

THE DEVELOPMENT OF HEALTH NGOs IN THE PHILIPPINES: A SOCIO-HISTORICAL REVIEW

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Non-governmental organizations (NGOs) in the Philippines have been described as being, in the ASEAN (Association of Southeast Asian Nations) region, "the most numerous, radical and most innovative in terms of tactics and strategies" (Lim 1988:170).

Lim's description could well apply as well to the health NGOs of the country. This article examines the history of these health NGOs, including some of the reasons for this sector's radical orientation, and projections about the future directions of these organizations.

This review will, of necessity, concentrate on the development of Philippine health NGOs since the 1970s. The term NGO itself is of recent vintage and has been reinterpreted in countless ways. In this article, I will use the term to broadly include all organizations that are not commercial (i.e., "non-profit") in nature, and which are not part of government structures.

There has been little documentation about the development of the health system in the country. Bantug's (1953) history of medicine remains a valuable, but rarely quoted, reference for the Spanish colonial period. Tiglao and Cruz (1975) offer information on the public health system under the U.S. colonizers and into the early years of the Republic, until 1970. While both books are exhaustive accounts, they are basically narrative chronologies that do not go deeply into the social context of events.

Understanding this social context is especially important if we are to understand the trajectories taken by health NGOs in the period after 1970, an era marked by social conflict and change. Little has been said about the development of the health sector during this critical period mainly because this was marked by activities in a political underground.

This article is intended as a preliminary review of the health sector,

concentrating on the alternative health movement that developed with the community-based health programs (CBHPs). I will not claim to be "objective" here, coming myself from that alternative health movement in a relationship that goes back almost 20 years. In a sense, this article is a way of taking stock, one that comes from many discussions with different individuals involved in the CBHPs.

The Mainstream Tradition

The Philippine health care system has generally followed the U.S. pattern: a low-budget government sector that has to take care of large numbers of indigents and a commercial private sector (private hospitals and drug companies) that mainly caters to the affluent.

In between these two sectors have been the charity institutions — operated by the Roman Catholic church with roots sometimes dating back to the Spanish era. The US colonial occupation brought in Protestant missionaries who set up their counterpart charity institutions. More secular groups such as La Liga Nacional Filipino para la Proteccion de la Infancia (established in 1911) were also formed.

These charity institutions and civic groups formed part of a system of noblesse oblige, occasional dole-outs from the rich. The hospitals and charity institutions were instrumental in reinforcing the image of the landlord, or the colonial administrator, as a benefactor.

Professional health organizations such as the Philippine Medical Association (PMA) followed this tradition of noblesse oblige with their own "public service"

programs such as free clinics, disaster relief and a program called Medical Aid to Rural Indigent Areas (MARIA) (See Stauffer 1966:112-116). The PMA and other professional organizations were generally elitist, opposed to traditional medicine and to government intervention in health (Stauffer 1966:43, 128-129).

In the period after the Second World War, the communist (Huk) insurgency led to the formation of rural development organizations, many of which had health components. Early on, the counter-insurgency experts learned that health programs meant good politics. These development organizations essentially retained conservative policies. However, they did move beyond the dole-out charity approaches of the religious institutions by instituting community extension projects with notions of education and self-help. In a sense, it was the efforts of organizations such as the Philippine Rural Reconstruction Movement (PRRM, established in 1952), the International Institute of Rural Reconstruction (IIRR, established in 1960); the Development of People's Foundation (established in 1972 in Davao) and the Silliman University Medical Center Extension (established in Dumaguete in 1972) that later led to more community-based approaches and primary health.

In the 1960s, another group consisting of family planning organizations emerged as key players in the health field. Protestant groups had, since the 1920s, been promoting family planning programs in the Philippines. In 1965, progressive Catholic physicians formed the Family Planning Association of the Philippines (FPAP) while the Protestants reorganized their

Family Relations Center to form the Planned Parenthood Movement in the Philippines (PPMP). The two organizations merged to form the Family Planning Organization of the Philippines (FPOP) in 1969. The FPOP remains one of the largest health NGOs in the country today (Tiglaio and Cruz 1975:254.)

