percentage from the Department's total health budget of around PhP 100 million per year. Seventy per cent (70%) of POPCOM's money goes to personnel services while the remaining thirty (30%) is spent for the MOOE, planning, activities, and research functions of the Commission.² (Exhibit C: Utilization of POPCOM funds for 2000).

Other activities of POPCOM include the following:

Policy Research

- Update the 2001-2004 Philippine Population Management Program Plan and prepare the Population Investment Program Plan
- Undertake policy mapping and policy monitoring.
- LGU Profiling- maintain an updated local data bank on each local government unit

Organizational Development

- Human Resource Development Program consisting of capacity building activities for POPCOM officials and employees to enhance their service delivery.
- Strengthening POPCOM'S Coordinative Mechanism for Program Development and Implementation- strengthen internal processes at the central and regional level to maximize the implementation gains of the Population Management Program.
- Creation of Internet-Based Area Network – upgrade network connection and establish a centralized information system that can be utilized by other stakeholders in the field of population management.

External/Foreign Assisted Projects (For Year 2000):³

- **Population and Development Strategies**

Establish a politically influential, research-based and widely participatory policy dialogue aimed at mobilizing support, among decision-makers and the population at large, for dealing with the country's priority population and development issues.

- **National Advocacy for Population and Reproductive Health**

Increase support for population and RH activities through domestic financing of contraceptives, public provision of adolescent reproductive health services and application of reproductive rights framework to health service delivery.

- **Communication, Social Advocacy, Monitoring of Population and Development Indicators and Activities**

² It is important to note that contraceptive commodities were not included in POPCOM's budget. These could be sourced from international donors, such as USAID, and from the local government unit counterpart budget, if any. According to the current President, *no single centavo* [from the national budget] *will be spent on contraceptives*.

³ Files from POPCOM website

- **Contraceptive Interdependence Initiative**

As a strategic response to the eventual pullout of contraceptive support to the country by USAID, this aimed to achieve a sustainable supply of contraceptives that will address unmet needs in family planning.

- **POPDEV Advocacy Project**

Implementation of various campaigns to gain the support and commitment of national, regional and local leaders.

Organizational Structure⁴

As the coordinating, policy-making and planning body for population related concerns (Figure 3: POPCOM Organizational Structure), POPCOM has a Board of Commissioners that is responsible for setting policies and direction in three main areas, namely – planning and evaluation, implementation, and advocacy and resource generation (Exhibit D: Tasks of the Board of Commissioners). A Secretariat is tasked to implement the population management program along specific areas, as follows – policy formulation and plan development, advocacy and communication, data and information management, and generation, programming and resource mobilization. (Exhibit E: Tasks of the Secretariat)

POPCOM’s Chair is elected among its members and the current chairman is the Secretary of the Department of Health. There are fourteen (14) Commissioners that comprise the board, 10 of which are Cabinet members from the following: Department of Health (DOH), National Economic Development Authority (NEDA), Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), Department of Public Works and Highways (DPWH), Department of Labor and Employment (DOLE), Department of Agrarian Reform (DAR), Department of Agriculture (DA), Department of Trade and Industry (DTI), and Department of Education (DepEd).

The remaining four are representatives from the academe (the University of the Philippines Population Institute), the private sector and civil society who are nominated by the Board but are appointed by the President of the Philippines.

The Office of the Executive Director (III) headed the Secretariat and was supported by a Deputy Executive Director, five (5) Division Chiefs, and fifteen (15) Regional Officers. Except for Regional Officers, everyone holds office at the Central Office in Mandaluyong where coordination, policy formulation, planning, advocacy, monitoring, and evaluation on the national level are done. The Secretariat is assisted by Technical and Support Divisions namely: (1) Policy Analysis and Development; (2) Planning and Monitoring; and (3) the Information Management and Research. The Support Division, on the other hand, was composed of (1) Administrative, (2) Fiscal Services, and the newly created (3) Management Information System Unit. The latter is tasked to maintain and monitor a database of population and development indicators that can be useful for other stakeholders involved in population management. The Central Office is also complemented by regional operations from different areas in the country through the Regional Planning Officers (RPOs).

