

# Philippines

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>96.71 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>47.44 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>49.27 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>1.73%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>250.18 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>23.5</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>29.8</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>69 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>4723</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>74%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>92%</b>

<sup>f</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

WHO/FWC/WSH/16.33

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Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.  
GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.  
Printed by the WHO Document Production Services, Geneva, Switzerland.

## Sanitation, drinking-water and hygiene status overview

The Philippines has met the Millennium Development Goal (MDG) for water and has made good progress toward the MDG for sanitation. The human rights to water and sanitation have been recognized by the Philippines since 2009 and they are noted in Republic Act 9710, which focuses on marginalized groups, including women. Section 20.b.5 recognizes that women have equal rights to the “enjoyment, use and management of water” and Section 21 of the Act notes, “The State shall develop housing programs for women that are localized, simple, accessible, with potable water...” Additionally, the Philippines recognizes 14 disadvantaged groups that are specifically targeted for universal access to water and sanitation. These groups include poor populations, people living with disabilities, women, farmers, fishermen, migrant workers and workers in the informal sector.

Universal access is also the theme of the Philippines’ two main policies for water and sanitation. The Philippine Water Supply Sector Roadmap and the Philippine Sustainable Sanitation Sector Roadmap each have targets of 100%, by 2025 for water and by 2028 for sanitation. Both of the plans have been costed and are at least being partially, if not fully, implemented.

In the Philippines water, sanitation and hygiene (WASH) are all led by the Department of Health. Seven other departments are involved in the WASH sector including the Department of Interior and Local Government, the Department of Environment and Natural Resources and the Department of Education. Coordination mechanisms exist for all stakeholders in the WASH sector, including nongovernmental actors. The coordination mechanisms are the Interagency Committee on Environment and Health, which meets as needed, and the Philippine Development Forum—Working Group on WASH, which meets quarterly.

While human resources strategies exist for water, sanitation and hygiene, not all of the gaps have been filled. This is an issue at the local government level where positions for provincial or city sanitary engineers do not exist; legislation would be needed to create such positions. Because these positions do not exist, emigration has become a major constraint to WASH human resources. Additionally, the lack of colleges or universities offering courses related to WASH and the lack of promotion of WASH related courses to attract more students are also issues. An area where the lack of human resources is noticed is in rural water quality testing. Rural drinking-water quality is not usually tested due to a lack of staff and the prohibitive costs of testing all water quality parameters.

# Highlights based on country reported GLAAS 2013/2014 data<sup>1</sup>

## I. Governance

The Department of Health is the lead department for sanitation, drinking-water and hygiene promotion. Other departments play supporting roles.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
<b>Department of Health</b>	✓	✓	✓

Number of ministries and national institutions with responsibilities in WASH: **8**

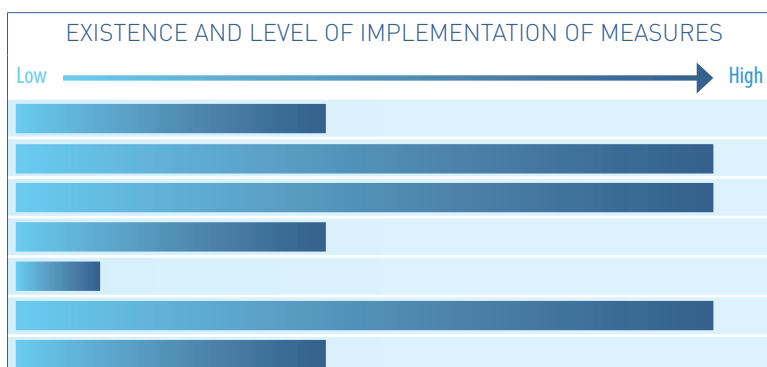
Coordination between WASH actors includes: ✓ All ministries and government agencies  
 ✓ Nongovernmental agencies  
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	100	2028
Rural sanitation	✓	100	2025
Sanitation in schools	✓		
Sanitation in health facilities	✓	100	2025
Urban drinking-water supply	✓	100	2025
Rural drinking-water supply	✓		
Drinking-water in schools	✓		
Drinking-water in health facilities	✓		
Hygiene promotion	✓		
Hygiene promotion in schools	✓		
Hygiene promotion in health facilities	✓		

There are specific plans implemented addressing the issues of improving and sustaining WASH services, including water safety plans that have been implemented in approximately 10 utilities.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

<b>Keep rural water supply functioning over long-term</b>
<b>Improve reliability/continuity of urban water supply</b>
<b>To rehabilitate broken public latrines</b>
<b>Safely empty or replace latrines when full</b>
<b>Reuse of wastewater or septage</b>
<b>Ensure DWQ meets national standards</b>
<b>Address resilience to climate change</b>



<sup>a</sup> Including implementation.