It must be noted that expansion of family planning programs in the Philippines was spurred in part by the U.S. government's interest in promoting such programs in developing countries. In 1969, then President Ferdinand Marcos created a Commission on Population to coordinate these programs. Marcos continued to support population programs into the 70s.

Martial Law and the Radicalization of Health NGOs

The decade of the 70s ushered in a new wave of political radicalism, a response to growing social inequities. Following the decline of the old Communist Party of the Philippines and its armed wing, the Hukbalahap, a new Communist Party was "re-established" in 1968. This was followed by the establishment of the New People's Army in 1969 and of a broader National Democratic Front (NDF) in 1972. This national democratic ("nat-dem") movement drew inspiration from the People's Republic of China and Mao Zedong. Writing under the nom de guerre Amado Guerrero (1970), Jose Maria Sison, the chief dialogue of the new movement, described the Philippines as "semi-feudal and semi-colonial" and called for a "people's war" that would start in the countryside.

In 1972, President Marcos declared martial law in a bid to extend his own

presidency and to stop the growing ranks of the left. While the mainstream health NGOs and professional groups quickly became subservient, martial law also served to radicalize the health sector and to fuel more organizing, both underground and legally. In the health sector, the Rural Missionaries of the Philippines — a group of Catholic sisters from different congregations — worked together with young health professionals to establish the country's first community-based health programs (CBHP).

The first three CBHPs in the country were set up in 1973 under three Catholic dioceses — Ilagan, Tacloban and Iligan. The CBHPs trained community health workers from among the peasantry. The model clearly came from China's barefoot workers. Health professionals were urged to "serve the people" in the countryside and to transform the "elitist, western-oriented" health care system into one that would be mass-based, nationalist and democratic. Considering the large numbers of Filipino physicians and nurses who were migrating to the U.S., this call to stay in the Philippines and to serve in rural areas was radical indeed.

Even more radical was the idea that health professionals and community health workers should become political organizers to handle structural causes of ill health. The organizing activities during the period were conducted through social action programs and the Basic Christian Communities (BCC) of the Roman Catholic church, using language that drew from liberation theology. The programs used populist education methods, drawing on the ideas of the Latin American educator Freire (1972) about "conscientization" and

"dialogical methods". In CBHP orientation workshops, similar versions of "structural analysis" were introduced. Structural analysis challenged the dominant biomedical model of germs as the causes of illnesses and proposed instead that ill health was due to social inequality and, ultimately, to the "three basic problems" of imperialism, feudalism, and bureaucrat capitalism.

Parallel Tracks in Health Care

The CBHPs emerged at a time when there was growing international interest in the Chinese model of health care. Globally, the continued lack of access to health care led to a questioning of traditional top-heavy models which emphasized hospitals and sophisticated equipment. In 1979, the World Health Organization and UNICEF endorsed "primary health care" (PHC) as an approach toward providing "health for all by the year 2000" (World Health Organization 1978).

PHC, as described in the World Health Organization's documents, was actually quite radical. It called for comprehensive health strategies to address "the underlying social, economic and political causes of poor health" and called for a more equitable distribution of resources within countries and between the developed and developing countries. Community participation in turn, was described as "the heart of PHC".

The PHC rhetoric was quickly adopted by governments, including the Philippines. The Health Ministry under Marcos embarked on their primary health care programs, mainly involving the training of barangay health workers.

Interestingly, the first book of the Rural Missionaries of the Philippines called "Manual for Community Health Workers", actually had the endorsement of Dr. Clemente S. Gatmaitan, the country's Health Minister in 1974. Yet, throughout the 1970s and into the 1980s, the CBHPs had little coordination with the government's programs. NGOs felt that primary health care represented a co-optation of more progressive concepts. These NGOs preferred using "CBHP" to distinguish their programs from government's PHC.

It is important to recognize, too, that the CBPHs distanced themselves from family planning organizations during the martial law period. There were many reasons for this. CBHPs were largely attached to Catholic diocesan programs and therefore followed the Catholic line prohibiting "artificial" contraception. But there were also political reasons for rejecting family planning programs. The progressive groups looked at family planning programs as part of the United States' support for the Marcos regime. Population programs were also tagged as conduits for the dumping of unsafe contraceptive products from the multinational companies. Such problems were very real, as with the Dalkon Shield (an intrauterine device) which, after withdrawal from the U.S. market because of safety problems, was sent out as part of USAID (US Agency for International Development) packages to countries such as the Philippines (Braithwaite 1984).

