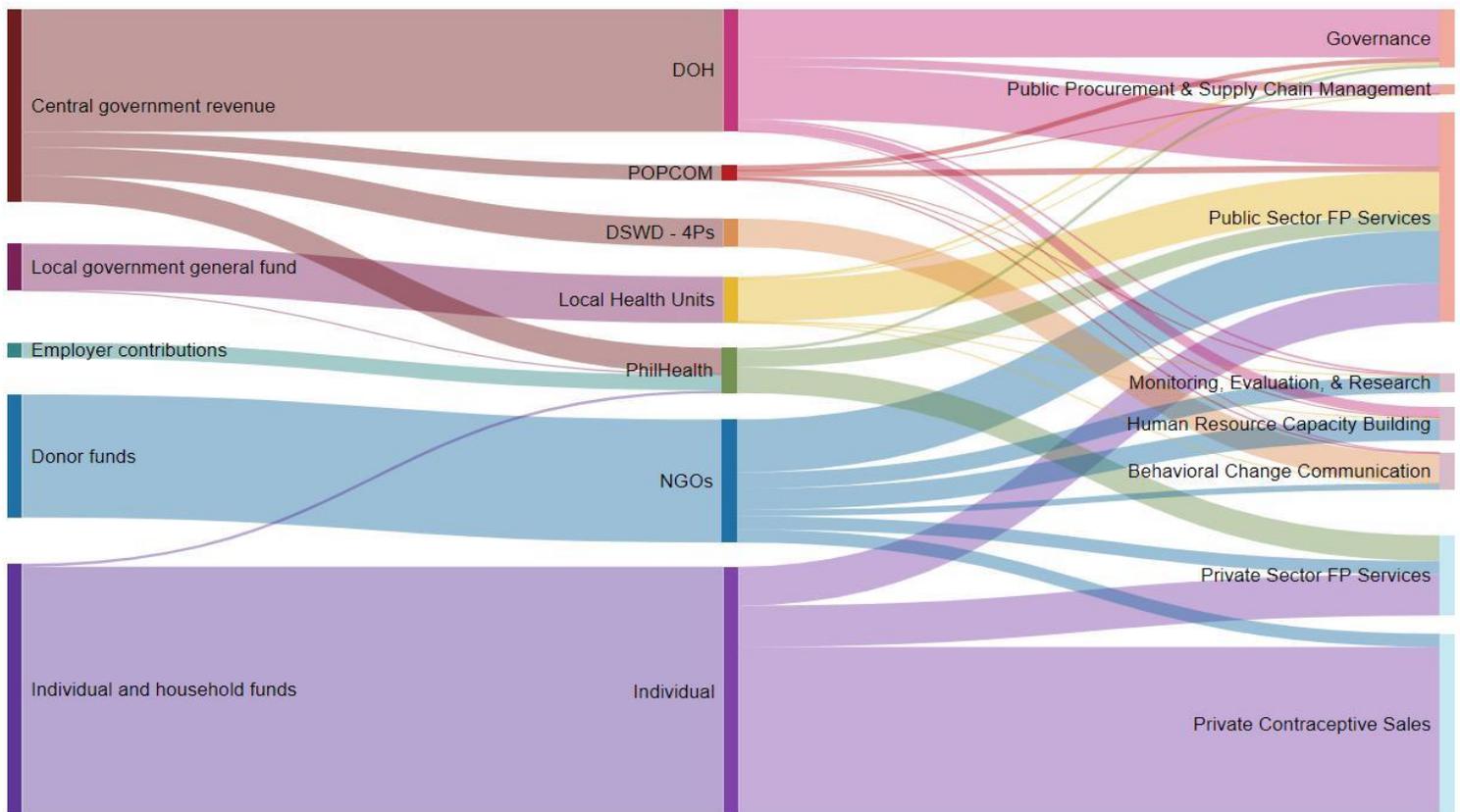


- This Sankey Diagram maps out the flow and estimated volume of financing—both direct and indirect—from **sources of funds** available for family planning (FP) in the Philippines, as they are allocated to key financing **agents** that utilize these funds across a variety of FP **functions and services**.
- The purpose of the FP fund flow map is to illustrate a simplified but comprehensive schematic of FP financing arrangements, highlighting the relationships between key actors, and potentially identifying areas of underfinancing, overlap, and potential complementation. The map, and the collaborative process of developing it, supports sustainable FP policy and planning.

