



Advancing reproductive health rights

A new generation of strategies for government accountability is needed, one that fully considers entrenched, institutional obstacles to change. Vertical integration of coordinated civil society policy monitoring and advocacy is one such strategy. Engaging each stage and level of public sector actions in an integrated way can locate the causes of accountability failures, show their interconnected nature, and leverage the local, national and transnational power shifts necessary to produce sustainable institutional change (Fox 2001). This case study summary is one of seven that reflect on civil society monitoring and advocacy initiatives in the Philippines – all of which aim to improve government accountability in different sectors – through the lens of vertical integration.



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Citizen Action for Accountability



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In 2012, the Philippines finally enacted the Responsible Parenthood and Reproductive Health Act, widely known as the RH law. This guarantees universal access to methods of family planning, age-appropriate reproductive health and sexual education, and maternal and reproductive health services. While the law recognises that abortion is illegal, it mandates the government to ensure that women who need care for post-abortive complications get humane, non-judgmental and compassionate treatment.

The passage of the RH law was a landmark case in the Philippines, where Catholics comprise about 80% of the population. It was considered a major victory for women's groups and a resounding defeat of the hegemonic Catholic Bishop's Conference of the Philippines (Estrada-Claudio 2015).

The campaign for the RH law was diverse, broad and multi-sectoral. Within the reproductive health movement, various networks and organisations took up the cudgels of the campaign. This case study focuses on the story of Likhaan Centre for Women's Health, part of the Reproductive Health Alliance Network (RHAN). It shares experiences and lessons from the successful campaign, looking at the initiatives and actions that took place at different levels of policy-making.

Civil society organisations and the campaign for reproductive health rights

Established in 1995, Likhaan is a non-governmental organisation (NGO) composed of grassroots women and men, and health advocates and professionals. It provides

health education and services to women and young people in marginalised communities. For the RH campaign, Likhaan focused on consolidating community support through intensive information, education and communication campaigns and community meetings, and conducted capacity-building training for community women to engage in RH policy debates. It also assisted in formulating ideas on how RH clinics could work, based on the experience of other local RH clinics. In 2003, it helped to federate women's and youth groups from its different communities into a common platform for community groups advocating for RH, among other issues.

For its part, RHAN – the oldest RH rights monitoring and advocacy network – was formed in 2001 by the Population Commission, the Family Planning Organisations of the Philippines, the Philippine Legislators' Committee on Population and Development, and the Philippine NGO Council of Population, Health and Welfare.

Through sustained policy research and active public opinion-making that targeted different audiences – the general public, other stakeholders and members of congress – the campaign was able to shape public opinion in its favour. It engaged multi-sectoral groups from the academic, medical and scientific communities, as well as religious groups and those from the business sector, in order to solicit their support for the RH bill. RHAN also engaged the Catholic church in tit-for-tat debate in a range of venues.

The RH campaign was well integrated with different government agencies from local to national – and even international – levels. The main arena for contestation was the legislative body, both locally and nationally. The executive branch of government under the Aquino administration was supportive, and actively campaigned for RH rights. At lower levels of government, legal recourse was taken against local ordinances and

executive orders that advocates found contrary to RH or women's rights.

The campaign drew heavily on international influences, particularly international conventions. The 1994 International Conference on Population and Development shifted the framing of the campaign from population control to reproductive health rights. This shift changed the dynamics of the game and attracted more players to the side of the RH campaign.

The RH campaign demonstrated effective policy monitoring and advocacy to uphold the rights of women and young people. Early on in the campaign, RHAN worked with government champions within the executive and legislative branches. It spearheaded various mobilisations, both at the national and local levels, that developed, harnessed and demonstrated support and created national pressure for the passage of the RH bill. Tipping the balance in favour of RH was the strong leadership of the President Benigno Aquino III, who certified the bill as urgent, and personally lobbied in Congress for its passage (Ocampo 2014).

When the RH law was finally passed, it was challenged in the Supreme Court. Though the high tribunal eventually ruled in its favour, its implementation was effectively delayed.

After the legal victory in the Supreme Court, RH advocates turned their attention to implementation of the law. At present, Likhaan is part of a multi-departmental committee, the National Implementation Team, created by the Department of Health and including several civil society organisation (CSO) representatives, to monitor the implementation of the RH law. Likhaan is the CSO representative on the national secretariat, which coordinates CSO engagements and inputs to RH implementation, including the reporting of CSO outputs.

Lessons for vertical integration

- Vertical integration can be costly and resources are needed to maintain and run networks. In this campaign, there was funding from local and international partners; this was mirrored by the labour of committed activists and grassroots women who sustained their activism on very little.
- Vertical integration was facilitated by RH advocates who brought together important government officials.
- The RH campaign was not designed to be vertically integrated, but instead adapted to opportunities and challenges. Although there was vertical integration in some parts of the campaign, it has also been described as 'rhizomatic' (Estrada-Claudio 2015) – a complex network of intersecting and non-intersecting organisations that includes both horizontal and vertical integration.

References

- Estrada-Claudio, S. (2015) 'Voices and Choices in Reproductive Rights: Scholarship and activism', in C. Johnson, V. Mackie and T. Morris-Suzuki (eds) *The Social Sciences in the Asian Century*, Perth: Australian National University
- Fox, J. (2001) 'Vertically Integrated Policy Monitoring: A Tool for Civil Society Policy Advocacy', *Nonprofit and Voluntary Sector Quarterly* 30.3: 616–627
- Ocampo, J.N. (2014) 'Structure and Agency in Contentious Reform: Reproductive Health Policy in the Philippines', in R. Fabella, J. Faustino, A. Leftwich and A. Parker (eds) *Room for Maneuver: Social Sector Policy Reform in the Philippines*, Makati City: The Asia Foundation, <https://asiafoundation.org/resources/pdfs/RoomforManeuverBook.pdf> (accessed 14 June 2016)

Background to this summary

This summary is based on a case study by Marlon Lara Cornelio. Further reflections on this material will be published later in 2016 as part of a report on the theory and practice of vertically integrated civil society activism, edited by Joy Aceron, and including a contribution by Jonathan Fox. Please visit the Making All Voices Count website (www.makingallvoicescount.org) for the latest information about the publication of this report, and to find the other six case study summaries in this series.

About Making All Voices Count

Making All Voices Count is a programme working towards a world in which open, effective and participatory governance is the norm and not the exception. It focuses global attention on creative and cutting-edge solutions to transform the relationship between citizens and their governments. The programme is inspired by and supports the goals of the Open Government Partnership.

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Research, Evidence and Learning component

The programme's research, evidence and learning component, managed by IDS, contributes to improving performance and practice, and builds an evidence base in the field of citizen voice, government responsiveness, transparency and accountability (T&A) and technology for T&A (Tech4T&A).

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