⁴ Source: www.popcom.gov.ph

Organizational Assessment

While the Population Bill is still undergoing scrutiny by the watchful eyes of legislators, Osias wondered how the POPCOM should be better organized to address the changes that would naturally come with the bill's passage. In terms of manpower, Osias considered POPCOM's personnel as competent and committed to pursue the POPCOM agenda. Over the years, the POPCOM had established networks of organizations that advocate and pursue population programs. Good leaders in many local government units had been aggressively advocating and providing quality family planning services. On the other hand, he considered the weakening support of the current President and department leaders to POPCOM agenda that influence some local government units not to allot funds to contraceptive services. The constant changing of Chairpersons of the Board reflected the lack of political will on population issues and affected the implementation of POPCOM's agenda. Osias agreed that legislation could address the concerns of POPCOM and for this reason, POPCOM continues to be a strong advocate for the enactment of a comprehensive population bill. However, besides policy, Osias wondered how POPCOM should organize itself to be more consistent in pursuing a holistic approach to population control and development.

GUIDE QUESTIONS:

1. *Given the current mandate of POPCOM, does it have enough authority and support to carry out whatever changes are required to pursue a new population policy?*
2. *Based on findings and recommendations from UN population studies, what organizational changes does POPCOM need to undertake to enable it to better address new population issues and concerns?*
3. *Looking at the accomplishments of POPCOM for the past decades, how did leadership changes affect its performance and what other socio-political factors affected its ability to pursue its mandate?*
4. *What good practices of the organization may be sustained and in what geographic areas?*
5. *What role may be envisioned for POPCOM under the new Population Bill that is gaining Ground in Congress?*
6. *A 2007 UN Population Fund study revealed that some 473,000 abortions occur in the Philippines annually. The World Health Organization has put the figure at more than 800,000 a year, which would make it one of the highest in the world. How can POPCOM address this growing issue?*
7. *What innovations have been introduced by POPCOM since its creation?*
8. *Aside from DOH, what other government and private entities should be affiliated with POPCOM?*
9. *How can POPCOM be made an effective instrument for the promotion of population management? Population and development?*

Exhibit A: POPULATION ISSUES AND CONCERNS

1. High Incidence of High-risk Births, Inadequate Prenatal Care, and Lack of Information and Means to Manage Complications in Difficult Pregnancies.

Over 60 percent of all pregnancies in the country were considered high-risk. Ten women die every 24 hours due to causes related to pregnancy and childbirth. The country had a high maternal mortality rate of 172 deaths per 100,000 live births, an infant mortality rate of 35 deaths per 1,000 live births, and an under-five mortality rate of 48 deaths per 1,000 live births. Maternal deaths accounted for 14 percent of deaths among women 15 to 49 years old. Among Filipino women, the lifetime risk of dying from pregnancy and childbirth is one percent.

2. High Unmet Need for Family Planning.

Unmet needs for contraception (for limiting and spacing of births) remained high. About 9 percent of currently married women who wanted to space births and 11 percent of women who wanted no more children were not practicing contraception. Since 1968, the problem revolved around lack of information and access to high-quality family planning services. A 1998 survey has shown that non-use of contraceptives was related to the high costs of contraceptives, to concerns about adverse health effects and husband's objection.

3. High Rates of Abortion and Post-abortion Complications.

A study of the University of the Philippines Population Institute (UPPI) revealed that there were 400,000 cases of abortions annually, with the Metro Manila case exhibiting the highest abortion rate and ratio. Also, 17% of women in the reproductive ages 15 to 44 in Metro Manila had at least one abortion. Department of Health (DOH) records accounted 12% of all maternal deaths in 1994 due to complications related to abortion, making it the fourth leading cause of maternal deaths in the country.

4. Pervasive acts of violence against women (VAW).

As of March 2002, 9,903 VAW cases were recorded by the Philippine National Police Women's Desk. Most were physical injuries, followed by rape and acts of lasciviousness. During the same period, the Department of Social Welfare and Development (DSWD) served a total of 6,074 women victims of physical abuse, maltreatment or battering, sexual abuse and illegal recruitment. The 1993 Safe Motherhood Survey (SMS), revealed that one woman out of 10 experiences physical abuse *even while pregnant*. About 3 percent of SMS survey respondents said they were physically forced to have sex.

5. High Incidence of Reproductive Health Problems and Sexual Activity among the Young, with a Low Incidence of Treatment and Utilization of Medical and Family Planning Services.

