

PART IV

**INCREASING
GROWTHPOTENTIAL**
*(“PATULOY NA
PAG-UNLAD”)*

13

Reaching for the Demographic Dividend Across All Regions



Reaching for the Demographic Dividend Across All Regions

The Philippines made modest gains in facilitating the demographic transition, specifically in reducing infant and under-five child mortality and women's fertility rates. Key policies and programs have been instituted and strengthened to improve access to adolescent sexual and reproductive health. Legal impediments to the full implementation of Republic Act (RA) No. 10354 or the Responsible Parenthood and Reproductive Health (RPRH) Law have also been addressed along with intensified efforts to meet the demand for family planning services.

In preparing the country's human capital towards harnessing the demographic dividend, major reforms to improve the delivery of nutrition and health services, and transformative education have been put in place in the past three years. However, the socioeconomic impact of the COVID-19 pandemic can reverse these gains. Moving forward, the government will implement programs that will mitigate the pandemic's short- and long-term effects while continuing to address persistent issues on malnutrition, access to health services, and quality of graduates for employment. These will allow the country to still reach the demographic dividend while building a healthy and resilient Philippines.

Assessment and Challenges

Assessment: The elements necessary for accelerating the demographic transition are already being realized. Mortality rates among infants and children under five years old are decreasing. Improved access to modern contraception has also decreased fertility rates. These can be attributed to policies and programs that aim to accelerate the demographic transition along with the improved access to health and education services (e.g., *Kalusugan at Nutrisyon ng Mag-Nanay* Act, RPRH Law, Zero Unmet Need for Family Planning [Executive Order 12 (EO) s. 2017], and the National Program on Population and Family Planning [NPPFP]). Integration of population and development in national and local development

planning and programming was strengthened through capacity-building among local chief executives and planners on the collection of data and conduct of censuses that can serve as inputs to local policy and program formulation. Reforms and investments for improving the quality of human capital to harness the demographic dividend were also prioritized (e.g., *Kalusugan at Nutrisyon ng Mag-Nanay* Act, First 1,000 Days Act, Universal Health Care [UHC] Act, and Universal Access to Quality Tertiary Education Act). The disruptions in health and education services amidst the COVID-19 pandemic pose a threat to these gains and could worsen lagging indicators and outcomes.

Challenges: Regional disparities remain in terms of reaping the demographic dividend due to uneven economic development and access to social services. There is persistent high incidence of adolescent pregnancy, inadequate access to family planning, commodities and services, and poor nutrition outcomes as indicated by continued high levels of stunting and wasting among infants and children under five years old. The COVID-19 pandemic has adversely affected every aspect of society, which could exacerbate these issues, reverse the gains achieved, and necessitate adjustments to cope with the new normal. During the implementation of nationwide community quarantine, sexual and reproductive health services became inaccessible, which could lead to

increased maternal mortality and increased birth rates, including adolescent or early pregnancies.¹ Closure of schools also highlighted the need to set up and adopt new technologies and modalities in delivering education services. In addition, record-high unemployment and underemployment rates due to the pandemic will directly affect the attainment of the demographic dividend. The COVID-19 crisis also exposed gaps in population and demographic databases at the national and local level that would have facilitated the identification of target beneficiaries for government support and for integrating population and development initiatives in the country.

Targets

The following table contains the updated Plan targets in accelerating the demographic transition and maximizing the dividend. Some of these indicators are part of other Philippine Development Plan (PDP) 2017-2022 chapters and are also reflected here given their relevance.

Table 13.1 Updated Plan Targets to Reach for the Demographic Dividend

INDICATOR	BASELINE VALUE (YEAR)	TARGETS			
		2020	2021	2022	END OF PLAN
Age-dependency ratio decreased	57.4 (2016)	Decreasing	Decreasing	Decreasing	Decreasing
Sector Outcome 1: Demographic transition accelerated					
Crude death rate (per 1,000 population) reduced	5.6 (2016)	Decreasing	Decreasing	Decreasing	Decreasing
Maternal mortality ratio (MMR) (per 100,000 live births) decreased	95 (2016)	**	**	108.0	108.0 ²
Under-five mortality rate (per 1,000 live births) decreased	31.0 (2013)	**	**	22.0	22.0

¹ The Department of Health (DOH) projected that the inaccessibility to sexual and reproductive health services can lead to between 47,000 to 253,000 additional unintended pregnancies and around 11,200 to 59,700 additional unsafe abortions for 2020. (DOH Family Planning Team, "Family Planning and the COVID-19 Pandemic," Presentation, 80th Regular Meeting of the of the National Implementation Team for the Responsible Parenthood and Reproductive Health Law, May 28, 2020.) For adolescent pregnancies there might be a projected increase in incidence by 6.3% or about 5,000 more adolescents who will become mothers. (UNFPA, "2020 World Population Day Presentation," July 11, 2020.)

