Governance Reform and Public Service Provision: Institutional Resilience and State-Society Synergy

Jonathan Fox[1]

For more than two decades, national and international policy reformers have sought to improve public service provision by applying transparency, participation and accountability innovations. Relevant initiatives often pursue collaborative governance strategies to bring public servants, citizens and civil society organizations together to generate feedback and promote problem-solving from the front lines. These efforts support the pursuit of Sustainable Development Goal (SDG) targets 16.6 and 16.7, which respectively call for developing "effective, accountable and transparent institutions" and ensuring "responsive, inclusive, participatory and representative decision-making at all levels".

Sceptics point to social science field experiments that find little evidence of impact–yet those evaluations only address tool-led, localized interventions.[2] These "light touch", micro-level tests of governance innovations leave open the question of the possible impacts of larger-scale, more strategic reforms of public service delivery. Yet both sceptics and advocates of open-government, participation and accountability reforms are likely to agree that their institutional resilience is uncertain–especially when reform champions leave office, or when national crises prioritize rapid policy responses over participatory co-governance and citizen oversight. Meanwhile, numerous multilateral efforts have yet to be independently evaluated to assess their longer-term impacts–as in the notable cases of the World Bank's mandate to include citizen engagement measures across all of its investment projects or the Open Government Partnership's national action plans.

Even before the pandemic, this international wave of transparency and accountability reforms faced increasingly inhospitable national policy environments in many countries. Then pandemic-driven urgency to scale up service delivery and social protection added new burdens and threats to public oversight and co-governance reforms. For example, the pandemic slowed what had been growing international momentum towards greater collaboration between supreme audit institutions and organized citizens as a pathway to more effective public oversight.[3] Indeed, one of the most promising of such innovations–"citizen participatory audits" in the Philippines– continued to win international accolades even after it stopped publishing the results of collaborative efforts.[4] At the same time, some public oversight and co-governance innovations managed to survive recent challenges at both the national and subnational levels. Indeed, explanations of national pandemic response success stories such as the Republic of Korea underscore the key role of State-society synergy.[5]

This brief review of institutionally resilient participatory oversight reforms in four countries spotlights how hybrid, collaborative governance can work in practice–in cases where innovations have already been scaled up. That said, assessment of the impact of these reforms is complicated by frequent implementation and evaluation gaps. High degrees of variation across subnational territories and sectors underscore the relevance of identifying positive outliers–in contrast to the conventional policy evaluation search for average impacts, which render invisible both breakthroughs and bottlenecks.[6]

The Mitanin community health worker programme in India, launched in 2002 in the very-low-income state of Chhattisgarh, stands out as distinctive because of its large-scale, socially embedded participatory approach to front-line service provision.[7] The state programme's 70,000 community health workers are grass-roots women leaders from socially excluded communities with a strong ethos of commitment to public service and accountable local leadership. The programme is supported by the State Health Resource Center, which is governed by a joint government-civil society board. The Mitanin programme is especially distinctive because it encourages community health workers to go beyond the conventional provision of basic preventive health services. The programme participants actively engage in defending the rights of the socially excluded–including access to the health-care system, redress of grievances, responses to gender violence, access to government food programmes, and the defence of forest rights–often with support from other community health workers and/or their programme supervisors. During the pandemic, the state's Health Department drafted the Mitanin health workers to participate intensively in the government's crisis response, including high-risk contact tracing and vaccination, with a commitment to supplemental compensation. When the government did not deliver on its promise, the Mitanin community health workers engaged in a broad-based work stoppage that underscored their remarkably high degree of public legitimacy and job stability–while still earning less than half the minimum wage.

Brazil has long been internationally recognized for its municipal participatory budgeting innovations and its contribution to anti-poverty efforts; this recognition has persisted abroad even though those reforms have long faded within the country.[8] In contrast, since the 1990s, State-society partnerships have promoted federal laws and regulations that have steadily constructed a much more deeply institutionalized, comprehensive participatory policy regime in which powerful

multilevel municipal councils jointly implement key large-scale social programmes that focus on priorities such as health, welfare and children's rights.[9] The policy council system's combination of federal mandates, civil society collaboration, and municipal embeddedness have enabled their institutionalization across most of Brazil, independently of the party in power at the federal level. In 2019, a Supreme Federal Court ruling blunted the effects of a hostile national Government's effort to decree the elimination of the federal policy councils. The policy council system demonstrated a high degree of institutional resilience. A recent assessment found that one third of the federal-level councils survived unchanged, another third were damaged but survived, just over one fifth were dismantled, and 15 per cent were already inactive.[10] One of those federal councils, the National Health Council, played an especially notable role in promoting governmental responses to the pandemic at subnational levels in the absence of a federal science-based policy from the Ministry of Health. With support from the mainstream media, the National Health Council issued numerous recommendations for pandemic protection measures–including the protection of health workers–and contributed to a coordinated response across the health system's multiple levels. A new national Government is expected to revive the prior secular trend of further institutionalization of the municipal council social policy regime.