Most importantly, opposition to family planning programs was based on the argument that population growth was not a problem; rather, the national democrats argued, it was the unequal distribution of

wealth that causes poverty and other social problems.

Politically then, three parallel tracks had emerged within the Philippine health care system by the end of the 1970s. On one hand, there were the more health activist NGOs, involved mainly in establishing CBPHs with emphasis on preventive health and on a highly politicized health education program. This ran parallel to the government's public health care system, very much hospital-based and curative in orientation.

The martial law period also saw the formation of large semi-government health foundations, usually headed by Imelda Romualdez-Marcos. Examples were the Population Center Foundation and the Nutrition Foundation of the Philippines. These foundations served to prop up Mrs. Marcos' image as a philanthropist. In a sense, these foundations were the earliest of what was later to be called GONGOs (government organized NGOs).

The mainstream private sector, GONGOs and conservative NGOs formed a third track, cooperating to some extent with government and often hostile to the more radical NGOs. For example, many conservative Catholic bishops refused to allow CBPHs in their dioceses and joined the government in labeling these programs as subversive. The CBHP also received lukewarm responses from the mainstream NGOs, particularly professional organizations. Besides the radical politics of the community programs, the concept of having peasants initiating medical treatment was unacceptable to many of these traditional groups.

Diversification of the Progressive NGOs

Relationships between the CBHPs and the government often reached extremely hostile levels. CBHP staff members, suspected as having links with the New People's Army, were being harassed by the military, by local officials, and even by the conservative religious. Arrests, torture and "salvaging" (extra-judicial executions) became more common. In 1981, a CBHP physician, Dr. Remberto de la Paz, was assassinated in Samar by armed men believed to have been part of the military. His assassination catalyzed the formation of the Medical Action Group (MAG), which sought to link the health sector to human rights issues.

MAG was the first of many NGOs that were eventually formed out of the CBHPs during the first half of the 1980s. A Council for Primary Health Care (CPHC) was established as a national coordinating body for the 86 CBHPs that had sprouted by 1980. (CPHC later merged with the Rural Missionaries' Health Team to form the Council for Health and Development.) The Alliance of Health Workers (AHW) sought to unionize health care workers. The Philippine Youth Health Program (PYHP) sought to "conscientize" health professionals while they were still in school. The Institute for Occupational Health and Safety Development (IOHSAD) saw the need to respond to the health needs of urban workers. The Health Action Information Network (HAIN) was formed as a research and documentation group.

This diversification was important for dealing with the many issues relating to

health and development. An example was the problem of drugs banned in other countries and "dumped" in the Philippines by multinational companies. Indiscriminate marketing of infant formula was a related issue.¹ These issues reified the role of multinational companies as part of "imperialism in the country.

The national democratic influence on the health groups' agenda was always clear, with the emphasis on analyzing health issues against a context of political economy. These groups were not just "anti-Marcos" but "anti-US-Marcos dictatorship". These organizations also reflected the growing alliances among different political forces. The convenors for the Medical Action Group, for example, included Dr. Mita Pardo de Tavera (later to become Secretary of Social Welfare) and the late Senator Jose Diokno, well-known Marcos oppositionist who were not necessarily national democrats themselves.

The health activists' organizing activities eventually extended into schools and professional organizations (e.g. the Philippine Nurses Association), raising political awareness levels in these otherwise traditional institutions.

The influence of the CBHPs, and the groups that emerged out of the CBHPs, cannot be under-estimated. In many ways, the CBHPs affected other traditional NGOs with innovations in health education and the promotion of alternatives in health delivery, including the promotion and use of medicinal plants and traditional medical practices. The principles espoused by the CBHPs — the emphasis on preventive health services; community organizing and participation, and, most importantly, recognition of the structural causes of

health and disease — are now well entrenched, at least at the level of rhetoric, among mainstream health organizations, both government and non-government.