² The COVID-19 pandemic is assumed to have an impact on the access of women to essential sexual and reproductive health services – that may lead to an increase in deaths in 2020. Recalibration of the MMR target for 2022 is viewed to ensure the attainment of the country's 2030 SDG MMR target of 70 per 100,000 livebirths.

INDICATOR	BASELINE VALUE (YEAR)	TARGETS			
		2020	2021	2022	END OF PLAN
Adolescent birth rate (aged 15-19 years) decreased (number of births per 1,000 women in that age group)	57.1 (2013)	**	**	37.0	37.0
Proportion of women who are using modern contraceptive methods increased (%)					
All reproductive age women (15-49 years old)	23.5 (2013)	28.0	29.0	30.0	30.0
All reproductive age women (15-49 years old) who are currently married or in union	37.6 (2013)	**	62.0	65.0	65.0
Proportion of currently married women of reproductive age (15-49 years old) who have unmet need for modern family planning (%) decreased*	35.0 (2013)	**	**	5.0	5.0
Sector Outcome 2: Gains from the demographic dividend maximized					
Life expectancy at birth increased (years)					
Male	69.63 (2015-2020)	**	**	71.3	71.3
Female	75.91 (2015-2020)	**	**	77.5	77.5
Prevalence of stunting among children under five decreased (%)	33.4 (2015)	**	29.8	28.8	28.8
Mean years of schooling increased	10 (2018)	N/A	N/A	11.3	11.3
Proportion on learners achieving at nearly proficient in National Achievement Test (NAT) increased (%)					
Grade 6	16.0 (2018)	26.0	34.0	44.0	44.0
Grade 10	34.0 (2018)	43.0	52.0	61.0	61.0
Grade 12	14 (2018)	13.0	19.0	28.0	28.0
Proportion of learners completing levels of education (completion rate) increased (%)					
Kinder to Grade 6	97.0 (2019)	97.0	97.0	98.0	98.0
Grade 7 to 12	77.0 (2019)	82.0	83.0	84.0	84.0
Female drop-out rate (school leaver) decreased (%)					
Junior High School	4.43 (2016)	Decreasing	Decreasing	Decreasing	Decreasing

