Gender and Sustainable Development in the Devolution of the Philippine Maternal Health System

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Abstract: This paper aims to analyze how the Philippines utilized Inclusive Growth under the Gender and Sustainable Development paradigm in terms of resource allocation for maternal health services in two distinct cities found in two different regions. This was done to create a more or less uniformed comparison of maternal health services in the country. In doing so, the question regarding the country's stagnant Maternal Mortality Ratio/MMR -- the number of women who die due to pregnancy, childbirth and puerperium per 100,000 live births-- and Gender and Sustainable Development Role could be explained through a critical review of literature on related topics. The comparison between Makati and Zamboanga city's data examined difference in funds disbursal in relation to their level of health services and poverty incidence. Makati City's total appropriation in 2009 was Php9 Billion with a 0.5 MMR and 3.8% poverty incidence while Zamboanga City's total appropriation was Php2 Billion with a 2.2 MMR and 38.5% poverty incidence. There is an inverse correspondence on funding in relation to MMR and poverty incidence. Therefore, in addressing the stagnant MMR due to inadequate maternal health services resulting from lack of funds, the importance of inclusive growth through proper resource management and allocation for different parts of the country is highlighted. Furthermore, through the Gender and Sustainable Development paradigm, the maternal health issues aim to incorporate financial and social services that could expand opportunities that women could avail of.

Keywords: Devolution, Gender and Sustainable Development, Inclusive Growth, Maternal Health, Maternal Mortality Ratio

Introduction

Considering the current trend of economic growth anchored on production, consumption and distribution, the relevance of adopting a sustainable pattern of resource utilization should be given emphasis as exploitation and pollution has vastly diminished our sources and allocation of these supplies has been increasingly difficult to administer **[1]**. However, the problem on sustainability does not only encompass an overall landscape of inequality between class and race, rather it also covers an evident disparity among gender. The concept of Gender and Sustainable Development examines how the gender dimension plays a role on sustainable development through the assessment of resource allocation between women and men, and how these are maintained over longitudinal and intergenerational capacity by requiring strategic projections for unbiased distribution among sectors **[2]**. In doing so, this theory aims to provide a concrete link between how different resources are used and the maintenance of an equitable allocation for these capitals.

One way of materializing such movement is through health care systems that specifically address women's issues considering that the fundamental right towards the "highest attainable standard of health" is considered as the foundation for a sustainable social, economic and environmental development **[3] (par. 1).** Such endeavor in tackling women's health was underscored in the Millennium Development Goals or MDGs maternal health target that aims to: 1) Reduce by three quarters by 2015, the maternal mortality ratio and 2) Achieve, by 2015, universal access to reproductive health. However, recent data shows that despite the 45% global decline in maternal mortality ratio or MMR, the reduction is still less than half the 5.5% required in attaining the first maternal health objective. Furthermore, huge disparities are observed between the richest or the industrialized and poorest or least developed countries where the former has a 1 in 4,000 lifetime risk of maternal death while the latter has a 1 in 51 lifetime risk of maternal death **[4].**

As for the Philippines, it was estimated that everyday approximately 13 mothers or around 5,000 every year die from pregnancy-related complications **[5].** Furthermore, it is currently estimated that the MMR is 221 per 100,000 live births, a very far cry from the MDG target of 52 deaths. Thus, the country is in danger of not reaching the target, as the decline has been slow and somewhat stagnant **[6]**. On the other hand, the government has been constantly increasing fund allocation towards health initiatives that aim to address this problem **[7][8].** Yet, such effort seems to have no effect considering the current MMR of the country along with other UNDP reports show the alarming statistical demographic **[9]**. Despite advancements in technology, more than 50% of births in the country have been instituted at home and traditional birth attendants have assisted approximately 33% of those women **[10]**. In addition, three major causes of maternal mortality are: hypertension at 27%, hemorrhage at 18% and unsafe abortion at 11%, which are considered preventable if adequate medical care such as presence of skilled birth attendants, emergency obstetric care or EmOC, and access to family planning services have been utilized **[10]**.

