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Democratizing the Governance of Health Services: The Case of Cabo de Santo Agostinho, Brazil

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The growing body of work on innovations in participatory governance draws attention to a series of conditions that contribute to making citizen participation meaningful: an overarching political project in which there is explicit ideological commitment to popular participation; legal and constitutional rights to participate; committed bureaucrats; strong and well-organized civil society organizations; and effective institutional designs that include procedures for broad-based civil society representation (Coelho, this volume; Fung and Wright 2003). This chapter is set in a context where all these factors were in place. It focuses on the Municipal Health Council of Cabo de Santo Agostinho, a municipality of around 150,000 people in the north-eastern Brazilian state of Pernambuco, and on the motivations, personal histories and experiences of those who were part of Cabo's Municipal Health Council in 2003–05.

Drawing on interviews with founding members and those elected to the council for a two-year term in 2003, the council's archives of minutes, and participant observation in council meetings over the course of 2003–05, I ask: what brings people to participating in the health council?[1] What visions and versions of participation animate them? What contributions do they see themselves and other participants in the health council making to democratization and the improvement of health services in the municipality? And what challenges do they identify to achieving the potential of the council in democratizing the governance of health services in Cabo?

This chapter seeks to address two questions that lie at the heart of debates about the democratizing potential of participatory sphere institutions. The first is whether such spaces can expand and deepen democracy by serving as crucibles for the creation of new political subjects and subjectivities and bring about shifts in identification from clients and beneficiaries of favours to citizens with rights (Tatagiba 2002; Cornwall 2004). And the second is whether these spaces can serve to promote new forms of communication, collaboration and understanding between citizens and the state, which can begin to transform residual political culture and redress inequalities of power (Abers 2001; Heller 2001; Fung and Wright 2003; Gaventa 2004). I begin by setting the context for the analysis that follows, with the story of the institutionalization of Cabo's Municipal Health Council. I go on to examine the narratives of representatives of health service users, health workers and the municipal government. I explore what they have to say about their own participation in the council and what they see as its principal challenges. I conclude by reflecting on what the perspectives of those who participate in it tell us about the challenge of democratizing democracy through participatory sphere institutions.

Spaces for Change?

The ambitious democratic innovation of institutionalizing citizen oversight and engagement in framing health policies in a system of health councils and conferences at each tier of government was a conquest of Brazil's radical health reform movement of the 1970s and 1980s, the *movimento sanitarista*. A key demand of this movement was for *controle social* (literally 'social control'), for a role for citizens and their organizations in holding government to account and in shaping the governance of health services through active engagement in deliberation over policies, plans, programmes and priorities. The ideals embodied in the principle of *controle social* were given shape in the 1988 Citizens' Constitution and formalized in the Basic Health Law of 1990, which made the existence of deliberative health councils and their approval of accounts, budgets and health plans a condition for the transfer of federal funds to state and municipal governments (de Carvalho 1998). The health councils are designated as deliberative, rather than consultative. It is worth pointing out that

the term 'deliberative' – *deliberativo* – carries a different meaning in this context to that used in writings on deliberative democracy in the USA and Europe (Bohman and Rehg 1997; Habermas 1996; Fung and Wright 2003): while Habermasian deliberation implies a search for communicative consensus, the Brazilian notion emphasizes binding decisions which may be reached without consensus.[2]

The health councils are mandated to monitor health budgets, approve health plans and track their implementation, and hold the government to account to follow through on resolutions passed at the health conferences that take place at municipal, state and national levels every two to four years. There are now some 5,500 health councils across Brazil's twenty-six states and 5,656 municipalities (Coelho 2004), and the councils and conferences have opened up space for several hundred thousand Brazilian citizens to participate in deliberation over health policy. Representation is stipulated by law to follow a principle of parity between governmental and civil society representatives: 50 per cent of seats are set aside for user representatives, 25 per cent for health workers, and the remaining 25 per cent for political appointees to posts in health service management in local government and representatives of private health providers who have contracts to deliver services to the municipal health system. Beyond this requirement, municipalities are advised to enable the representation of particular interest groups, such as disabled people or people living with HIV/AIDS, and those who work with particularly vulnerable groups. Each municipal health council has, however, discretion over how the rules of representation are formulated and over their own internal regulations.

The growing literature on Brazil's health councils paints a mixed picture of the success of these institutions in democratizing the governance of health services (see Coelho, this volume). Set in a context where traces of authoritarian and clientelistic political culture, high levels of bureaucratization, and variable degrees of civic organization complicate the democratizing aspiration of *controle social*, few participatory councils appear to have achieved sufficient independence from established political interests and sufficient citizen competence in relation to the technical, managerial and financial aspects of the health system to serve as genuinely deliberative spaces. Three principal dilemmas surface from these analyses. The first is that of autonomy, and the extent to which the councils are able effectively to hold to account a state with which its members have