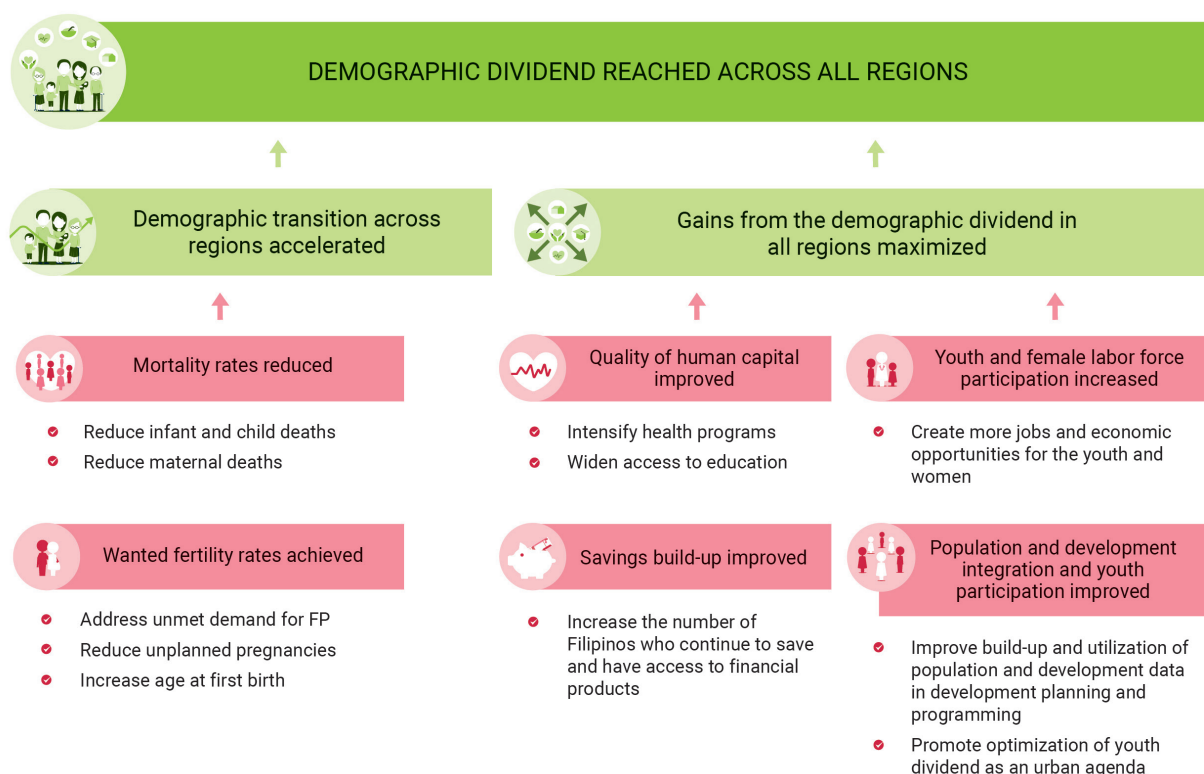
INDICATOR	BASELINE VALUE (YEAR)	TARGETS			
		2020	2021	2022	END OF PLAN
Senior High School	2.89 (2018)	Decreasing	Decreasing	Decreasing	Decreasing
Certification rate of Technical and Vocational Education and Training (TVET) graduates (15-24 years old) increased (%)	91.3 (2016)	86.0	92.0	92.0	92.0
Percentage of youth not in employment, education or training (NEET) decreased (%)	23.0 (2015)	17.5-19.5	18.0 – 20.0	17.0 – 19.0	17.0 – 19.0
Labor force participation rate of women increased (%)	50.1 (2015)	50.5	48.0 – 50.0	48.5 – 50.5	48.5 – 50.5

* Computed as unmet need for modern family planning plus traditional contraceptive use.

** Responsible Agencies (e.g. Department of Health [DOH], Commission on Population and Development [POPCOM], and Department of Education [DepEd]) did not provide annual targets for these indicators as data were not available for these years.

Strategic Framework

Figure 13.1 Strategic Framework to Reach for the Demographic Dividend



Strategies

With key reforms and policies instituted, full and intensified implementation of strategic interventions will be pursued to enable all regions to reach the demographic dividend. The focus will be on reducing adolescent pregnancy and addressing unmet demand for family planning among couples and individuals. Efforts to prepare the country's human capital will likewise be sustained along with supportive strategies for improving savings build-up and ensuring the integration of population and demographic factors in development planning and programming. Specific strategies and programs will be fast-tracked and prioritized in regions that have yet to experience the demographic transition necessary for achieving the demographic dividend.

Accelerating demographic transition across regions

Reducing mortality rates

Universal healthcare will be pursued with the implementation of the UHC Act to maintain the downward trend in mortality rates, particularly among neonates, infants, and children under five years old. This will be complemented by the provision of appropriate nutrition and health services for the first 1,000 days of life which includes appropriate care for mothers during pregnancy, labor, and childbirth, essential care for the newborn, optimal infant and young child care and nutrition, immunization, and vitamin supplementation for children, among others. As mandated by the UHC Act, local health systems will be strengthened, specifically the primary care provider networks. There will be improved integration of province- and city- wide health systems and networks under the stewardship of the provincial and city health boards, which will manage the special health fund. Adequate local investment to improve access to quality health services and resilience to any threats and health emergencies will also be provided.

Achieving wanted fertility rates

Population management and reproductive health policies and programs will be strengthened to assist couples and individuals achieve their desired number of children (wanted fertility rate) within the context of responsible parenthood and informed choice. These include the intensified implementation of the NPPFP, which involves collaborative management between the Department of Health [DOH] and the Commission on Population and Development [POPCOM] and coordinated efforts among partner government agencies (e.g., DepED, Department of the Interior and Local Government [DILG], etc.). Strengthened participation of local government units (LGUs) and expanded partnerships with civil society organizations (CSOs) will be pursued. Development partners and the private sector will also be engaged to allow for effective and efficient delivery of quality reproductive health and family planning commodities and services.