Given all these initial information, this study aims to discuss how Gender and Sustainable Development incorporated in inclusive growth could be utilized in improving the Maternal Health Issue in the Philippines particularly in addressing concerns regarding the devolution of its Maternal Healthcare System. This is done through an assessment of the factors that have contributed to the stagnancy of the country's MMR despite an increase in over-all resource allocation.

Literature Review And Problem Discussion

The 2011-2016 Philippine Development Plan's Inclusive growth strategy targets sustained growth that creates jobs, draws the majority into the economic and social mainstream, and continuously reduces mass poverty. As such, President Benigno S. Aquino III's 16-point *Social Contract with the Filipino People*, aimed on growth that is "shared by all [as] opposed to the trickle down, jobless growth that we have seen over the recent years" **[11] (par.3).** Such plan utilizes three broad strategies where the second one --social inclusion to ensure equal access to economic opportunity— anchors on the availability of health and education facilities as primary factors in determining how accessible health and education are since the lack of any tangible and concrete plan offering the supply of these services would result into a frustrated demand that simply hampers social presence and improved access to economic prospects. A weak link between growth and poverty indicators, as seen in the Philippine experience these past few years, would yield a mismatch on different sectors of society where one part thrives and enjoys the fruits of development while others are left under dismal conditions **[12].** In line with the maternal health issue, particularly the stagnant MMR being faced by the country, the lack of sustainable means of addressing the problem could only exacerbate the exclusion of women coming from the impoverished and vulnerable sectors thus negating the government's goal for progress. Therefore, inclusive growth tackles the inadequate levels of human development present in our country considering that health, nutrition, and education are essential tools in creating strong and competent human capital able to withstand economic, social and environmental shocks **[11].**

Philippine Government's goal of inclusive growth is in line with the concept of Sustainable development given that this type of development aims to "meet the needs of the present without compromising the ability of future generations to meet their own needs**" [13] (p. 43)**. Incorporating it with maternal health through accentuating the concept of needs and limitations, provision of goods and services in combatting the stagnant MMR should be in accordance with the current necessities and at the same time investing on the prospective responsibilities that may potentially happen in the future.

This concept could be further delved on in Gender and Sustainable Development theory where it aims to mainstream gender considerations through leverage in their participation and influence in managing resources particularly, financial services, social protection policies and innovative technologies that improve women's welfare as agreed upon by the Commission on the Status of Women global policy framework on gender equality and sustainable development **[1]**. The need for Gender and Sustainable Development could be seen in studies conducted on Maternal Health and Community Participation in the Philippines where it demonstrates poor implementation considering that certain socio-cultural and historical traditions **[14]** still hamper the effectiveness of promoting its cause. Its incorporation is less of a problem since programs and projects on maternal health have been closely linked to what Gender and Sustainable Development wants to achieve through opportunities that alleviate any bias or prejudice against women. As of 2011, plans and budgets on three study-sites included in La Vicente's research integrated Investment Cases on Maternal, Neonatal and Child Health or MNCH. It aimed to recognize vital health system limitations and approaches in order to improve critical MNCH interventions where it was observed that strengthening the capacity of the local level in fund channeling and coordination issues is crucial in creating

significant impact on health service delivery **[15]**. Moreover, this approach addresses supply-side issues better through a systematic structural analysis of the health system constraints along with locally viable strategies. Yet, deficits in information for effective planning as well as the privation on innovative strategies led to the process only adding little value on the lives of the people involved. Furthermore, in Ramiro's four case studies that examined how decentralization has influenced the local health boards capacity to enhance community participation and empowerment, their results show that members of the community have a low participation capacity given their lack of understanding on the devolution of the health system and the roles they play in health decision-making. Inevitably, Ramiro's group surmised that only the mayor and municipal officers felt empowered under the system. As such, the importance of community consultations, fund-raising activities, health initiatives and higher per capita health expenditure in LGUs with functioning local health systems were suggested as possible means of solving the problem **[14]** since the empowerment of citizens are anchored on their ability to understand their rights in participating and receiving social services. Another project was collaborative effort among LGUs, DOH and donor institutions with the goal of mitigating exploitations and miscommunications in the delivery of health services. Although Capuno's analysis show only a slight improvement in facility-based deliveries, the introduction of the Province-wide Investment Plan for Health or PIPH allowed several political formations within provinces to created a more systematic approach in provincial health spending **[16]**. In these three studies, Gender and Sustainable Development created an avenue for recognizing and providing financial services and social protection policies that are geared towards maternal health issues that could be easily be monitored through proper avenues for its disbursal and implementation. But, improvements in coverage and effectiveness in execution of these programs should be explored considering that women empowerment through a sustainable routine planning in LGUs is needed for an inclusive approach in combatting the stagnant MMR.