<sup>1</sup> All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

## II. Monitoring

There is a high level of data availability reported for policy-making, resource allocation, and response to WASH related disease outbreak. Rural drinking-water quality is not usually tested due to a lack of capacity and auditing procedures.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
<b>Latest national assessment</b>	2011		2011		2011
<b>Use of performance indicators<sup>a</sup></b>	✓		✓		
<b>Data availability for decision-making<sup>a</sup></b>					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
<b>Surveillance<sup>b</sup></b>	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✗	
Independent auditing management procedures with verification	NA	NA	✓	✗	
Internal monitoring of formal service providers	✗	✗	✗	✗	
<b>Communication<sup>a</sup></b>					
Performance reviews made public	✗	✗	●	✗	
Customer satisfaction reviews made public	✗	✗	●	✗	

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resource strategies are developed for sanitation and drinking-water, although some identified gaps are not being addressed. The most important constraint identified is the emigration of skilled workers abroad.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
<b>Human resource strategy developed<sup>a</sup></b>	✓	✓	✓
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>	●	●	●
<b>Human resource constraints for WASH<sup>b</sup></b>			
Availability of financial resources for staff costs	●	●	●
Availability of education/training organisations	●	✓	✓
Skilled graduates	✗	●	●
Preference by skilled graduates to work in other sectors	✓	✓	✓
Emigration of skilled workers abroad	✗	✗	✗
Skilled workers do not want to live and work in rural areas	●	●	●
Recruitment practices	✓	✓	✓
Other			

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

# IV. Financing

Although financing plans exist, they are not fully implemented. Difficulty in absorbing domestic funding is due to delays and short timeframes. There is also an insufficiency of funds to meet MDG targets.

FINANCING	SANITATION		DRINKING-WATER		WASH VS. OTHER EXPENDITURE DATA
	Urban	Rural	Urban	Rural	
<b>Financing plan for WASH</b>					Total WASH expenditure <sup>1</sup>
Assessment of financing sources and strategies <sup>a</sup>	●	✗	●	●	NA
<b>Use of available funding (absorption)</b>					Expenditure as a % GDP
Estimated % of domestic commitments used <sup>b</sup>	✗	✗	✗	✗	Education <sup>2</sup> NA
Estimated % of donor commitments used <sup>b</sup>	●	●	●	●	Health <sup>2</sup> 4.4
<b>Sufficiency of finance</b>					WASH <sup>3</sup> NA
WASH finance sufficient to meet MDG targets <sup>b</sup>	✗	✗	●	✗	

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.  
<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.  
<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.  
<sup>3</sup> WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.  
 NA: Not available.

# V. Equity

As a step towards addressing equity in access to WASH services, 14 disadvantaged groups are identified in WASH plans, including workers, those affected by disasters and people living in slums and informal settlements. Participation and reporting is strongest for urban drinking-water.

EQUITY IN GOVERNANCE	SANITATION		DRINKING-WATER		DISADVANTAGED GROUPS IN WASH PLAN
	Urban	Rural	Urban	Rural	
<b>Laws</b>					1. Poor populations 2. Indigenous populations 3. Remote populations 4. Displaced persons 5. Ethnic minorities 6. People living with disabilities 7. Women and children
Recognize human right in legislation		✓		✓	
<b>Participation and reporting<sup>a</sup></b>					
Clearly defined procedures for participation	✓	✓	✓	✓	
Extent to which users participate in planning	●	●	✓	●	
Effective complaint mechanisms	●	✗	✓	●	

<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

## EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

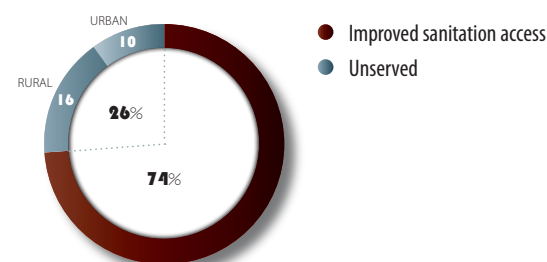
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**Figure 2.** Disaggregated WASH expenditure

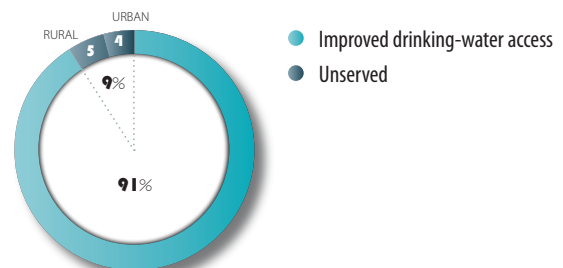
[ No data available. ]

## EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



**Figure 4.** Population with access to improved drinking-water sources



<sup>1</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.