In a survey conducted by Young Adolescent Fertility and Sexuality Survey (YAFS) II half of young people experienced at least one reproductive health problem, with only 5% ever utilizing related health services. Adolescents with the lowest educational attainment and out of school youth had the highest incidence of reproductive health problems.

6. *Little or No Service Available to Infertile Couples.*

Services for infertility were provided only by a few training hospitals in the country. Data on infertility revealed that 10% to 15% of couples were not able to conceive after a year of unprotected, adequately-timed intercourse (WHO, 1986).

7. *Insufficient Programs for the Detection, Prevention and Treatment of Breast Cancers, Reproductive Tract Infections (RTIs) and Sexually Transmitted Diseases (STDs).*

There were no exact figures on the prevalence of RTIs since many cases went undiagnosed and untreated. Available statistics were mostly on STDs. Except for AIDS, figures on prevalence were not sex-disaggregated and are specific for so-called 'populations at risk' such as prostituted women.

8. *Increasing Cases of Male Reproductive Health Disorders and Glaring Lack of Male Involvement and Participation in Reproductive Health Concerns.*

Cases of testicular cancer emerged as the leading cause of cancer deaths among 20-35 year old men. Prostate cancer was the second most common cancer in men (*Philippine Statistics*, 1990-1995) and cases had been increasing from 13 per 100,000 males in the period 1980-1982, to 20 per 100,000 males in 1993-1995. Other male RH concerns such as sexual dysfunctions (impotence, pre-mature ejaculation and erectile dysfunctions) were increasingly becoming a cause of concern. Studies conducted by the United Nations also show that many men know of family planning and approve of it, but not many use it.

9. *Inadequate Counseling Services, Education and Information in Sexuality and Reproductive Health.*

Large and significant sections of the population were unaware or misinformed on the nature and proper interventions to address reproductive health problems and issues. Delegates of the 2001 Regional Youth Summit cited reproductive health as one of the most neglected areas in survival and development, perceiving a definite problem in the way the reproductive health of the youth has been handled. They also cited lack of awareness or information and education among their ranks about reproductive health issues.

Exhibit B: Population Policies under Philippine Presidents

- 1969:** President Marcos, through an executive order established the Commission on Population (POPCOM) which was mandated to manage the population quality and migration of the country.
- 1970:** Upon the POPCOM's recommendation, the government launched the National Population Program with the goal of slowing down the rapid population growth.
- 1973:** The Constitution provided that government should be "responsible" for achieving and maintaining population levels "conducive to the national welfare". Policy statements regarding population were included in the succeeding development plans with varying degrees of intensity, depending on who the head of the POPCOM Board was.
- 1987** Under President Aquino, the amended Constitution no longer provided that government should intervene directly in population matters. Instead, it recognized the right of couples to make their own fertility decisions. Policy statements called for the broadening of objectives beyond fertility reduction to cover maternal and child health, among others.
- 1988** Institutional and operational responsibility for the family planning program was transferred from POPCOM to the Department of Health (DOH), with some confusion arising as to what its objectives should be. Under President Ramos, stronger population policy objectives were included in the development plans which stipulated that the family planning program would be implemented to moderate population growth.
- 1997** The POPCOM's Philippine Population Management Program (PPMP) did not make any clear statements about fertility reduction objectives.
- 1998** The PPMP formulated under Pres. Estrada's term became more explicit in its plans to reduce fertility in recognition of the significance of population growth to the country's overall development.
- 2001** While the development plan under President Arroyo acknowledged the negative effects of rapid population growth, its family planning program concerned itself primarily with just helping couples achieve their fertility preferences.

Exhibit C: Government-Funded Initiatives (For Year 2000)⁵:

Advocacy

- National and Regional Population Congress- a broad-based activity aimed at generating more support for the population program through a multi-sectoral consultative meeting with legislators, development managers, donors, media people, economists, NGO representatives, government heads and local government executives
- Rafael M. Salas Population and Development Award- recognition given to local government units and executives who have shown exemplary work in the field of population and development.
- Communication Campaign for the PPMP- a sustained drive for information dissemination on how population affect and is affected by the developmental process. Activities include advertisement placements, media monitoring, speaker's bureau information, advocacy materials, and media briefings.
- Observation of Global Population Events such as World Population Day and World Population Awareness Week
- POPQuiz Show- division and regional competitions of elementary and secondary school youths on population issues and management
- Development and Production of IEC materials for the Population Program