On the other hand, as far as funding is concerned, the Philippine government has abided in providing maternal health needs. It can be observed that allocated budget for the health sector has been constantly growing. In 2003, the Philippine National Health Accounts approximated that 9% of the expenditures incurred by the National government was for preventive public health services associated with maternal and child health **[8]**. In a span of a few years, the national health budget was augmented by 100% in 2008 with an additional 30% in 2009 moreover receiving P3.2 Billion in 2010 as a means for improving the Health Facilities Enhancement Program or HFEP. This amount was further increased to P7.1 Billion the following year. In 2012, another P5.1 Billion was provided and by 2013, P13.6 Billion was added in its aggressive move towards the reduction of the infant and child mortality rates and the maternal mortality ratio **[7][8].** Additionally, 22% of foreign aid was utilized for maternal and child health programs **[8].** Yet, despite these internal and external efforts, the MMR's rate of reduction declined at a slower pace comparing the 3.8% from 1990 to 2000 and the 1.7% from 2000 to 2010 **[17].** Also, what is more troubling is the fact that 8 out of 17 regions' MMR is higher than the national rate of 0.9 with Zamboanga Peninsula Region having the highest while NCR and CAR having the lowest **[18]** keeping in mind that regional shares in allocated funds are still smaller compared to NCR. The difference in funds comes from the revenue collecting capacity of these regions primarily through business investments and Internal Revenue Allotment or IRA distributed towards different Local Government Units or LGUs depending on their land area, population and equal sharing. Furthermore, the ways that these funds are used depend on the LGUs themselves as decentralization allowed LGUs to have autonomy and responsibility on their health services under the premise that this group has the best knowledge on addressing what their people need while the bureaus create guidelines for policies to be implemented.

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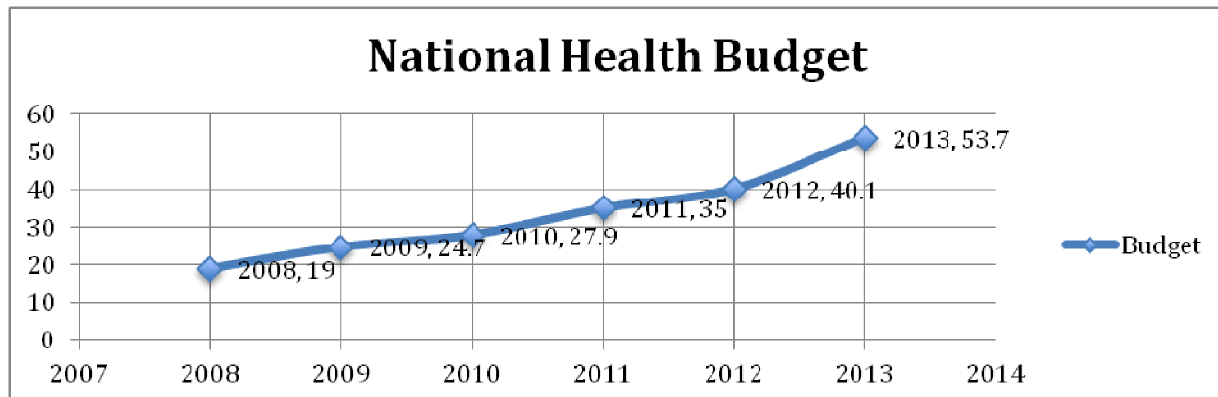
Graph 1. National Health Budget Trend



*Figures are in Billions

In elucidating how the differences in funding have a significant impact in the performance of cities on their maternal health services, this paper has chosen to assess Makati and Zamboanga City's maternal health services.