RESOURCE AND FUND FLOWS FOR FAMILY PLANNING SERVICES – PHILIPPINES



Source

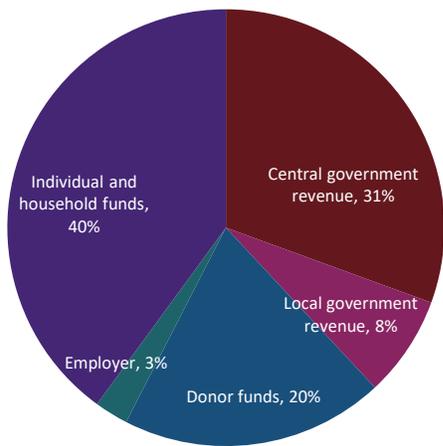
- Individual funds translated to out-of-pocket (OOP) spending for both public and private services are the main source of FP financing in 2018-2019.
- Underspending of budgeted funds for FP by public sector agents is apparent; this diagram represents only government revenue that is spent, which is approximately 63% of budgeted amounts.
- Donor funds—flowing through local and international non-governmental organizations (NGOs)—contribute significantly to FP.

Agent

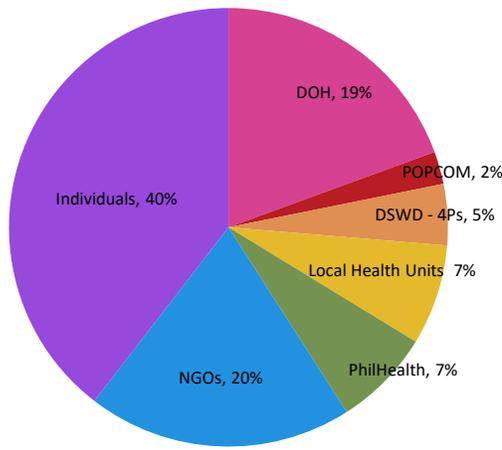
- PhilHealth, the national health insurance program, exerts relatively weak purchasing power over both public and private services for FP.
- OOP payments are still made for public sector services, which in principle should be covered fully by PhilHealth financing.
- Other public sector agents, including the Department of Social Welfare and Development (DSWD) and the Commission on Population and Development (POPCOM), control significant funds.
- Private health insurance plays a very limited role, if any.

Function

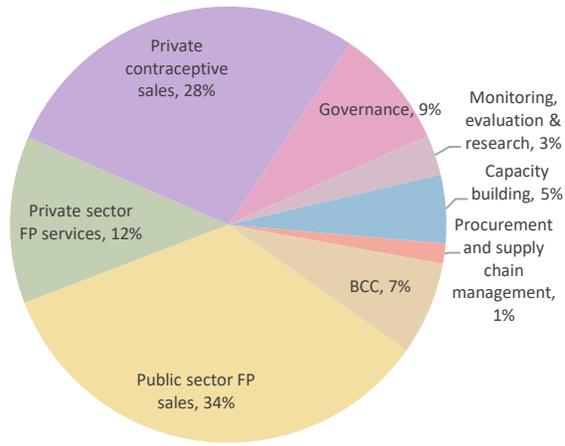
- Even with a devolved system, financing of local FP services and functions remain highly dependent on central agencies financing personnel and commodities.
- ‘Double-dipping’ financing of public sector services between agencies and levels points to unclear delineation of roles.
- OOP spending for FP in 2018-2019 was mainly spent on pharmacy-bought contraceptives.
- Limited funds were channelled to monitoring and evaluation, supply chain management, capacity building, and behavioural change communication (BCC).



Proportion of Funds for FP by Source



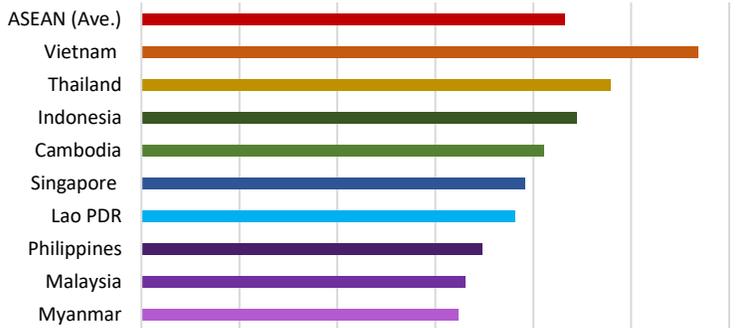
Proportion of Funds for FP by Agent



Proportion of Funds for FP by Function

FP outcomes in the Philippines lag behind regional peers

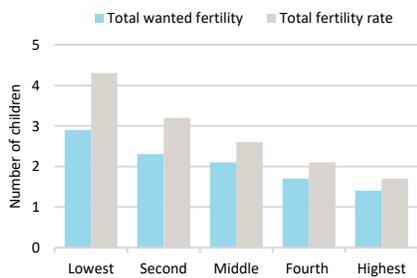
Use of modern contraceptives among married women has increased significantly in the last 20 years, however, the **modern contraceptive prevalence rate (mCPR) in the Philippines lags behind other countries in the region.**



Modern Contraceptive Prevalence Rate (Women of Reproductive Age) (South-Eastern Asia)

Source: [United Nations, 2019](#)

Amidst changing social norms, mCPR reflects **increasing demand outstripping supply, especially for the poor.** Gaps between actual and desired number of children is widest among the lower socio-economic groups. This group also has the shortest median birth intervals (31.2 months) compared to the wealthy (52.6 months).