The conditional cash transfer (CCT) programme in the Philippines is the largest social protection programme in the country and the third largest in the world, reaching 4.4 million households. The Department of Social Welfare and Development launched the Pantawid Pamilyang Pilipino Program (4Ps) in 2002, and the Government has sustained it now across four presidential administrations–in contrast to other high-profile anti-poverty programmes.[11] Unlike most CCTs, the 4Ps include family development and youth development training programmes that promote civic education and elements of social accountability (at least in some regions). Even more notable, the Philippines is perhaps the only country in the world where the CCT programme is supported by a broad-based, autonomous membership organization of the beneficiaries themselves. Launched in 2016, this organization of 77,000 beneficiaries campaigned for a law to protect the 4Ps programme from future policy reversals; the law passed in 2019.[12] To mitigate the effects of the pandemic shutdown, the Government of the Philippines used the CCT programme's existing delivery mechanism to deploy a new, scaled-up social amelioration programme. This pandemic social protection programme reached more than four times as many households as the 4Ps programme–more than 17 million–and most within two months.[13] Following the pandemic crisis, the organization of CCT beneficiaries remained alert to possible government plans to reduce the rolls, ready to use the new law for accountability.

In Colombia, the 2016 Peace Accord not only demobilized the country's largest armed resistance, but also committed the Government to addressing the conflict's underlying causes by bringing democratic governance and absent social services to territories in conflict. Particularly noteworthy was the Accord's inclusion of an innovative Ethnic Chapter. The Accord underscored the direct relevance of both new and existing official citizen oversight institutions to encourage government implementation of policy commitments.[14] The Accord also included its own multi-stakeholder monitoring commissions, including a forum to oversee and encourage respect for ethnic rights–grounded in broad-based Afrodescendant and Indigenous social organizations. Even though the Accord was legally designed as a 15-year commitment by the State of Colombia, a 2018 change in government de-emphasized implementation of the reform commitments and slowed the launch of the official hybrid oversight institutions.[15] Nevertheless, despite the pandemic and weak government compliance with the Accord, the national ethnic rights policy oversight body survived and managed to present its own independent assessment of the Accord's Ethnic Chapter to the President and senior officials in September 2021.[16] When a newly elected Government recommitted to implementing the Peace Accord, this innovative multi-ethnic oversight forum was poised for reactivation.

The diverse cases of institutional resilience illustrated above share a key characteristic: they survived the twin challenges of the loss of national policymaking allies and the pandemic crisis. Some hung on to policy allies still within the government–embedded either in subnational governments or in technical agencies that recognized policy commitments addressing SDG targets 16.6 and 16.7. Yet in contrast to governance reform innovations that rely exclusively on high-level champions of change or civil society notables with ready access to the media, these four cases of reform resilience share another key characteristic: they are grounded in sustained, substantive engagement with large numbers of organized citizens. These cases suggest the following key propositions:

- Partnerships between policy reformers and autonomous broad-based social organizations can bolster the resilience of policy innovations that prioritize responsiveness to citizens–especially when they have legal backing, as in Brazil, the Philippines and Colombia.

- The idea of State-society synergy suggests that partnerships between policymakers, public servants and organized citizens can generate the capacity to adapt in response to shocks to the system–whether they are pandemics or major changes in the national policy context. When governance reforms involve efforts to include the socially excluded, they can be bolstered by organizations that represent the people the SDGs were designed to reach–as in the cases of conditional

cash transfer beneficiaries in the Philippines, health councils in Brazil, community health workers in India, and Afrodescendant land councils in Colombia.

- These organized social constituencies, with their legitimacy and oversight capacity, can bolster reform agendas by identifying bottlenecks, responding to backlash, and holding policymakers accountable. Their potential for power shifting and public accountability contrasts with widely adopted governance reforms that are limited to individual citizens, including many feedback or grievance redress mechanisms that leave responsiveness to the discretion of government officials.[17]
- Multilevel governance reforms also contribute to resilience, so that when reform champions leave national office, committed policymakers who remain in subnational governments can limit the further rollback of reforms. In the face of crises such as pandemics, multilevel institutionalization of participatory oversight can buffer the effects of national policy inaction.

In summary, innovations in the governance of public services are more resilient in the face of challenges when they are grounded in State-society synergy.[18]

Endnotes

1 Jonathan Fox is a Professor at the American University in Washington, DC. Thanks very much to Joy Aceron, Fatai Aremu, Adrian Gurza Lavalle, Jeffrey Hallock, Marcos Mendiburu, and Suchi Pande for comments on an earlier version.

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