



Strengthening Civil Society Participation in Health Development: Mapping Out Civil Society Engagements on Health and Development Issues

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Abstract

Health development assumes a process of social transformation and includes all efforts to improve the health situation of the country and the quality of life of Filipinos. The role of civil society groups in the health development process was explored among members of civil society in health forums commissioned by the DOH and WHO.¹ The methodology for the Second Global Health Forum on Civil Society and Health included a review of related literature, survey of prospective forum participants and the discussion of identified policy issues and recommendations. Qualified inputs to the forum included a sociological discussion in understanding the role of civil society in the evolving health system, discussion of the trends in and influences to the health sector and a presentation of cooperative-driven social health insurance schemes. The forum identified urgent concerns that need to be addressed to strengthen civil society participation in health

development as: (1) an immediate review of the framework for partnership between government and civil society groups; (2) clarification of the expected roles of civil society groups in national and local government settings; (3) replication of good practices in collaboration and partnerships specially in convergent programs addressing strategic issues, and (4) the involvement of academic and research organizations to systematize the insights from previous engagements. The operational research initiated by the Philippine Health Insurance Corporation to expand health insurance coverage of organized groups was identified as one innovative approach in bridging the gap between civil society groups and state institutions. The Bureau of Local Health Development of the Department of Health, during the forum, committed to review its programs on Primary Health Care and host more engagements between civil society and state institutions. The conduct of follow-up consultations and interactions with civil society groups were also identified as concrete steps to strengthen civil society participation in health development.

Keywords: civil society, health development

I. PROJECT BACKGROUND

Health development in the Philippines is articulated in the National Objectives for Health (NOH) in a vision of healthy Filipinos. The avowed mission is to ensure accessibility and quality of health care to improve the quality of life of Filipinos, especially the poor.² Among the basic principles espoused to achieve these vision/ mission are the following: universal access to basic health services must be ensured; the health and nutrition of vulnerable groups must be prioritized; the epidemiologic shift from the infectious to degenerative diseases must be managed; and the performance of the health sector must be enhanced. These basic principles assume sharing of responsibilities and people's participation in the management of the health system and provision of health services.

The Department of Health as the lead agency in this development process recognizes the crucial roles of the different stakeholders in the health

sector. The challenge is how the different stakeholders can forge this partnership for health so that individually and collectively, every stakeholder shares in the responsibilities. The civil society groups have been regarded by the government as a strategic partner in the health development process. The Non-government Organizations (NGOs), People's Organizations (POs) and Socio-civic groups have gained the reputation of providing broad-based participation that promote responsive health policies and programs. Their capacity to mobilize communities for health-related activities, social action, generate resources and organize communities around health and development issues have been proven effective and essential in the development of the health system.³

Influences in the evolving role of civil society groups in health development

The role of civil society groups in health development has been evolving and adopting to the changes in the socio-economic and political sectors. To understand the influences in the evolving role of civil society groups in the health development, several trends and assumptions on the current Philippine health situation need to be discussed. These include the following:

1. The challenges brought about by an increasingly globalized health industry. The Philippine health industry is intricately linked to a global economy which makes it susceptible to shifts in industry and international trends. The current phenomenon of large-scale migration of Filipino health professionals in response to the human resource requirement of developed countries exemplifies this point.

2. Downstream implementation of the Health Sector Reform Agenda and its convergence with other reform initiatives.⁴ The national government has consistently pushed for the implementation of the Health Sector Reform Agenda (HSRA) as the main framework for developing the health system. In recent years however, there has been a further push to localize the reform initiatives and converge the HSRA with other reform initiatives in financing, agrarian reform, and other social services.

3. Further decentralization of the national health system. The decentralization of health services has been continued with the Department of Health assuming more regulatory and technical functions.⁵ This trend increasingly puts the burden of responsibility on the Department of Health to provide the policy and program framework for health development issues the health system should address.

4. Uneven growth in the evolving local health systems. The local government units (LGUs) have assumed a greater role in managing the local health system but the uneven resources and capacities available at the differently-situated LGUs expectedly result in uneven levels of development of their respective local health systems. This uneven development aggravates the inequities in the health system and contributes to the disparities in the health conditions of the people.

5. Lack of coherence in the government policies and programs for civil society participation in the health sector. The Primary Health Care Policy in the 1970s and 1980s provided a framework for the civil society engagement in health programs.⁶ The successive waves of health reforms however created different interpretations of the PHC policy and disrupted its implementation. This situation has been identified as one of the reasons why civil society participation in health has not been consistently supported by the government.