The following are the specific strategies to achieve wanted fertility rates:

Intensify demand generation and advocacy activities. A nationwide age-group focused multimedia campaign will be pursued by the DOH and POPCOM to raise the level of awareness and knowledge on the importance and benefits of family planning – from a health intervention to a means to improve family outcomes. This entails the development of a comprehensive and inclusive health promotion and communication plan for family planning. Market-segmented demand-generation strategies at the national and subnational levels will be implemented, including hospital-, facility-, and community- based activities, in coordination with the LGUs. To further widen the reach of these activities while adhering to new normal protocols, interactive forms of communication (e.g., telephone hotlines and online platforms) will be employed to provide adolescent sexual and reproductive health information and counseling. Adolescent sexual and reproductive health and family planning (RP/

FP) information will likewise be continuously incorporated in relevant programs and activities, such as pre-marriage orientation and counseling, *Pantawid Pamilyang Pilipino Program* (4Ps) Family Development Sessions, and other programs for employees or RP/FP in the workplace conducted by the Department of Labor and Employment (DOLE) and the Civil Service Commission (CSC), among others.

Strengthen provision of family planning services, adolescent sexual and reproductive health commodities and services. To match the demand for RP/FP services, accessibility and availability of commodities and services will be expanded. Areas and populations with high unmet demand for such commodities and services will be prioritized. Appropriate health personnel and facilities within a functioning healthcare provider network to provide services will be made available to all. Family planning logistics management will also be strengthened in all public service delivery points through interoperable commodities tracking system across national and local facilities. In times of emergencies and other disasters, the Minimum Initial Service Package (MISP)³ for sexual and reproductive health services will be provided. Postpartum family planning and family planning outreach missions and counseling services will also be intensified.

The participation of LGUs, specifically those with high incidence of unplanned pregnancies, is key in the implementation of these strategies. As such, there will be continued capacity building of local stakeholders specifically for local chief executives, local health officers, and local health service providers. Community volunteers, local government health workers, and private sector providers will be capacitated in delivering family planning and reproductive health services (i.e., Family Planning Competency-based Training for health providers). Local chief executives will also be provided with leadership and governance capability-building programs for health that can improve local health systems and make them more responsive to the health needs of their constituency.

Provide appropriate and innovative services, including family planning, sexual, and reproductive health for adolescents and the youth.

The high incidence of adolescent pregnancy is a major concern that affects the country's population growth and human capital development (e.g., poor health condition and nutritional status for mothers and infants, poor education outcomes, etc.). Hence, to prevent unplanned repeat pregnancies, age-appropriate adolescent sexual and reproductive health services, including family planning, will be provided to sexually active adolescents and those who have already given birth. Social determinants of adolescent pregnancy will be given attention by identifying and addressing contextual factors that influence early coitus and pregnancy. The focus will be on ensuring the full implementation of the Comprehensive Sexual Education (CSE), in line with the RPRH Law. This includes the provision of appropriate learning materials and modules, continuous capacity-building of adult partners (i.e., teachers, parents/guardians, and CSOs), and the creation of a CSE parent education module to be introduced in Parent-Teacher Association meetings. Adolescent-friendly health service packages will also be developed to address the age group's unique needs in terms of correct information and access to adolescent sexual and reproductive health services, including human immunodeficiency viruses (HIV). These activities will be implemented along with the establishment and sustainability of teen centers and adolescent-friendly facilities or spaces in LGUs and schools, and developmental activities for the youth (e.g., sports, socialization, volunteerism, etc.). These will be recalibrated and temporarily moved online during the COVID-19 pandemic. Innovative and interactive forms of communication strategies to reach the youth will also be employed, such as the use of social media and other online media platforms, cellphone applications, and call or text hotlines. Youth-oriented TV and other media programs will be developed to reach the youth and encourage them to make productive use of their time. To this end, coordinated efforts among concerned government agencies will be pursued, including the mobilization of and capacity-building

³ The MISP covers services for safe motherhood, family planning, sexually transmitted infections (STI) and HIV/acquired immunodeficiency syndrome (AIDS), and gender-based violence per DOH Administrative Order 2016-0005.

for the *Sangguniang Kabataan* (youth council) to promote adolescent sexual and reproductive health and youth development programs among their constituency.