⁵ Files from POPCOM website

SYSTEMS MODEL FOR POPDEV INTEGRATION

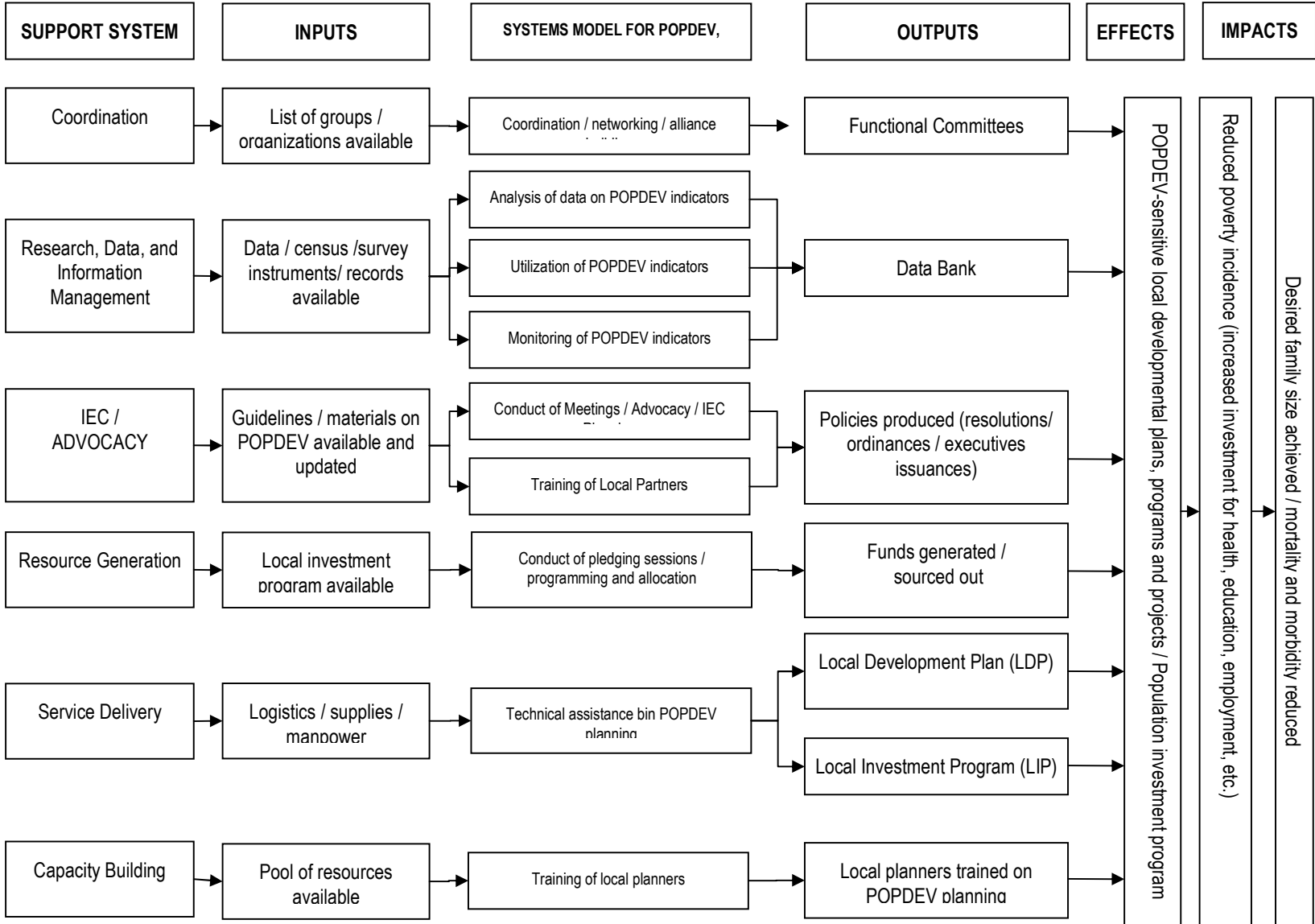
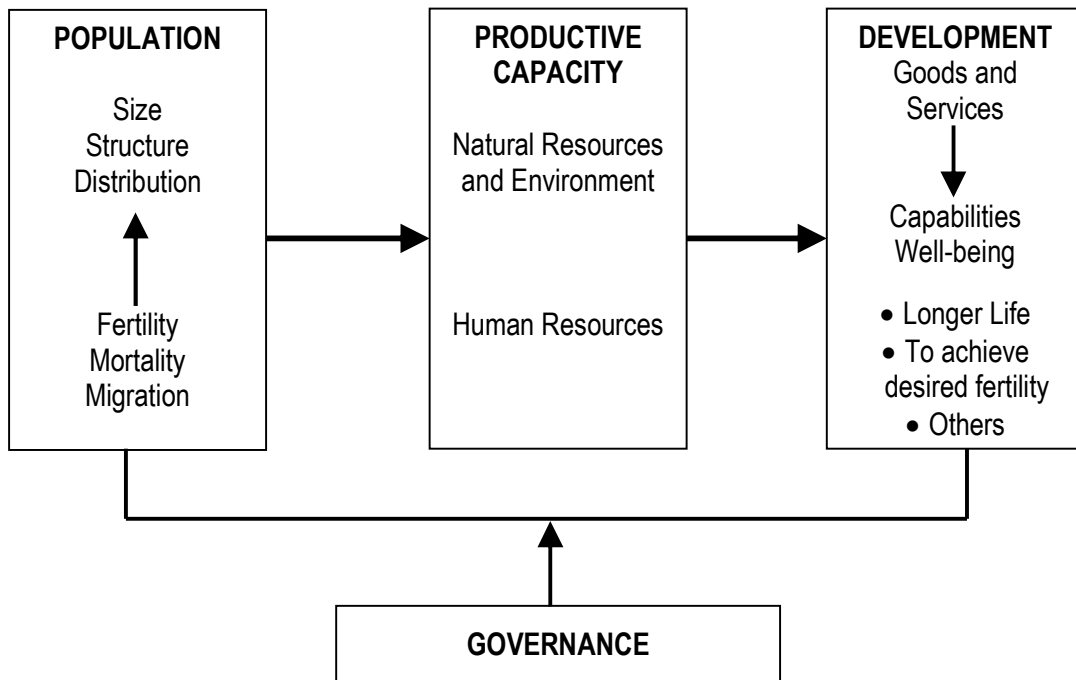