Makati is a first income class city with Php 628M of IRA and total appropriations of Php 9.5B **[19].** This city has 26 health centers that provide free consultation and treatment during weekdays along with 9 hospitals covering 21.57 km² of land and assisting approximately 529,039 people **[20].** Services offered include maternal and childcare that pregnant women can avail of from the inception of pregnancy until 4 weeks after their delivery. This comprise of check-up starting from the first trimester, delivery of their babies in Lying-in clinics under the care of trained personnel and post-partum follow-up **[21].** These health centers also provide reproductive health and family planning services through couples counseling and availability of contraceptives. Maternal Nutrition is also provided through nutrition education and counseling. Makati has a 0.5% MMR, which is lower than the Philippine average of 0.9% **[18].**

On the other hand, Zamboanga is also a first income class city with approximately Php 1B of IRA and total available appropriations of around Php 2B **[22]**. It has 15 hospitals along with 14 main health centers covering 1,483 km² of land and servicing 807,129 people **[23].** Given that Zamboanga is an urban center, almost 5 out of 10 doctors is found in it. Maternal health services are offered in the form of family planning, control of sexually transmitted diseases, and nutrition through primary health care **[24][25]**, but no specific details were provided on how to concretely execute these. Rebollos, Ramos and Echem discussed the city's lack of funding to acquire equipment needed for upgrading its local health services that led to the deterioration of facilities that resulted in the city suffering from a maternal mortality rate of 2.2%, which is 1.3% higher than the Philippine average [**18][26].**

Seeing the data on these two cities, Inclusive growth's presence in the Philippine maternal health experience should be carefully assessed since its goal of continuously reducing mass poverty while guaranteeing equal access in economic opportunity under sustainable development's call for moderately and cautiously using presently available resources in addressing economic and societal problems has been lacking in the past projects. Hence, inclusive growth geared towards creating solutions on issues that hinder growth then maintaining such level of improvement making sure everyone benefits from it has not been as successful as it hopes to be therefore the attainment of such goal should shed light in creating resolutions addressing the regional MMR gaps attributed in the resource distribution that primarily questions the intended beneficiaries of health services provided by the government.

Methodology

The analysis for this study was conducted through a Critical Review of Literature on WHO, UNDP, ADB and DOH's articles on the Philippine Maternal Health System. It aims to examine the factors and conditions that led to the stagnancy of the Philippine MMR. The Philippine MMR reflects the quality level and coverage of maternal health services offered by the health sector. A high MMR means inadequate facilitation of goods and services and vice versa.

By focusing on Makati as part of NCR that has the lowest MMR and Zamboanga as part of Zamboanga Peninsula that has the highest MRR, the Most Similar Systems Design or MSSD is utilized in understanding the divergent path taken by Makati and Zamboanga City's maternal health services despite their similar status as urban areas categorized as first income class cities. In examining the connection between these cities total appropriations with their level of MMR and poverty incidence, the link of resource allocation to maternal health services provides a better view as to how the provision for each could be improved and sustained in alleviating the over-all stagnant MMR.