Maximizing gains from the demographic dividend in all regions

Optimizing the increasing labor force for more productive economic output requires quality human resources. Thus, it entails the improvement of health and nutrition, education, and total well-being of the human capital. Labor force participation and employment opportunities in all regions will be enhanced, focusing on the youth and women, towards countryside development. Savings rates among households will also be increased through expanded access to financial products. Finally, to ensure that the demographic transition will be planned for, there will be continuous integration of population and development, along with health and environment aspects, in the development planning and programming at the national and local levels.

Improving quality of human capital

Intensify health programs and widen access to education. To improve the quality of human capital, the two-fold strategy of enhancing health, nutrition, and education outcomes needs to be sustained. For health and nutrition outcomes, the focus will be on providing maternal, newborn, and child health services, and school and community nutrition programs. Health and nutrition interventions for mothers, infants, and young children will be expanded, in line with the implementation of the First 1,000 Days Law. Reforms in the country's healthcare system will be pursued with the implementation of the UHC Law and the introduction of innovative measures

to make it more resilient and accessible. These measures include wider use of telehealth and improvement of epidemiological and surveillance capacities to respond to disasters and pandemics (*see Chapter 10*).

A healthy and well-nourished population is not enough to drive productivity – there is also a need to cultivate an educated and competitive labor force. A key strategy will be strengthening early childhood care and development programs, in line with the Global Nurturing Care Framework through early stimulation and early intervention from birth to three years old to prepare them for basic education. Basic education programs will be inclusive for vulnerable groups and those not covered by formal education through the Alternative Learning System. Activities such as the updating of higher education curriculum and the development of new programs (e.g., data science, nanotechnology, machine learning, green/renewable energy engineering, etc.) will be initiated to increase responsiveness to the demands of the Fourth Industrial Revolution (FIRE). The use of flexible learning options⁴ will be expanded and institutionalized to reach more Filipino learners and to reduce contact and COVID-19 transmission (*see Chapter 10*).

Increasing youth and female labor force participation

There are already potentials for growth following the possible demographic transition but these may be irrelevant if the population seeking employment cannot be productively employed.⁵ Therefore, the following strategies will be pursued:

Create more jobs and economic opportunities for the youth and women. As the working-age population is expected to increase, especially the youngest group, they will be capacitated and provided access to productive employment. To ease the youth's transition from school to

⁴ Flexible learning options include open distance learning, blended learning, homeschooling, television- and radio-based instruction, and satellites for off-grid areas.

⁵ Michael R.M. Abrigo, et al., "Are We Missing Out on the Demographic Dividend? Trends and Prospects," Discussion Paper Series No. 2018-43, Philippine Institute for Development Studies, December 2018.

work – internships, apprenticeships, and dual-training programs will be strengthened and expanded. Stronger government-industry-academe linkage will be forged and sustained to achieve these. Employment facilitation for this age cohort will also be improved by providing assistance such as coaching, career advocacy, and counseling. These will be offered through online platforms to make it accessible during the pandemic. Promoting the use of existing labor market programs including technology-based mechanisms, such as the PhilJobNet, can also help in their employment. Upon employment, their productivity can be further improved by building and strengthening employee and enterprise capacities. Health and safety in the workplace will also be promoted by crafting support mechanisms to address psychosocial risks and work-related stress and providing reproductive health and modern family planning services to workers (*see Chapter 10*).

Aside from the youth, specific focus will also be given to women's participation and retention in the labor force, which is only 47.6 percent of all women of working age in 2019. Female labor force participation will be increased by intensifying monitoring and ensuring compliance of corporations to laws, policies, and programs that foster women's participation and retention in the workforce (e.g., Expanded Maternity Leave Act and the Family Welfare Program). Women's access to formal employment opportunities will also be advanced, including entrepreneurship through e-commerce. Flexible work arrangements such as compressed workweek and alternative worksites will likewise be explored. There will also be a continuous push for affordable and accessible childcare support mechanisms like daycare and child-minding facilities and services (*see Chapter 10*).

Improving savings build-up

The government will provide effective access to a wide range of financial products and services for

all. These include the provision of products and services that will support savings build-up through access to savings, checking, and current accounts, pensions, and youth micro-deposits.⁶ Widespread adoption of these formal financial services will be pushed through the use of digital payments that will make transaction accounts relevant, valuable, and inclusive. This will be complemented by consumer empowerment through digital financial literacy, among others. During the pandemic, online courses, webinars, and e-conferences will be employed to improve the population's economic and financial literacy (*see Chapter 15*).