In recent years, public policy forums have formed part of the WHO and DOH initiatives to revisit the issues affecting and confronting the health sector in recent years. The First Global Health Forum on the Civil Society and Health was held on August 20, 2002 to discuss the perspectives of civil society involvement on health and policy issues in the Philippines. In this forum, the concept of “civil society” as developed in the West and its evolution in the context of Philippine Society were discussed. That discussion was followed by the sharing of experiences of health workers in civil society groups involved in social health insurance and HIV/AIDS programs.

In this first forum, civil society groups were defined as “the totality of self-conscious organizations accountable to a defined constituency and insistent

on a culture of involvement”⁷. Within the Philippine context, the possible functions of civil society groups include the following:

1. To deliver services that cannot be delivered by the State;
2. To help access State resources;
3. To engage in advocacy work; and
4. To enable empowerment towards effecting changes in the State.

The discussions in the first forum focused on issues and concerns related to civil society and health inter-phase. Among the policy gaps and areas for study identified in the first forum were the following:⁸

1. There is need to explore a new model for providing health services in place of the current one of a top to bottom approach. One way would be to look at the model evolved in the process of providing social health insurance which utilizes indigenous practices.
2. The inflexibility of government in terms of its policies and practices in the area of health must be reviewed since it weakens government’s effectiveness.
3. Academic and research institutions must be tapped as alternative sources of policy research and deliberations in the area of health.
4. There must be greater attention given to enlist the support of NGOs, media and private businesses in health projects.
5. Legal, regulatory and monitoring measures need to be developed by government *vis-à-vis* NGOs.
6. There is little interest on the part of government to discover what NGOs are doing, reflecting an attitude regarding NGOs.
7. The government has not developed effective ways of interacting and harnessing the resources of NGOs.
8. There is need to improve the availability and accessibility of services for people with HIV.
9. There is need for more support from government in training health care providers and lawyers for people with HIV.

The First Global Forum on Civil Society and Health in 2002 was one of the attempts in recent years to re-establish the links between civil society and state institutions towards partnership programs. The gaps and concerns identified

in the forum were seen then as starting points to work out a more comprehensive framework in pursuing Government and NGO (GO-NGO) collaboration in health.

As a follow-up, the World Health Organization (WHO), the Department of Health (DOH) – Bureau of International Health Cooperation, and the Foundation for Integrative and Development Studies (FIDS) Inc. convened the Second Global Health Forum on Civil Society and Health on November 9, 2005.

II. METHODOLOGY AND RESULTS

The diagram below presents the framework and process used in the civil society and health forum project.