Analysis and Discussion Of Results

Table 1. Makati and Zamboanga Data Comparison

	Makati City	**Zamboanga City**
Land Area	21.57 km²	1,483 km²
Population	529,039 people	807,129 people
Number of Health Centers	26	14
Number of Hospitals	9	15
Services Offered	Consultation and treatment during weekdays: 1.Check-up starting from first trimester 2.Delivery of their babies in Lying-in clinics under the care of trained personnel 3.Post-partum follow-up 4.Reproductive health and family planning services through couples counseling and availability of contraceptives 5.Maternal Nutrition through nutrition education and counseling	1.Family planning/ Reproductive Health 2.Control of sexually transmitted diseases 3.Nutrition through primary health care *no specific details were provided on how to concretely execute the plan
Poverty Incidence (Philippine Average: 27.9%)	3.8% or 20,103 people	38.5% or 225,000 people
Total Appropriations	Php 9.5B	Php 2B
MMR (Philippine Average: 0.9%)	0.5%	2.2%

Comparing Makati and Zamboanga's level of health services in relation to their total appropriations, we see more advantages and bigger opportunities for those living in Makati since these people enjoy adequate and comparatively better equipment that addresses maternal health issues more accurately and efficiently. Considering that Zamboanga has a bigger population and land area, the total appropriations held by this city is significantly smaller.

These funds are not equally distributed in the local level due to differences in revenue collecting capabilities as a result of decentralization. One study indicated that only around 30% of LGUs, majority of which are metropolitan areas, have capabilities comparable to national level hence, much of the funds are delegated to them while far-flung and/or conflict areas such as the ARMM end up with lowest health coverage **[27]**. Makati as a primary business district has a strong capacity to collect taxes and generate revenue that allows it to provide a wider range of health services. On the other hand, Zamboanga's capacity is much more limited given its significantly smaller total appropriations being distributed towards a larger land area and population as well as its smaller pool of business structures from which it could collect additional revenue.

Moreover, social and economic inequality also contributes to the stagnancy suffered by the country's MMR. Poverty as a social and economic factor affects the opportunities available for individuals, in this case, their access to maternal health. Comparing Makati poverty incidence of 3.8 % with Zamboanga's has 38.5%, **[28]** we see a major blockage in the accessibility of maternal health services particularly specializations only offered by private hospitals that require big payments. Studies show that households with uneducated mothers usually consist the poorest quintiles and are given the least rates of health assistance. This group is also considered as most vulnerable because of their lack of information due to incapacity to comprehend complex administrative requirements that hampers their utilization of PhilHealth benefits **[27].** Moreover, Romualdez' work in 2010 discussed how upper income groups consisting 25% of the population rely on privately provided healthcare that have better equipment and assistance while the remaining 75% have to use public medical providers **[29].** This pattern is also ostensible as pointed by the WHO that health financing in the Philippines is regressive where upper income households have a greater share in the distribution of benefits delivered by public facilities.

As such, the devolution of health services towards LGUs that aim to cater the very needs of their constituents have not resulted in better relaying of goods and services due to lack of financial resources as well as lack of accessibility because of geographical concerns for majority of this cities and municipalities **[29].** In 2011, it was exposed in the Joint Congressional Oversight Committee on Public Expenditures on the DOH-OSEC budget, that infrastructure completion rate for rural health units with birthing facility was only 6% and still zero for 2012 citing late release of funds as the source of delay **[7].** The supposed saving grace for these rural, and normally impoverished, areas have been cut short due to inadequacies in proper monitoring and mal-handling of funds for such infrastructural projects. Also, as observed in the Zamboanga- Makati comparison, although the former has a larger population, the number of heath centers, which are considered as the most accessible means of receiving immediate maternal health services as opposed to hospitals, are fewer compared to latter's. Thus, the lack of facilities that would deliver health services in more disadvantaged areas manifests their vulnerability in addressing maternal health related problems. This circumstance implies the lack of resource sustainability since it is highly concentrated in areas that have better capabilities in collecting funds on their own.

