

Health Devolution, Civil Society Participation and Voluntarism: Political Opportunities and Constraints in the Philippines

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Paralleling the general decentralization trend in recent decades, health sector decentralization policies have been implemented on a broad scale throughout the developing world since the 1980s. Often in combination with health finance reform, decentralization has been touted as a key means of improving health sector performance and promoting social and economic development. (World Bank 1993) However, some of the preliminary empirical data indicate that results of health sector decentralization have been mixed, at best. Furthermore, in a few cases, limitations of this decentralization have resulted in a backlash against the reforms and an initiative for recentralization. But according to Bossert, *et al.*, this rejection is often premature or misplaced; the issue at hand is “how to better adapt decentralization policies to achieve national policy objectives”. In such a context, it is increasingly important “to adequately understand the dynamics of health sector reform processes in diverse contexts” in order to draw lessons and formulate effective strategies for future research and policy-making. (Bossert, Beauvais and Bowser 2000: 1)

In the case of the Philippines since 1992, health services began to be devolved under the 1991 Local Government Code (LGC) or Republic Act (RA) No. 7160. Some case studies have shown that civil society participation is crucial in improving devolved health service delivery in the Philippines. Moreover, civil society organizations (CSOs) have been instrumental in enhancing community participation in health service delivery. As will be shown in the case studies in health service delivery in the paper, civil society and volunteers in the area of health is in the process of performing some of the democratizing roles mentioned by Diamond (1999: 218-260). These are by effecting transition from clientelism to citizenship at the local level; recruiting and training new political leaders; disseminating information and therefore empowering people in the collective pursuit and defense of their interests and values; and strengthening the social foundations of democracy even when its activities focus on community development.

This paper discusses civil society participation and voluntarism in the context of health devolution in the Philippines. Using the frame of political opportunity structures and constraints (Gamson and Meyer 1996; Tarrow 1998: 77), this paper argues that the public health system in general as well as the current devolved set up provide opportunities for civil society participation and voluntarism to thrive in health service delivery. However, there are also remaining constraints for full civil society participation and voluntarism to thrive in a devolved health system and contribute fully in the process of democratization and development.

The paper first traces the political opportunities as well as constraints for civil society participation and voluntarism before devolution. Then, there will be an analysis of

the enabling factors for greater civil society participation and voluntarism at the national and local levels in the area of health service delivery since 1992. These factors include the legal enabling environment, the Department of Health's policies and programs that are participatory in nature, and constraints being faced by the formal public health system at both national and local levels. Then, the constraints for full civil society participation and higher voluntarism in the health sector since 1992 will also be discussed.

Embedded in the discussion will be examples of civil society participation and voluntarism in health service delivery at the local level. Most of these are cases at the municipal level, the level of local government without much experience with direct health service delivery prior to devolution but now tasked to deliver primary health care. Some of these cases are areas where the author has done extensive field work as part of her dissertation which was finished in 2003, some the author has also visited as a result of other research involvement until 2008, and others where other scholars have done extensive research. This empirical data will hopefully show the contributions and potentials of civil society and voluntary participation in health service delivery and development, if sufficient opportunities are available.

References:

Bossert, Thomas; Joel Beauvais and Diana Bowser, 2000. *Decentralization of Health Systems: Preliminary Review of Four Country Case Studies*, Major Applied Research 6, Technical Report No. 1. Bethesda, MD: Partnerships for Health Sector Reform Project, Abt Associates, Inc., January 2000.

Diamond, Larry. 1999. *Developing Democracy: Toward Consolidation*. Baltimore and London: Johns Hopkins University Press, pp. 218-260.

Gamson, William and David Meyer. 1996. "The Framing of Political Opportunity." In Doug McAdam, John D. McCarthy, and Mayer N. Zald (eds.). *Comparative Perspectives on Social Movements: Political Opportunities, Mobilizing Structures, and Cultural Framings*. Cambridge: Cambridge University Press, pp. 275-290.

Tarrow, Sidney. 1998. *Power in Movement: Social Movements and Contentious Politics*, 2d ed. Cambridge: Cambridge University Press.

World Bank, 1993. *World Development Report: Investing in Health*. New York: Oxford University Press.