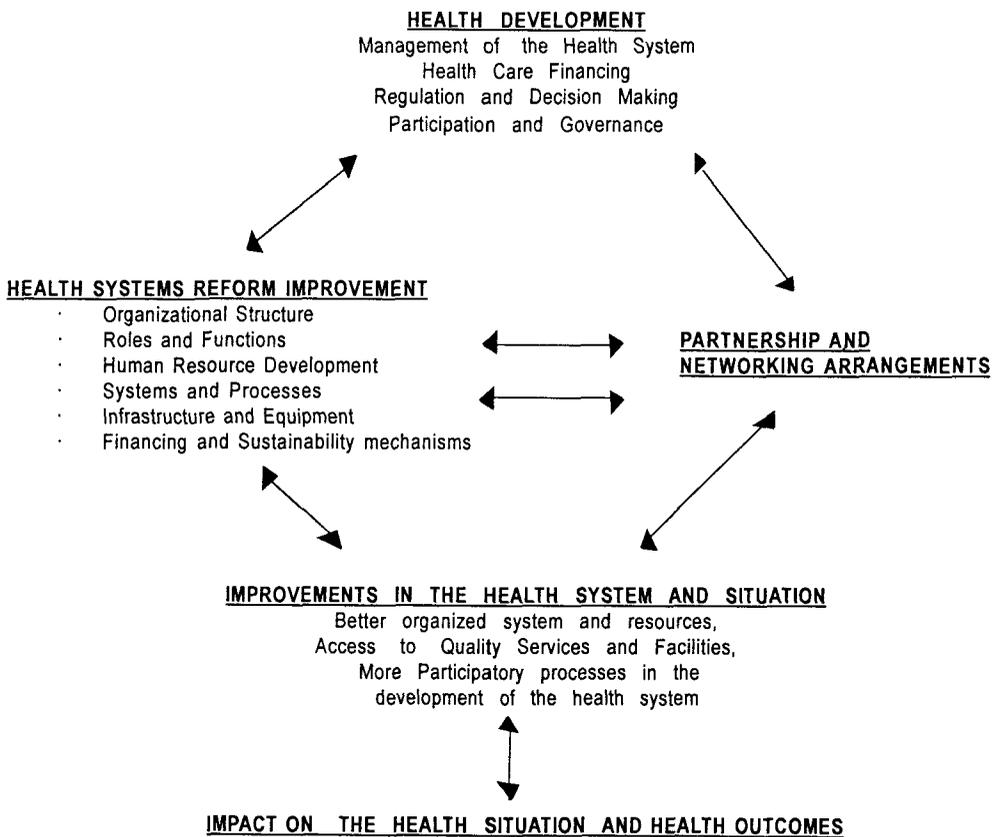


Figure1. Framework and Process for the Civil Society and Health Forum

The health development initiatives in management, financing, regulation and decision making, and participation and governance are expected to result in improvements in the health situation through the health systems reforms and partnership arrangements. The partnership arrangements refers to inter- and intra--sectoral collaborations, and partnerships and networking initiatives with civil society groups. The improvements in management of the health system, financing options and participation of stakeholders are expected to result in positive impacts on the health system and eventually the health status of the population.

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Goal and Objectives

Being the second in the series, the 2nd Global Forum on Civil Society and Health had to assume some of the expectations set in the 1st Forum. Considering that there were no documented follow-up activities from the 1st Global Forum, there remains now a question of how serious are the sponsors of the 2nd Global Forum in pursuing the goals of this series of consultations. These apprehensions were expressed by civil society

participants who attended the first forum. It was apparent that some expectations set in the first forum remains unmet while new ones for the second one are being created.

Notwithstanding these concerns, the 2nd Global Forum organizers proceeded to define a framework and process to reflect on and again assess the Civil Society and State engagement on health issues. Within the context and processes of of the public policy series, and the framework for health development, the objectives set for the Second Global Health Forum on Civil Society and Health were the following :

1. To assess the Civil Society and Health engagements on health and policy issues;
2. To identify the factors affecting the Civil Society and Health engagements in the Philippines that can help determine policy direction and courses of action for the stakeholders; and
3. To identify elements of a policy paper that can be addressed by the identified stakeholders.

The Second Global Forum on Civil Society and Health was conceptualized and planned together with the other public policy forums organized by the Foundation for Integrative and Development Studies for the WHO and the DOH. The public policy project lead convenor and forum convenor developed the forum framework consistent with the overall goals and methodologies of the public policy series. The participants from the First Global Forum were all invited, together with an expanded list of government representatives and Civil Society groups who represent various streams of civil society persuasions and areas of interest. The recommendations in the policy paper can serve to bridge the first and second forums towards an institutionalized process of collaboration between civil society groups and state institutions. The issues and concerns from the two forums can be taken as the starting points for discussion between the civil society and state actors who eventually would accept the task of working out the said process.

The second forum process started with the review of the first forum and current Civil Society health initiatives. From the review process, a self-administered survey of prospective forum participants was conducted. The review was done by using existing documents and interviewing key informants. The survey looked into the status of Civil Society engagement, participation of civil society in health and the future policies for civil society engagement in health. The results of this phase served as inputs to the actual forum held on November 9, 2005. Unfortunately, only two of the twenty prospective participants responded to the survey. Some were hesitant to put in writing their concerns on

the issues in questions. Others expressed uncertainty on how their responses can influence public policy.

Further, the answers were confined to only a few of the questions. The other concerns influencing the evolving role of civil society in health development were articulated by the respondents from the survey. A respondent from Philhealth commented that: "The Civil Society as a whole is very much interested in the aspect of health especially in health care delivery. They are aware of its importance and are actively doing their part in ensuring that the right health care will be provided to the intended beneficiaries. However, the national agencies may not be fully ready to address all those concerns but I firmly believe that in due time all these concerns will also be addressed."

"As far as Philhealth is concerned, we have included the civil society in our programs, e.g., (1) sponsorship of enrollment of indigent families by private individuals or organizations, capitalizing on their Corporate Social Responsibility; and (2) enrollment in the National Health Insurance Program (NHIP) under the Individually Paying Program or voluntary program thru the organized groups such as cooperatives, microfinance institutions, NGOs or people's organizations."