Figure 1: Sample Systems Model: Systems Model for POPDEV Integration

Source: Shared Agenda on Population Management 2004)

Figure 2: Population and Sustainable Development Framework



(Source: Shared Agenda on Population Management 2004)

Exhibit D: Tasks of the Board of Commissioners)

The Board of Commissioners is tasked to set policies and directions in three main areas:

- **Planning and Evaluation** - Evaluate and approve population program directions and population investment plans.
- **Implementation** - Prescribe, approve, adopt policies, rules, regulations, procedures, guidelines, frameworks and standards formulated and recommended by the POPCOM secretariat and other agencies related to the planning and implementation of the Philippine Population Management Program (PPMP). The Board had to decide on implementation issues appropriate to its authority and make necessary recommendations to other relevant authorities and stakeholders.
- **Advocacy and Resource Generation** - Recommend to the President, head of the executive agencies, local governments, and other appropriate publics necessary measures for project implementation, resource generation, and adoption of mechanisms to enlarge network of supporters.

Exhibit E: Tasks of the Secretariat

The Secretariat – is tasked to implement the population management program with specific roles as follows:

- **Policy Formulation and Plan Development** - spearhead the development and preparation of population policies and plans in consultation with various stakeholders⁶.
- **Advocacy and Communication** - lead the development of appropriate communication and advocacy plan on Responsible Parenthood and Family Planning. It will also lead the call for government organization (GOs), local government units (LGUs), private sector, civic organizations and civil societies to assist parents in achieving their desired number and spacing of children.
- **Data and Information Management** - serve as a clearinghouse and information center on population and family planning.
- **Generation, Programming and Mobilization of Resources** - prepare a 'Population Investment Plan' to guide the generation, programming, mobilization, matching and tracking of resources for population activities.

⁶ Stakeholders refer to the government organizations, non-government organizations, local government units, media representatives, women's group, in- and out-of-school youth, legislators

Figure 3: POPCOM's Organizational Structure