Improving population and development integration and youth participation

Integration of population factors in development initiatives, planning, and programming will be pursued through various channels – specifically in localizing and teaching population and development concepts (including the demographic dividend) to local chief executives. There will be continuous inter-agency collaboration for synergized implementation of key strategies identified in the PDP 2017-2022 towards achieving the demographic dividend. Various support, such as the provision of capacity building and mentoring, will also be extended to national government agencies and LGUs in integrating population and development in their sectoral and local development plans. Sustainable development will be pursued through an integrated population, health and nutrition, and environment approach in carrying out initiatives for reaping the demographic dividend (*see Chapter 20*).

New methods of collecting population data in the LGUs will be identified and sustained. For example, a harmonized and interoperable Local Migration and Information System will be institutionalized, maintained, and utilized for planning and programming, especially in urban areas. The LGUs will also be supported in the collection of population and development-related data through the Community-Based Monitoring

⁶ National Strategy for Financial Inclusion

System (CBMS)⁷ and other local data collection mechanisms. These mechanisms will provide local-level data that will guide the implementation of national programs targeted at developing LGUs (e.g., *Balik Probinsya, Bagong Pag-asa* [BP2] Program). These will also allow the LGUs to facilitate the formulation of more effective and targeted local plans, policies, and programs and adequately respond to shocks and disasters, such as pandemics.

Policies and programs that will drive countryside development will be pursued to allow all regions to maximize the gains from the demographic dividend. The BP2 Program will be implemented to promote balanced urban and regional development. It aims to incentivize reverse migration such that people from megacities will move back to the rural areas (see Chapter 3). To ensure that these areas will complete the demographic transition and maximize the possible dividends, the necessary social services, livelihood opportunities, market and value chain development, and human resource development will be set in place. These changes along with new resource needs will be reflected in the participating LGUs' local development plans.

The integrated Population-Health-Environment (PHE) approach in community projects will be promoted and supported during the pandemic, when a lot of Filipinos have lost their jobs and most are returning to their places of origin. The PHE is an integrated approach in community development that acknowledges the connections between families, their health, and the environment. The population component focuses on giving access to reproductive health and family planning information and services to men and women of reproductive age. The health aspect involves provision of quality health services, child health and nutrition, water, and sanitation; while the environment component

promotes protected areas and biodiversity conservation through watershed management, natural resource management, and sustainable agriculture. Integrated PHE projects implemented in the past proved to be cost-effective, high impact, and have contributed to sustainable development.⁸

As the country moves towards a transition that will be characterized by a “youth bulge,” data will be made available and accessible for crafting the most relevant, appropriate, and effective policies and programs for this age group. Their active, meaningful, and holistic participation in society will also be strengthened by involving them in the conceptualization and implementation of programs and policies across the following sectors: (a) health; (b) education; (c) economic empowerment; (d) social inclusion and equity; (e) peace-building and security, (f) governance, (g) citizenship; (g) environment; and (h) global mobility.⁹ Young people represent a valuable resource and network during crises and public health emergencies. With the right information and training, they can be mobilized to assist in government response – in the case of pandemics, to help break the chain of infection.¹⁰

⁷ Per the CBMS Act of 2018 (RA 11315).

⁸ Population Action International, *Integrated PHE More than the Sum of its Parts*, 2014.

⁹ National Youth Commission, *Philippine Youth Development Plan 2017-2022*. 2017.

¹⁰ United Nations Population Fund (UNFPA), *Adolescents and Young People & COVID-19*, March 2020; UNFPA, “COVID-19 Preparedness and Response,” UNFPA Interim Technical Brief, March 23, 2020.

Legislative Agenda

Table 13.2 Legislative Agenda to Reach for the Demographic Dividend

LEGISLATIVE AGENDA	RATIONALE
Institutionalization of Local Population and Development Policy	This will provide the establishment and operation of population offices to allow effective implementation of population management strategies and measures at the local level.
Prevention of Adolescent Pregnancy	This will facilitate the development of a National Program of Action and Investment Plan for the prevention of teenage pregnancy. The program of action will serve as a national framework for inter-agency and inter-sectoral collaboration at all levels to address the various health, cultural, socioeconomic, and institutional determinants of teenage pregnancy. The policy may be issued in the form of either an EO or a RA.