Another respondent from the NGO sector had the following sentiment: "NGOs should actively participate in policy making which should be transparent. NGOs should be involved in the planning and implementation of programs. There is also a need for a new government policy to give NGOs a legal voice. NGOs should have clear and defined roles. There should be strategic partnership with government, particularly in support of the population program. An office for civil society should also be created."

III. DISCUSSION

Civil Society groups have played a critical role in the development of the health system in the Philippines. These civil society and NGO initiatives initially took place outside the government's national programs, but increasingly became part of partnership efforts with national and local governments. This

has brought about the establishment of various types and forms of health NGOs that participated in the pursuit of a development agenda in health. The process, however, highlighted the need to delineate the roles of the NGOs, government and other groups to avoid duplication of efforts and have a more effective and broader impact on the health situation.¹

A recognized role of civil society groups in health development has been the promotion and pursuit of people's participation. People's participation is in itself a broad term and in the Philippine context it has been used in a wide range of development programs. In a major assessment of participatory development in the Philippines, Castillo (1983)² raised the question of 'who are the people in people's participation?'. She argued that the word 'people' must be identified in terms of total households to ensure that the women, youth, infants, pre-school children, the aged are included in the definition. She further elaborated on four categories of operationalization of participation namely: (1) participation in the implementation of the project; (2) participation in the decision making on what the project should be; (3) participation in the evaluation; and (4) participation in control on how the project is directed in the long run. In the health sector, different NGOs have pursued people's participation on various fronts of program cycle. This created a very dynamic civil society sector in the country involved and committed to pursue health issues at the local and national levels.³

The decentralization of health services to the Local Government Units (LGUs) provided an opportunity for civil society groups to advocate for and pursue community participation in local communities. This has been achieved in various ways and degrees as the decentralization process in the health sector progressed in its implementation. What has been established in the process is that civil society groups constitute a separate public entity acting with the state and market forces to influence development in a particular setting.⁴

Towards Defining the Role of Civil Society in the Evolving Health System

In her discussion paper during the forum, Prof. Josephine Dionisio of the University of the Philippines, Third World Studies Center elaborated on the findings of studies which define the role of civil society groups in various sociopolitical contexts. Prof. Dionisio discussed various perspectives in understanding the civil society sector and its functions in society. One perspective is the tri-sectoral framework where civil society together with the state and business sectors are regarded as the main actors in the development process. Civil society can also be regarded as a countervailing force emanating from the grassroots to respond to the effects of state and market policies and processes. As such, civil society interaction with state and business institutions could range from cooperation to confrontation. A further characterization of civil society is that it is a social arena where different groups interact, whether in agreement or in conflict, on various social issues.

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In the Philippine context, NGOs have taken on tasks traditionally done by government since it has assumed a more strategic role in development and governance issues. In particular, NGOs have taken the position that governing is not the exclusive domain of the state. Prof. Dionisio observes that the emerging roles of NGOs are varied and dependent on the situations they are confronted with. She argues though that NGOs should focus on its role as development facilitators and not replace government. In particular, NGOs should not let government abdicate

from its responsibilities nor should they do the task of government.

Two specific cases were presented and discussed to further understand the dynamics of civil society initiatives within an evolving health system.

Coalition for Peace. The experience of the Coalition for Peace was narrated by Prof. Dionisio as part of her inputs in the forum. This was a program of immunization particularly focused in conflict areas where immunization coverage has been very low because of the security situation in these areas. This program was initiated as a partnership project between civil society groups and the Department of Health. The immunization drive brought health workers into areas of conflict where state and non-state combatants were asked to cease hostilities and give way to the immunization activities.

There were difficulties, risks and barriers in the implementation of the activities but the program was able to prove that health work can be a bridge for peace-building and civil society and government partnership on specially difficult situations can address particular operational problems.

Cooperative Driven Social Health Insurance Scheme. Cooperatives as civil society actors have espoused the values of self-help, equity, mutuality and solidarity. Cooperatives bring in their strengths in financial and organizational autonomy and broad-based membership into the health care schemes they have initiated. During the forum, examples of cooperative driven health programs were provided by Ms Ruth Aseron from the National Confederation of Cooperatives (NATCCO) in the following cooperative health enterprise models: *Damayang Pangkalusugan Program, Himsug Pamilya: Reproductive Health-Family Planning Program and Coop Kontra TB.* Such schemes allow cooperatives to participate in the provision of health services, health education and advocacy, local distribution of health care products and financial intermediation for social health insurance schemes.

