

Breaking Down the 2025 Budget for Sexual and Reproductive Health and Rights (SRHR)

Social and Economic Benefits of SRHR

Beyond health outcomes, a **comprehensive** and **well-funded SRHR program** results in a wide range of **social and economic benefits**, including^{1,2}:

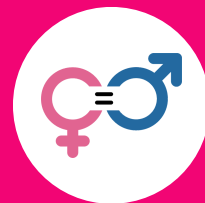
Increased productivity and improved income levels



Decreased social costs associated with caring for neglected children



Reduced gender inequality



Enhanced community and political engagement, especially among women



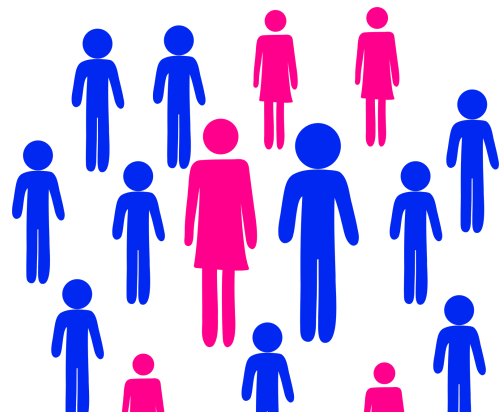
These benefits stem from the ripple **effects of SRHR interventions.**

Women who are able to delay their first birth and manage the spacing and timing of subsequent children are more likely to pursue education, continue schooling, and access employment opportunities.¹



Better maternal health leads to fewer orphans and enables mothers to devote more time and resources to caring for and nurturing their children.¹

Reducing the spread of sexually transmitted infections, including HIV, prevalent among young people, promotes a healthier and more productive workforce.² By protecting the youth as they enter their productive years, SRHR interventions help secure and sustain the demographic dividend, driving continued economic growth.³



Improved maternal healthcare reduces deaths and disabilities among women, leading to better health and enhanced productivity and income in both formal and informal employment. It also broadens their opportunities for community engagement and political participation.²

Overview of SRHR Funding

Funding for SRHR has declined over the years

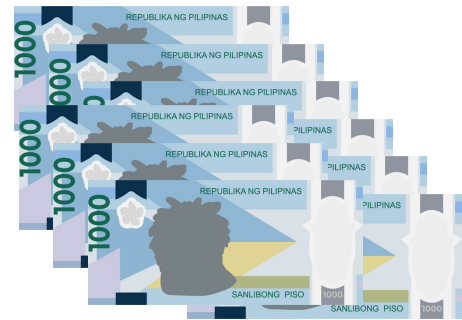
Since 2018, the budget for reproductive health has steadily decreased, as highlighted in the 2021 Annual Report on the Responsible Parenthood and Reproductive Health (RPRH) Law. ⁴



2025 SRHR Budget

PHP 11.28 billion is appropriated for SRHR-related items in the 2025 General Appropriations Act (GAA) across the operations budgets of four agencies.

This amount includes funding for broad budget items that support SRHR-related components but also covers areas not exclusively focused on SRHR, such as family health and nutrition. ^{5,6}



2024 and 2025 Budget Comparison^{5,6,7}

| AGENCY | 2024 BUDGET | 2025 BUDGET |
|--|---------------|---------------|
| Department of Health | 8.64 billion | 10.9 billion |
| Dedicated Budget for Family Planning and Reproductive Health | 750 million* | 750 million^ |
| Commission on Population and Development (CPD) | 297.3 million | 309.6 million |
| Philippine National AIDS Council (PNAC) | 29.2 million | 21 million |
| Department of Education | 100 million | 21 million |

*Budget item is Family Planning and Reproductive Health

^Budget item is Nationally-procured Commodities for Family Planning and Reproductive Health

Breakdown of 2025 SRHR-Related Budget



Department of Health⁵

10.9 billion budget for SRHR-related items

The DOH's appropriation of PHP 10.9 billion represents around 97% of the total SRHR-related budget in the 2025 GAA. This amount is divided between two budget items:

- 10.2 billion for **Nationally-procured Commodities for Family Health, Immunization, Nutrition and Responsible Parenting**
- 750 million for **Nationally-procured Commodities for Family Planning and Reproductive Health**

The majority of this amount falls under the budget item 'Nationally-procured Commodities for Family Health, Immunization, Nutrition, and Responsible Parenting.' As the name suggests, **this funding is expected to support programs in family health, immunization, and nutrition in addition to SRHR services.**



Commission on Population and Development (CPD)⁶

309.6 million budget for SRHR-related items

PHP 309.6 million is appropriated for the Philippine Population Management Program under the CPD. This amount is distributed across three key items:

- PHP 117 million for the **coordination and development of population policies and programs**
- PHP 132.6 million to **support the implementation of approved national, sectoral, regional, and local population plans and programs**
- PHP 60 million for **grants, subsidies, and contributions in support of population programs**



Philippine National AIDS Council (PNAC)⁵

21 million budget for SRHR-related items

PHP 21 million is appropriated for the operations of the Philippine National AIDS Council (PNAC). This amount is divided into two items:

- 8.4 million for the **development of policy and standards on the prevention and control of HIV and AIDS**
- 12.6 million for the **formulation and implementation of advocacy services and activities on HIV and AIDS**