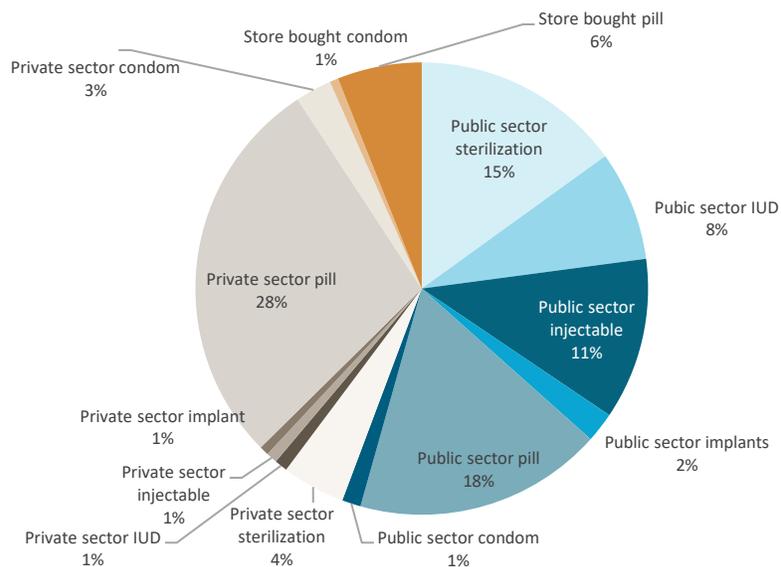


Wanted vs. Actual Fertility by Income Quintile

Source: [Philippine Statistics Authority, 2017](#)

FP services concentrated in an overburdened public sector

Delivery of FP services requiring a trained provider is concentrated in an overburdened public sector, where services are free of charge. **Private provision of FP services through trained providers is limited,** despite ~65% of health providers working in the private sector.



FP Methods Use by Source (All Women)

Source: [Philippine Statistics Authority, 2017](#)

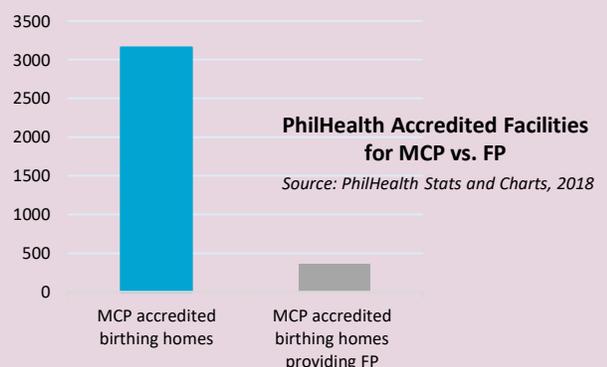
The Philippines has a relatively **imbalanced method mix, with a preference for short acting contraceptives, and especially pills.** Long-acting and reversible contraceptives (LARCs)—despite the benefit of being convenient, cost-effective over time, and generally acceptable—are underutilized.

The Role of PhilHealth as purchaser of FP services

PhilHealth runs the National Health Insurance Program. All Filipinos are automatically members of PhilHealth under the 2019 [Universal Health Care law \(RA 11223\)](#).

PhilHealth currently offers four benefits for long-acting and permanent contraceptive methods: intrauterine device (IUD) insertion, subdermal Implant insertion, non-scalpel vasectomy, and bilateral tubal ligation. Under the UHC law, short-acting methods will also be transitioned to purchasing through PhilHealth along with other 'individual-based' services.

Currently, **only 18.5% (355 out of 3159) of PhilHealth contracted birthing homes (both public and private) for the maternal care package (MCP) are accredited by PhilHealth to provide its FP benefit packages** (that is, one PhilHealth accredited facility to offer LARC benefits for every 20,000 women of reproductive age). A 2019 report by Apostol et al explores challenges and opportunities to [leveraging private sector primary care providers to increase access to family planning in the Philippines](#).



PhilHealth Accredited Facilities for MCP vs. FP

Source: [PhilHealth Stats and Charts, 2018](#)