The inputs and discussions in the 2nd Global forum on Civil Society and Health highlighted the evolving nature of civil society with respect to the continuous changes in the health system. The above discussion showed that civil society groups in the Philippines have participated in the evolution and development of innovative program approaches and operational models to

address particularly difficult situations in governance and financing. These relatively advanced positions and operational capacity for Philippine NGOs offer concrete options for state mechanisms to address health issues which government may have limitations in responding to.

IV.POLICY ISSUES ON CIVIL SOCIETY PARTICIPATION IN HEALTH DEVELOPMENT

This section lists some important policy issues on civil society participation in health development. The items discussed could be categorized into: (1) issues related to the need for a framework for facilitating Civil Society and State engagement; and (2) issues related to supporting innovative approaches in addressing challenges in health program implementation.

The policy questions on the civil society and health interphase revolved on the following set of questions presented to the participants of the forum:

- What are the available venues for civil society groups to participate in governance and service delivery in health?
- How are these venues of civil society participation in health issues supported by government?
- What still needs to be done to further stimulate civil society participation in the Philippines? What particular concerns and issues can be focused on?

The discussions surfaced the following policy and program concerns.

Pursuing a framework for facilitating Civil Society and State engagements

1. The urgent need to have a framework for civil society and health engagement. The need for this policy framework becomes more urgent as the partnerships and networking arrangements becomes a major component of the health development framework of the state health institutions. the DOH proposed a PHC Summit in February 2006.

2. The recurrent problem of coordination between and among health organizations and institutions. Information links and networking activities that can facilitate coordination and knowledge transfer among civil society and state institutions should be initiated as soon as possible. A number of recommendations were forwarded for the Department of Health to initiate the following:

- a. Preparation of a directory of NGOs.
- b. Setting up of a common portal for NGOs/CSOs.
- c. Hosting of other venues for interaction and networking.

3. The PHC Policy program in the past has been observed to be one of providing integrating points and for civil society and health engagements. There were observations that the civil society engagements with the health sector were disrupted with the de-emphasis on the PHC approach. There is a need to revisit the PHC program with respect to the state policies on civil society participation in government policy development functions and programs.

Supporting innovative approaches in addressing challenges in health program implementation

4. The documentation of good practices in the area of civil society and state partnerships were deemed inadequate. The experiences in coordination and collaboration among government and non-government agencies offer a rich learning experience to improve program design, implementation and impact. It was also pointed out that a research agenda on the issues to be addressed through research and documentation should be presented to provide a coherent framework to understand and integrate the findings of these studies.

5. Identification of strategic programs that focus on convergent issues. Among the convergent programs identified were in the areas of social health insurance, essential medicines, health financing and other social services. These convergent programs offer opportunities to mutually support development

initiatives in particular areas. Other critical programs that needed to be prioritized included: local health systems development, infectious diseases, emerging infectious and chronic diseases.

6. The conduct of operational researches to address implementation problems in the health system. The decision of Philhealth to have an operational research in expanding Community Based Health Care Organization (CBHCO) participation in the national health insurance program was noted as an innovative approach in the provision of health services.

V. SUMMARY AND CONCLUSION

The Second Global Forum on Civil Society and Health provided a venue for civil society groups and state institutions to again look at the context and status of their engagements in health development programs. The evolving role of civil society in the health sector has never been as important specially within the context of the current political transitions and the prospects for further decentralization of the health system. The policy gaps and areas of study identified in the first and second global forums need to be further analyzed and addressed as the health sector confronts the challenges of a globalized health industry, moves into a more advanced phase of decentralization and consolidates uneven changes of the evolving local health systems. Among the concerns identified in this regard were the following:

1. Governance issues in the national and local government settings need to be addressed to clarify the expected roles of civil society groups in the evolving health systems. These include conflicts or differences in program approaches and orientation. Nevertheless, technical and financial support to NGOs should be provided by the government to direct the contribution of the civil society groups to specific components of the health system.

2. The need to assess current practices in the provision of health services in order to highlight good practices that can be replicated in other settings. The innovative approaches in health service management and health care

financing presented in the forum also serve as models in addressing particular problems in the delivery of health services.

3. Conduct of operational researches to address implementation problems in the delivery of health services. The case of the Philhealth expanded program coverage for organized groups was identified as a recent example of this approach. The strategic role of academic and research organizations in the health system development has been emphasized in relation to this innovative approach.