Department of Education (DepEd)⁵

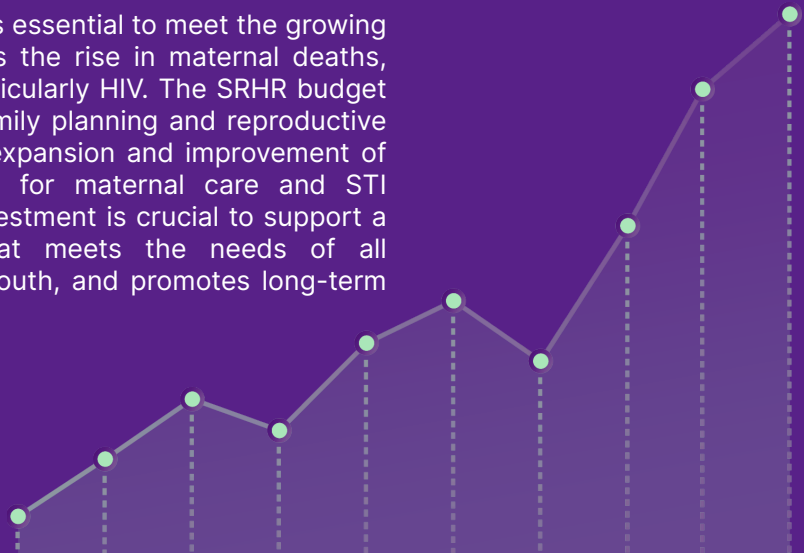
21 million budget for SRHR-related items

In line with Special Provision 14 in the DepEd budget, 21 million under the Learner Support Programs is appropriated for the implementation of services and programs on adolescent reproductive health.

Recommendations for Policymakers

Increase budget for SRHR

An increase in the budget for SRHR is essential to meet the growing demand for these services, address the rise in maternal deaths, and prevent the spread of STIs, particularly HIV. The SRHR budget should cover the procurement of family planning and reproductive health commodities as well as the expansion and improvement of service delivery and infrastructure for maternal care and STI prevention and treatment. Public investment is crucial to support a comprehensive SRHR program that meets the needs of all individuals, especially women and youth, and promotes long-term health and social benefits.



Fully Enforce Provisions on Maternal Healthcare

Addressing high maternal deaths requires fully implementing key provisions of the RPRH Law that extend beyond family planning. Enforcement of these provisions could significantly improve access to quality prenatal, delivery, and postnatal care, ensuring that the needs of mothers and their children are met.

For instance, the law mandates each local government to provide facilities with qualified personnel, essential equipment, and supplies to deliver emergency obstetric and newborn care. It also ensures that these facilities are accessible to residents in geographically isolated or underserved areas by utilizing other strategies such as home visits and mobile healthcare clinics as needed. Given this, local governments are required to hire an adequate number of healthcare professionals, including nurses and midwives, to maintain optimal professional-to-patient ratios.

Additionally, the law mandates annual Maternal Death Reviews and Fetal and Infant Death Reviews. These reviews offer comprehensive analyses of maternal, fetal, and infant mortality trends and causes, enabling health authorities to develop targeted, area-specific interventions that effectively address the needs of mothers and newborns.⁸

Establish the Congressional Oversight Committee (COC)

The RPRH Law mandates the formation of a Congressional Oversight Committee (COC) to review the law's implementation every five years.⁸ Although the policy was passed over a decade ago, the COC has yet to convene and initiate the review process. Given significant developments in the country's SRHR landscape – such as rising teenage pregnancies and maternal deaths – there is an urgent need for the COC to conduct a comprehensive evaluation with various stakeholders. This review is essential to ensure that the law remains responsive and effective in addressing current SRHR issues in the country.



Fully implement Comprehensive Sexuality Education (CSE)

Despite the RPRH Law's mandate for reproductive health education, Comprehensive Sexuality Education (CSE) has not yet been fully implemented.⁹ To address this, the Department of Education (DepEd) should expand CSE-focused teacher training programs, equipping educators with the necessary knowledge and skills to teach the subject effectively. DepEd should also prioritize the creation of standardized, age-appropriate CSE materials and strengthen monitoring mechanisms to ensure consistent, high-quality instruction across the country. These initiatives should be accompanied by a push to make CSE compulsory at the basic education level in both public and private schools while prioritizing its integration into the nonformal education system to reach out-of-school youth, delivering essential SRHR information to all young people.



Immediately pass the Adolescent Pregnancy Prevention Bill

The rise in adolescent pregnancies, risk of experiencing sexual violence, and shift in sexual behaviors among young people highlight the urgent need to address the SRHR needs of this demographic. Under the RPRH Law, minors are generally restricted from obtaining modern contraceptive methods without parental consent, limiting their access to essential SRHR services and information.⁹ To address this, the Adolescent Pregnancy Prevention Bill must be passed without delay to close policy gaps and provide young people with accessible SRHR services. Currently, the House of Representatives has approved the measure.¹⁰ The enactment of this bill offers the potential to expand SRHR services specifically catered to adolescents, ensure adequate budget support for SRHR, and strengthen support structures for the youth. Moreover, this law would institutionalize programs like the Social Protection Program for Adolescent Mothers and their Children (SPPAMC) of the Department of Social Welfare and Development (DSWD). This program is designed to offer critical support to adolescent mothers by providing training and livelihood and employment opportunities.

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