

JCSH-014

Dilemma and Decision Space: The (Un)Collective Action of DOH-MMCHD and Malabon LGU in Health Promotion

Reiou Regie Manuel

University of the Philippines Diliman

Correspondence

National College of Public
Administration and Governance,
University of the Philippines
Diliman, Diliman 1101, Quezon City

E: rmanuel1@up.edu.ph

Keywords

health promotion, health
governance, policy coordination,
devolution, human resource for
health, Institutional Collective
Action

Abstract

The Universal Health Care Act emphasizes health promotion's role in implementing devolved health programs and policy coordination across government instrumentalities. Post-COVID-19 pandemic, health promotion was in full swing in its institutionalization across all government levels. However, Institutional Collective Action (ICA) dilemmas hinder effective health promotion implementation. This qualitative cross-sectional study utilized health-related laws, policies, and semi-structured interviews with key technical and political actors. Data were triangulated and analyzed through open coding to identify patterns, guided by the ICA Framework, to assess Malabon LGU's utilization of decision space in health promotion initiatives. ICA dilemmas between DOH-MMCHD and Malabon LGU in the implementation of health promotions were identified, such as opportunism hazards, action incoherence, defection and unfair division of duties, lack of contracts, non-execution of policies, hidden information on duties and responsibilities, and enforcement costs such as budgetary, political, and resource constraints, among others. The Institutional Collective Action Framework and Bossert's Concept of Decision Space and Capacity were used to resolve ICA dilemmas by empowering DOH-MMCHD through the enforcement of accountability mechanisms and supervisory intervention and by maximizing decision space through procedural policy instruments such as the formation and proper execution of local health committees and local health boards, health promotion ordinances, creation of HEPO units, capacitating HEPOs and BHWs, institutional reformation of duties and responsibilities of HEPOs and BHWs, and optimization of LGU autonomy to advance health promotions.