The Aquino Era: "People Power" and Mainstreaming

The assassination of opposition Senator Benigno Aquino Jr. in 1983 by government troops triggered a major economic and political crisis in the country, spawning widespread discontent. The term "cause-oriented groups" came into use, referring to NGOs that had a political agenda. This covered a wide range since even conservatives were now taking to the streets calling for the dismantling of the Marcos dictatorship.

The health sector also became more politically diverse. There was, for example, "Doctors for Cory", a group that supported Corazon Aquino in her bid for the presidency. The contrasts between "yellow" and "red" contingents in political rallies spilled over into the health groups, splitting their ranks into the "reformist" and the "radical" groups.

After the fall of the Marcos dictatorship, the Aquino government appointed a new Health Secretary, Dr. Alfredo Bengzon, a neurologist and administrator of a large private hospital. Bengzon had also been politically active as a member of the conservative anti-Marcos group of businessmen called Manindigan. Bengzon was to assume an important role, during the Aquino presidency, as a representative of what he called "the middle forces".

Reflecting the "new democratic space", the health NGOs moved into advocacy and lobbying work. BUKAS (Bukluran para sa Kalusugan ng

Sambayanan) was formally established in May 1986 following a series of "snap symposia" in the aftermath of the "snap revolution" (Tan and Co 1986). BUKAS framed an extensive "Manifesto for People's Health" that called for reforms in the health sector, from a National Drug Policy to health financing schemes.

An example of the cooperation between government and the NGOs came with the crafting of a National Drug Policy. Bengzon's interest was that of a technocrat: drug purchases were consuming too much of the Health Department's budget, and tended to be inefficient and wasteful. The cause-oriented health groups saw the problems as structural, relating to monopolies dominated by multinational drug companies and their marketing strategies.

The activities around the National Drug Policy eventually narrowed down to lobbying for a Generic Act, an initiative which had actually come first from Congress and eventually drawing in the Health Department and the NGOs. The Generic Act appealed to politicians with its promises of lower drug prices as consumers learn to identify drugs by their international proprietary names rather than by their brand names. The proposed bill however, was strongly opposed by the Philippine Medical Association and the drug industry. Two U.S. senators, Alan Cranston and Richard Lugar, sent a letter in 1988 to President Corazon Aquino hinting that "if decisions are made which jeopardize or penalize US firms presently doing business in the Philippines, the task of stimulating new US investment may become more difficult" (See Tan 1988). In this situation, the Health Department found

natural allies with the NGOs. The Generics Act was passed into a law (Republic Act 6675) in September 1988, and seemed to show that government could work together with the NGOs.

The Aquino era allowed health activists to mainstream, not only through legislative lobbying but also through attempts to institutionalize activities that were originally considered unorthodox or even subversive. Illustrating this have been the attempts of the Community Medicine Development Foundation (COMMED) to gain recognition for their community medicine service as a residency program. While none of the medical schools have come around to recognizing COMMED's programs, its community medicine service has become a model for the Department of Health's Doctors to the Barrios Program.

Traditional medicine, mainly the use of medicinal plants and acupuncture, has also slowly been institutionalized within the Health Department, a major change from the Marcos era when such activities were associated with the New People's Army.

Mainstreaming however, has not been without problems. For example, the weak implementation of the Generics Act, as well as the National Drug Policy itself, created disillusionment among NGOs which supported the more radical view that "structural" changes were needed, with such calls for the nationalization of the drug industry, price controls and the repeal of existing patent laws.

Tensions also remained because of militarization and the deployment of paramilitary groups. Early in her presidency, President Aquino declared a

"total war" policy on the Left and this was to affect many CBHPs. Consequently, several CBHPs which had survived the Marcos dictatorship folded up during the Aquino presidency because of pressure from the military.

The Aquino government's conservative economic and social policies also affected the health sector's agenda. The large foreign debt, and accession to structural adjustment policies of the International Monetary Fund (IMF) generated concrete issues that were felt by the health sector. Examples of such issues were the low government budgetary allocations for health; the introduction of users' fees for government health facilities, and the plans to privatize health institutions.

The CBHPs themselves were going through a period of adjustment, with questions about roles in the new political dispensation. Many CBHPs had lost support from the religious as conservatives took over the social action programs of churches. In 1989, the CBHPs went through an impact evaluation commissioned by the Dutch aid agency Cebemo. The evaluation identified several problems in the programs and the need to reorient these. Mainly, the problems related to the tensions between "political" and "health" work, and the need to clarify program priorities given limited resources (Miralao 1990 and Bodegon 1990).