This circumstance, then, tells us that the supposed increase in allocated resources for health has not been distributed equitably as LGUs having better capabilities also have higher funds they could allocate for maternal health services. Applying Ansell and Gash' Model of Collaborative Governance **[30]**, the starting conditions exhibited by the asymmetry of information and power between high income and low income regions constrains the ability to participate by the more vulnerable areas. This shows an institutional design flaw where the inclusiveness and transparency of transactions are over-ruled by the disproportionate allocation that contributes to the stagnation of those considered outside the major metropolitan or income generating spaces such as Makati. Such setback led to a snowball effect that limits the availability of funds that can be utilized by LGUs in their projects and programs. In addition, studies have shown that decentralization did not yield positive results as the fragmentation of the health sector in the different government levels have placed confusion in their overlapping roles. Such model is exacerbated by the fact that hospitals and other health infrastructure are built based on population density rather than poverty incidence **[27].** Makati's population density is approximately 24,526/sq. km^2 while Zamboanga's population density is approximately 544/sq. km^2. This data shows a higher population density in Makati with 35 possible health infrastructures that caters to their needs while Zamboanga has a lower population density and has 29 of those. The limiting accessibility as seen in in Zamboanaga's poverty incidence coupled with lesser health services has hampered its opportunity to avail its needed maternal health assistance. This resulted in a huge gap between Zamboanga and Makati's MMR despite their positions as first income class cities. Hence, resource allocation catering to the needs of women still needs improvement since capacity for better programs and policies are anchored on better institutional structure that can be achieved if sufficient funds are received and utilized for said endeavors.

Even more, despite the fact that Gender and Sustainable Development has been integrated in the 3 case Philippine studies, looking at the recent explanations as to why the country is still suffering from a stagnant MMR, we see that on a national basis, there is still a struggle to incorporate—much more integrate– Gender and Sustainable Development in creating policies that aim to target women.

These realizations are important in strengthening the implementation of maternal health programs because it is the government that empowers vulnerable groups. As seen in the previous studies made by Capuno, La Vicente et al. and Ramiro et al., the participation of the citizens, especially women in their maternal health issues, should provide them with the capacity to uphold and voice out the importance of their needs and wants knowing that their welfare is at stake. The implementation of sustainable projects as well as maintaining the sustainable flow of resources needed in combatting the high and stagnating Philippine MMR calls for an in-depth scrutiny of how allocation of funds and

policy-measures in maternal health have been conducted this past few years. Through inclusive growth proposed by the government, the re-allocation of funds towards maternal health services particularly in LGUs with high poverty incidence could impact the performance of the health sectors that provide services in these areas. The concentration of resources in NCR as an urban metropolitan space has left other regions and poorer sectors to find alternative ways of coping with their health needs and concerns. Such practice contributed to the inefficiency and lack of responsiveness towards the health necessities of mothers coming from rural and/or poor areas.

Conclusion and Recommendations

In analyzing how the Philippines has utilized Inclusive Growth under the Gender and Sustainable Development paradigm through resource allocation for maternal health services in two distinct cities found in two different regions, we see how the lack or abundance of potential funding for maternal health could greatly affect how the area responds to issues and problems corresponding to this matter.

Social barriers along with scarcity of funds present in the community has disabled the marginalized and impoverished sectors from attaining maternal health services that could potentially decrease their likelihood of suffering from preventable diseases. Furthermore, inasmuch that the government has increased resource allocation for maternal health expenditures, the accessibility of these aids have been greatly hampered due to the regressive approach used in availing them. In short, any type of resource allocation should go hand-in-hand with proper delivery and division among concerned agencies and units.

In order for the country to achieve inclusive growth, inducing appropriate management of resources for a better means of distribution of goods and services in different parts of the country is crucial. In doing so, concentration in the urban centers, especially NCR could be decreased and more regions could benefit from government programs and projects since they have the funds to implement them.

Ansell and Garth's Model of Collaborative Governance is helpful in creating policies that better address the allocation of resources given that a good leader that facilitates the empowerment of citizens through collaboration is in line with the present government's goal of attaining sustainable development through inclusive growth in the Philippines. An example of which is integration of financial and social services addressing maternal health issues that could expand opportunities that women could avail of as an aspect of inclusive growth where a strong women sector in human capital can contribute significantly in the production of goods and services.

As for future studies, a deeper examination of the relationship between LGUs' funding and the rate of change in regional MMR through a disaggregated data analysis, as well as including other variables that influence the interaction of these two, could be made in establishing a better and clearer relationship dynamic.

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