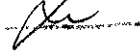


SENATE
P. S. Resolution No. 296

RECEIVED 8/11/11 

Introduced by SENATOR EDGARDO J. ANGARA

RESOLUTION
DIRECTING THE SENATE COMMITTEE ON HEALTH AND DEMOGRAPHY
AND THE COMMITTEE ON LOCAL GOVERNMENT TO CONDUCT A JOINT
INQUIRY, IN AID OF LEGISLATION, INTO THE EFFORTS OF THE
DEPARTMENT OF HEALTH AND THE LOCAL GOVERNMENT UNITS
IN THE PREVENTION OF MATERNAL AND NEWBORN DEATHS

- WHEREAS,** The reduction of maternal mortality is one of the targets of the Millennium Development Goals of the Millennium Declaration that the Philippines had signed in 2000.
- WHEREAS,** The country's maternal mortality ratio (MMR) has not declined since the 1990s.
- WHEREAS,** The 1998 National Demographic Health Survey placed the country's MMR at about 172/100,000 live births with a confidence interval of 120 to 224 while the 2006 Family Planning survey estimates that MMR is 162/100,000 live births with a confidence interval of 128 to 196.
- WHEREAS,** With such wide confidence intervals inherent in the difficulties of measuring MMR in the country, the "drop" of ten points is insignificant.
- WHEREAS,** Data show that only 25% of the causes of maternal deaths have been identified and these are hypertension (13%), post-partum hemorrhage (8%), and the complications of unsafe abortion (4%).
- WHEREAS,** This abysmal lack of data reveals a seeming indifference to and a profound lack of understanding of the problems that lead to maternal deaths; consequently maternal deaths constitute a grey area with several unknowns that could hardly be dealt with through policies and programs.
- WHEREAS,** Women who survive difficult pregnancies acquire disabilities that compromise their well-being.
- WHEREAS,** A maternal death, while tragic by itself, has severe consequences for infants and children; it has been established that when a mother dies, the prospects for her children dim.
- WHEREAS,** Studies on child outcomes for mothers who died in labor reports that all the newborn babies died within one year of birth; children under age 10 are up to ten times more likely to die following the



death of their mothers than those whose mothers were alive; the risk of death for children under 5 years is doubled if their mothers die in childbirth, and at least 20 percent of the burden of disease among children under the age of 5 is attributable to conditions directly associated with poor maternal health and the quality of obstetric and newborn care.

WHEREAS, It is safe to assume that for each of the approximately 4,100 women who die in the Philippines each year, at least as many children suffer and an important number of them die.

WHEREAS, Accessibility to services is inequitable; poor women have little access to services.

WHEREAS, Women in the highest quintile are about nine times more likely to have a medical doctor assist them during delivery and are 38 times more likely to deliver in a private facility than women in the lowest quintiles.

WHEREAS, There is substantial evidence and broad agreement on the core interventions reduce maternal and newborn deaths, i.e., provision of emergency obstetric and newborn care supported by strong health systems, and that these need to be scaled up.

WHEREAS, Reduction of the number of pregnancies prevents maternal deaths; yet, the 2006 Family Planning Survey shows that the proportion of women using any family planning method is 50.6% - a rate that has not changed in the last 6 years, based on the results of the Family Planning Survey conducted in 2001.

WHEREAS, The Department of Health (DOH), in response to the problem of maternal mortality, has been implementing programs since 1995 through the *First Women's Health and Safe Motherhood Program*, funded by grants and loans from the World Bank, Asian Development Bank, AusAID, European Commission, and Kreditanstalt Fur Wiederaufbau.

WHEREAS, The DOH has completed this first program in 2002 and after seven years, results included built and renovated health facilities; trained traditional birth attendants and midwives, among others, but there has been no apparent decline in MMR.

WHEREAS, The DOH has not evaluated this first Women's Health and Safe Motherhood Program in order to assess lessons that could be learned and to determine actual expenditures and results of this project.

WHEREAS, The DOH started the *Second Women's Health Safe and Motherhood Program* funded by an investment loan of US\$16,000,000 from the World Bank in 2005 with counterpart funding from the Philippine government of US\$22,000,000.

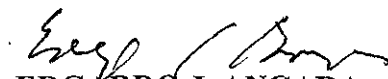
NOW BE IT RESOLVED, AS IT IS HEREBY RESOLVED, To direct the Committee on Health and Demography and Committee on Local Government to conduct a joint inquiry, in aid of legislation, into the efforts of the Department of Health and the local government units in the prevention of maternal and newborn deaths.

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BE IT FURTHER RESOLVED, AS IT IS HEREBY RESOLVED, To call the Department of Health (DOH) to:

- (1) report on the First Women's Health and Safe Motherhood Program particularly on the actual expenditures and results achieved;
- (2) describe the status of implementation of the Second Women's Health and Safe Motherhood Program as well as the projected costs of this project;
- (3) explain the process of allocating the project funds to the local government unites (LGUs) including the justification of selecting specific LGUs;
- (4) describe the monitoring process of DOH in tracking the LGUs' implementation, including expenditures incurred and time spent, of the Second Women's Health and Safe Motherhood Program; and
- (5) explain the processes of assessing the technical assistance required and selecting the providers of such assistance necessary to implement the Second Women's Health and Safe Motherhood Program.

Adopted,


EDGARDO J. ANGARA
Senator