While the CBHPs grappled with these problems, new NGOs were being formed as foreign funding came back into the country. Under Marcos, many donors had withdrawn their assistance, burned not only by corruption but also by the low "absorptive capacity" of government.

As the donors returned, government institutions themselves began to set up their own NGO foundations as a way of avoiding their own administrative and financial bureaucrats. In still other cases, these NGOs were set up to support government policies. Terms such as GONGOs (government organized NGOs) and GRINGO (government instigated NGOs) began to appear in reference to such organizations.

Another important development was the proliferation of NGOs that were actually public service contractors (PSCs). The PSCs were groups accepting contracts from large bilateral funding institutions such as USAID for specific projects such as the promotion of oral rehydration therapy for diarrhea, or the use of contraceptives.

The contracts usually involved social marketing, the use of marketing methods borrowed from commercial companies (e.g., mass media advertisements), to "sell" health. Social marketing has been criticized from many angles, including its being manipulative, its focus on individual behavior change and tendency toward victim-blaming, and from some health educators, its being ineffective. Not surprisingly, groups using social marketing tended to be politically conservative, or apolitical, even as they co-opt much of the terminology of progressive groups.²

The 90s: Changing Directions

The decade of the 1990s ushered more changes that would affect NGOs. Fidel Ramos, who succeeded Corazon Aquino as the country's President in 1991, brought in a new Health Secretary, Dr. Juan Flavier. Flavier used to head the International

Institute for Rural Reconstruction (IIRR), one of the large NGOs established in the counter-insurgency era of the 1960s. Flavier's NGO background allowed even more space within the Health Department for mainstreaming. Slogans from health activists, such as "restoring health care to the hands of the people", were incorporated into the Health Department's rhetoric. All this has not been accidental — many health activists from the anti-Marcos period have since taken positions with the Health Department.

By entering the mainstream, health activist NGOs have had to deal with new challenges. For example, requirements of "professionalization" often conflict with the principles of volunteerism of many NGOs. The implications for program implementation are enormous, from the range of NGO salaries (traditionally low and socialized) to the methods of NGO work. Lee (1994), in a comprehensive analysis of the role of health activist NGOs in formulating the National Drug Policy, points out that a major weakness was the NGOs' "packaging", especially with mass media. This, however, has its origins in the way the NGOs were organized: the groups were supposed to be committed to community service and to reject any form of publicity not only because it was considered to be in poor taste but also because, in the Marcos era, any kind of visibility was a potential public security risk.

Another example comes with the trend toward accepting sponsorship from the private commercial sector for health activities. Flavier himself has stirred some controversy in his acceptance of such

sponsorship.³ Most progressive NGOs continue to reject such assistance on the grounds that this affects the independence and credibility of the NGOs. This is particularly the case for HIV prevention, where NGOs are vulnerable to accusations that they are fronts for condom manufacturers.

There are, in fact, lingering questions on whether independence can be maintained once money is accepted not just from private corporations but also from foreign governments, as in the case of the US Agency for International Development (USAID). Many CBHP-related groups, as well as alternative groups in other sectors, continue to refuse money from any foreign government. Others have become selective, generally accepting funds from governments (usually Australia or European Community) but keeping away from USAID, which is seen as being too intrusive and carrying a US government agenda. Still another controversy comes with the availability of funds from the World Bank and the Asian Development Bank for health projects. Again, health activist NGOs tend to reject such as funds because they are usually loans that add to the national debt.

The activist NGOs have been able to keep certain issues alive, within a framework of an anti-colonial political agenda. Thus, the groups have been vocal in continuing the consciousness raising activities over the foreign debt, and in 1994, over GATT (Generalized Agreement on Trade and Tariffs). The groups have also continued their organizing activities in villages, and among health workers in public and private institutions.

The activist groups have further kept the discussions going on an old debate about approaches in health care: comprehensive versus vertical. Vertical approaches focus on particular issues such as acute respiratory infections or diarrhea and institute packages of technologies and services to address each particular problem. Such approaches are criticized by those advocating more comprehensive approaches, i.e., as the need for massive improvements in environmental sanitation in the fight against diarrheal diseases. Some of the health NGOs are able to play the role of pushing for more comprehensive approaches.