4. Immediate follow-up of the forum process. The Bureau of Local Health Development, Department of Health announced their plans to hold a national PHC summit and other venues for collaboration as a follow-up activity to this public policy project. The summit was scheduled on 23-24 February 2006 and was organized with support from Plan Philippines International. This policy paper was presented in the said PHC summit. This and other future venues for discussions, engagements and collaboration should be promoted both by civil society and state organizations.

5. The role of convergent programs has also been identified as essential in order to strengthen the participation of civil society groups in health development. These programs implemented by state and civil society groups provide opportunities to test innovative approaches and new operational models that aim to improve specific components the health system and situation in more defined geographic settings.

From these findings and specific concerns, the following recommendations are forwarded in this paper:

1. Adopt a broader framework for health development which includes a more holistic definition of health, health development and health system development in the Philippines. The Primary Health Care literature and discourse in the Philippines can provide the needed inputs in this regard

2. Address accountability issues on the part of the civil society groups and national government programs. These include issues on financial accountability on funded projects and continuity of initiatives started from partnership

projects. These needs to be threshed out in future policies as these became thorny issues in previous partnership programs.

3. Practice disclosure of Existing Partnership Arrangements. Delineate roles and expectations in partnership arrangements between civil society groups and state institutions. Responsibilities and accountabilities defined in the memorandum of agreements should be supplemented by public disclosures in the form of a multi-sectoral dissemination activities. This can be undertaken jointly by civil society groups and state institutions.

4. Undertake a needs assessment process to identify needs in strengthening health governance and health system development. This process start with a desk review of related assessment papers, benefit monitoring evaluation (BME) reports and evaluation projects done in the last three years. The output of this desk review can then be presented in a consultative forum for clarification and validation. This can be initiated by DOH and Philhealth in consultation with civil society groups.

5. Review the existing mandates and programs on PHC and Civil Society partnerships. Review and disseminate again previously promulgated policies on Primary Health Care partnership programs and issued memoranda and circulars defining guidelines for civil society engagement in health development. . The DOH can take the lead in this aspect since it has been the lead agency in PHC implementation since the 1970s.

6. Facilitate coordination and knowledge transfer between civil society groups and state institutions by initiating the following activities:

- a. Preparation of a directory of NGOs and government health agencies;
- b. Setting up of a common portal for NGOs/CSOs;
- c. Hosting of other venues for interaction and networking.

The DOH and Philhealth can initiate this activity to provide the direction for its implementation. Other earlier initiatives from the Civil Society sector can be invited to be presented and linked to this networking initiative.

7. Preparation of a research agenda on the partnership and networking arrangements with civil society groups. Consolidate existing recommendations

into a workable research agenda for civil society and health. Proceedings of previous consultations on this concern, commissioned policy papers, the Essential National Health Research agenda and the Health Sector Reform research agenda can be consolidated for this purpose. The civil society and health research agenda should likewise include a documentation of good practices in the area of civil society and state partnerships; collaborative options on strategic programs that focus on convergent issues; assessment and evaluation tools on the partnership models and the decentralization process of the health system. The DOH and Philhealth should direct the consolidation efforts, after which a multi-sectoral consultation should be conducted to insure broad-based support for the research agenda.

8. Conduct more operational researches to address operational implementation problems in the health system. The conduct of an operational research in the expansion of the national health insurance coverage with the informal sector was one of the innovative steps by Philhealth discussed in the forum. Philhealth can be the lead agency in this initiative in collaboration with specific units of the DOH. Other government institutions addressing sectoral concerns, like the National Commission for Indigenous Peoples and Department of Agrarian Reform, can likewise conduct operational researches to address implementation issues in their health programs.

9. Continue and unequivocally support Civil Society Organizations. Provide technical and financial support to NGOs to be able to improve their capacities in working on health and development issues. The inclusion of NGO representatives in most of the training programs and consultations conducted by government institutions should be assured so that these opportunities are not missed by the civil society groups. All state institutions with health related programs should be asked to reiterate their policy of NGO participation in their policy and program level activities.

10. Promote more civil society and government engagements on health development issues. Government and civil society groups were enjoined to support the hosting of the PHC Summit on February 23-24, 2006 to be the next major venue in pursuing the next steps in strengthening civil society

participation in health development. The PHC Summit should be organized with prominent government and civil society support to encourage broad-based participation. The conduct of follow-up consultations and engagements with civil society groups were also identified as concrete steps to strengthen civil society participation in health development.

Notes

- ¹ Second Global Forum on Civil Society and Health held on 9 November, 2005 at the Institute of Small Scale Industries, University of the Philippines, Diliman Quezon City.
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