"Keeping the (political) faith" can have its disadvantages. For example, many health activist groups continue to reject family planning programs because these are seen as "contraceptive imperialism", a term which has been co-opted by the right-wing Catholic sect Opus Dei. Similar convergencies in the views of health activists and the right-wing are found with HIV/AIDS prevention, with both conservatives and radicals arguing that the problem is "systematic" — conservatives speaking of an "immoral" system and radicals referring to "poverty" as the cause of AIDS.

This is not to say that the health activist groups have been inflexible. The health agenda continues to evolve, strongly influenced by the rapid developments in other sectors, particularly those working on environmental issues, as well as those dealing with gender rights.

Summary and Conclusions

Health NGOs in the Philippines need to be understood in a broad social and historical context. Many mainstream NGOs are rooted in the Spanish colonial tradition of feudal noblesse oblige, a patron providing dole-out services for the poor. Starting in the 1950s, there were more development-oriented groups that instituted community training programs. In the 1970s, a period of international social unrest, health professionals looked for other alternatives in health care. In the Philippines, the search for alternatives resulted in the creation of community-based health programs (CBHPs) emphasizing political education and community organizing.

The end of the Marcos dictatorship in 1986 meant mainstreaming, one which has also resulted in a co-optation of many of the concepts and strategies of the health activist groups. This co-optation has mainly been in the form of depoliticization of health issues and programs and a drift toward vertical one-issue strategies (e.g. HIV/AIDS prevention). The increasing commercialization of the health sector, as found in social marketing and the trend toward establishing public service contractor organizations, has contributed to the further marginalization of health activist groups.

Debates about mainstreaming and professionalization must be understood in their political context. Fears about upscaling and professionalization, for example, are often linked to the idea that this would mean sacrificing a mass base and eventual co-optation by the "establishment".

As I have pointed out, the rhetoric of development and empowerment has been appropriated by government and by conservative groups. But co-optation is not a static one-time event. The government's adoption of a fast-track development program, "Pilipinas 2000" will revive many old questions about what "development" and "empowerment" are. In health programs, the debates will continue on the responsibilities and roles that must be taken by government, the commercial private sector, and the NGOs.

Not all of the debates will be on the macro level since health care often becomes an arena where other power relations are tested, e.g., between doctor and patient. Already, there seems to be a trend of "patients' groups" being formed for mutual support and for political lobbying. The groups are again diverse, ranging from a highly politicized LAKAS (Laban sa Kanser, composed of people with cancer) to government-organized groups such as Pinoy Plus (people with the Human Immunodeficiency Virus).

If a stronger middle class emerges, it is probable that health consumerism will also rise. Issues such as access to safe medicines will probably be adopted by such groups, perhaps in a depoliticized manner as has happened with many western consumer groups. On the other hand, given the way global politics affects the local situation, people's health awareness may in fact become more politicized.

Much has been said about the influence of the activist NGOs in the health sector. Yet, one also needs to consider the internal dynamics among the health NGOs, not just

between "conservatives" and "radicals" but also within each of these "blocs" as well. The splits within the national democratic movement that began in 1993 and its effects on the health NGOs will be only an example of how such dynamics will have long-term implications.

The activist health NGOs have introduced many changes but are, themselves, caught in an era of rapid political and economic transformation. Its ability to respond, without being co-opted, will determine whether such groups have, truly, come of age.

Notes

¹In the late 1970s, several organizations — both local and international — began to publicize the problem of infant formula promotions. These groups accused the milk companies of promoting their products to poor families, where the use of infant formula was linked with malnutrition and diarrheas, sometimes fatal.

²There is still no agreement on what is "social marketing". For a review of the literature, with a view that tends to favor the use of social marketing, see Ling et al. 1992.

³One early example in the Philippines was Flavier's endorsement of Swift hot dogs in exchange for Swift's endorsement of vitamin A supplementation, both in its products and in media advertisements. Such corporate sponsorship is also called "cause-oriented marketing" and is considered a variation of social marketing.

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